State of Maryland / Department of Health and Mental Hygiene

							C	ertificat	e of	Death		Reg. No.				
Physician Medical		1. Decedent's Nama Katherine		vans						0	2. Date of D Month Octobe	Dey	1996 Year	3. Time of Death 0510		
Examiner		ta. Facility Nama (#	not institution,	giva street and nu	ım <i>ber)</i>					4b. City, Town, or L	ocation of Dea	ith 4c. (County of Daath			
	ı	Cromwell-	-Meridi	an 8710	Emg	ge Ro	oad			Baltimore	, Md	Bal	Ltimore			
neral ector		5. Social Sacurity Nu 255-22-83	355	5. Sex 1 □ M 2 🕱 F	7. Age		ast birthde 7 Yrs.	Months	1 Yaar Days		8. Date of B (Month, D Aug 1	irth lay, Yeer) 1899	9. Birth Cou Ma	placa (State or Foreig intry) aryland		
notified at						, Town or	Location e Mary	lan	ıd		T		10d. Inside City Limit:			
i e	Ö	10e. Street and Num						10f. Zip				10g. Citiz	en of What Cou	intry?		
"natural", or items 23a or 28a-f show adds. Examinet must be notified at letted by Funeral Director		8710 Emge Road						2	123	4		US	SA			
	8710 Emge Road 11. Marital Status 1 Never Married 2 Married 3 Widowad 4 Divorced 12. Was Decedent Evan Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:					S. 1	3. Was Deced If Yas, spec		Hispanic Origin? (Sp ban, Maxican, Puerto Specify:	ecify Yes or N Ricen, atc.)		4. Race - Amar Black, White Specify: W				
Completed		3 Midowad 4 Divorced Year or Dates: 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 1 2 th N/A				-)	16a. Decedent's Usual Occupation (Give kind of work done during most of working iite. DO NOT use retired) Matrian Police D									
Be		7. Father's Nama (F		ist)			110	crian		18. Mother's Name		e, Maiden S	Police Dept. Maiden Sumame) e			
other traumatic ever		19e. Informant's Nar		. , ,		19b. Mailing Address (Straet and Number or Rurel Route Number, City or Town, State, Zip Code)						ip Code)				
eny Injury or other		Margaret (20a. Method of Dispo 1 Burlal 2 D 4 Donation 5		2619 Wendover Road, Baltimore Md. 21234 Ob. Place of Disposition (Name of cemetery, crematory or other place) Moreland Cemetery 10-22-96 Baltimore Md. 21234					eation - City or T							
eny Inju		21. Signature of Fun	eral SarOce Lie	censee	H_			22. Nama an Hartl	d Addr	ass of Facility Miller Fu	neral H	Home				
ysiclan ledical aminer		23a. Farly Enter the shock, or heart Immediate Ceuse (F disease or condition resulting in death)	inal	A						ford Rd B ing, such as cordiac		0	- 1	Approximate Intervel Between Onset and Death		
Brest Pine		Coguantially list sons	ditions	J.	D	ue to for	95 9 0000	oquence of):					1			

Physician/Medical Completed by 89

the attending physicial ched for use as the burn

Division of Vital Records, P.O. Box 68760,

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Lest

Certification: To

Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

24b. Were autopsy findings available prior to completion of causa of deeth? 24a. Was an autopsy performed? 1 Ves 2 400 1 Yes 2 No 25. Was cese referred to medical examiner? 26. Place of Deeth (Check only one) 1 | Yes 2 | 1√0 Other: 4 Norsing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of injury 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 3 Sulcida 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical

29a. Certifier (Check only one) 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licensa number

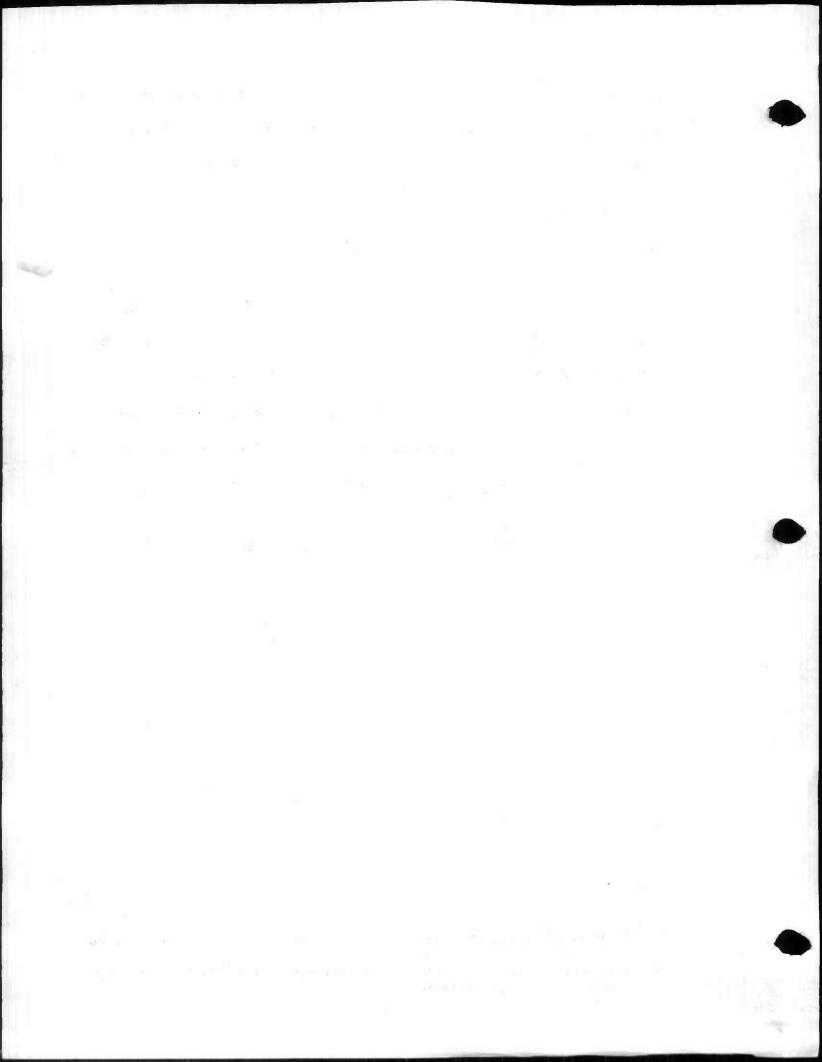
29b. Signature and titla of certifier

29d. Data signed (Month, Day, Year)

23b. Did tobacco use contribute to the causa of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

- Knalenn ms 1) 2/022 10-21-96 who completed cause of death (Item 23a) (Type, Print) ENSH 8604 HARFORD UP KALTO. MD. 21234

State Registrar



-	B.K.S		State of Maryland / Department of Health an Certificate of Death			06 31502
Ī	Physic	lan	1. Decedent's Name (First, Middle, Last) GEORGE T. FISHER	2. Date of De	Reg. No. eath Dey 18,19	3. Time of Death
	/Medi Examlı		4a. Facility Neme (If not Institution, give street end number) 4b. City, Town,	OCT .	h 4c. County of	of Death
	Funeral Director					9. Birthplace (State or Foreign Country) Pennsylvania
	Aarylend I show	JO.	Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Maryland Baltimore County Overlae			10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	with the Na or 28a-	i Director	Maryland Baltimore County Overlae 10e. Street end Number 6206 Marglenn Avenue 21206		10g. Citizen of W	hat Country?
020	thin 72 hours after death with the Marylend e. an "natural", or Items 23s or 28s-4 show Modes! Exerging from the nutrited at	by Funeral	11. Meritel Status 12. Was Decedent Ever in U.S. Armed Forces? 124 Never Merried 2 Married 3 Widowed 4 Divorced 154 Never Merried 2 Married 154 Never Dates 1942—1946 155 Yes, Give 1942—1946 156 Yes, Give 1942—1946 167 Yes 2 No Specify:	? (Specify Yes or No uerto Rican, etc.)		- American Indien, c, White, etc. White
21215-0020	thin a	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+)	working	16b. Kind of Bus	
and 21	be filed ntal Hygi of other event, I	Be		Name (First, Middle		9)
Maryland	and and and and and and	2	John Unknown Fisher Anna 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number of Conference o	r Rurel Route Numb		
Baltimore, I	Heal T 2		Helen Fisher March / Sister 6206 Marglenn Avenue 20a. Method of Disposition 1 M Burial 2 Cremation 3 Removel from State 4 Qenation 5 Other (Specify) 20b. Place of Disposition (Name of cametery, cremetory or other place) St. Mary's Cemetery	Dete	20c. Location - (land 21206 City or Town, State , Pennsylvania
Baltin	permit. Pages Department of I Important: If the any Injury or of		21. Signature of Funeral Service Licensee 22. Name and Address of Facility John C. Miller, I 6415 Belair Road,	nc.		
	Physician /Medical Examiner		Immediate Cause (Finel disease or complications that caused the death. Do not enter the mode of dying, such as care immediate Cause (Finel disease or condition resulting in death) a. Gunshot Wound, Introduction Due to (or es a consequence of):	rdiac or respiratory a		Approximate Interval Between Onset and Death
.09	t be executed sician and buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			
687	ficate g phy as the	/Medical	Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of):			
P.O. Box	it the death cert by the attendin- tached for usa	Physician/Medic	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			tribute to the causa of deeth?
	es the	by	Prostate Cancer		Yes 2 No	3 Probably 4 Unknown 24b. Were autopsy findings
Records,	hes b	Completed		Lim	ormed?	evailable prior to completion of cause of deeth?
of Vital	Iclan: The certificate rector, pag	BeC	examiner	Death (Check only		1 ØYes 2□ No
	Phys	ion: To	27. Manner of Death 28a. Date of Injury (Month, Dev Year) 28b. Time of Injury at Work?	28d. Describe	how injury occurre	
Division	tal or Attending rs efter death. al Director: After led in by tha fune	Certification:	2 Accident Investigation 10 - 18 - 96 940 - 1200 M 1 Yes 2 No 3 Sulcide 4 Homicide Homicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Home, back yard	Selt- 281. Location (City or To	Intlicte (Street and Number wn, Stete) & 20 e Count	od GSW or or Rural Route Number, 16 Marglenn 17 Maryland
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	Medicai	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and pl 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death of and manner stated.	lana and due to the	cause(s) and man date and place, a	iner as stated. nd due to the cause(s)
2	with to con	4	29b. Signature and title of certifier 29c. License number O. C. M. E			(Month, Day, Year) 19, 1996
	- 61-	10	30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Stephen S, Radentz, M. D. 111 Penn Street, Ba 31. Dete filed (Month, Dey, Year) 32. Register's Signature	ltimore	, Maryl	and 21201
	Sta Registr		OCT 2 2 1996 Swidson-Amount	10		

DHMH 16 Rev 6/95

Division of Vital Records, P.O. Box 68760,

TO SEE THE PROPERTY OF THE PRO

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Pamela Joy Francis-Grinage October 17, 1996 6:46 P.M. /Medicai 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 3806 Miller Road Kingsville Baltimore If Under 1 Year | If Under 24 Hrs. 8. Date of Birth | Months | Days | Hours | Min. | Feb. 28, 1954 5. Sociel Security Number 7. Age (In yrs. lest birthday) Funerai 9. Birthplece (State or Foreign 1 ☐ M 2 🕱 F Months Yrs. 213-72-2252 42 Director Maryland Usual Residence of Decedent the Maryland 10b. County 10c. City. Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 Yes XXNo Director Maryland Baltimore Kingsville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3806 Miller Road 21087 U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stelus 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Completed by Specify: White 3 ☐ Widowed 4 ☐ Divorcad 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Hygiena. Elamantary/Secondary (0-12) College (1-4or 5+) Vice President . Pages 1 and 2 should be filed w tment of Health and Mental Hygier tant: If item 27 is marked other th jury or other traumatic event, us Bank Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Gilbert Martin Francis Ruth Carolyn Popp 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Patrice J. Rexroth (sister) 8722 Silver Knoll Dr., Perry Hall, MD 20b. Pleca of Disposition (Nema of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remove from State Department Important: If any injury or Oak Lawn Cemetery 10/21/96 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funery Service Licenses 22. Name and Address of Facility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 23a Part Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, or hear feilure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** Immediete Ceuse (Finel diseese or condition resulting In death) /Medical Breast 4 MEARS Examiner Due to (or as a consequence of): Physician/Medical Examiner The law requires that the death certificate be axecuted use as the bunal-tran Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest pue Due to (or es e consequence of): Box 68760 attending physician Due to (or es e consequence of) P.O. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ģ page 2 should be Completed 24e. Wes en eutopsy performed? 24b. Were autopsy findings availeble prior to completion of cause of daath? this certificate has 2 DINO 1 Yes ial or Attanding Physician: These after death.

It Director: After this certificate ed in by the funeral director, pa 1 ☐ Yes 2 ☐ No Be 25. Was case refarred to medical examiner? 26. Piace of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Desidenca 8 Other (Specify) Certification: To 1 Yes 2 No 27. Mennar of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Aaturel 5 Pending 1 TYes 2 □ No investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Piece of Injury - At home, farm, streat, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 24 hours a Hospital Textifying Physician: To the bast of my knowledga, death occurred et the time, deta and piace, end due to the ceuse(s) and mennar as stated.

2 Medical Exeminer: On the basts of exemination end/or investigation, in my opinion, death occurred et the time, date end pieca, and due to the ceuse(s) end menner stated. 29a. Certifiar Medical (Check only one) Within To the 3 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) MD D33409 10/13/90 30. Nama and eddress of person who complated cause of death (Itam 23e) (Type, Print) Enslera By Hinse Ma 4940

Registrar

State

31. Date filed (Month, Dey, Yeer)

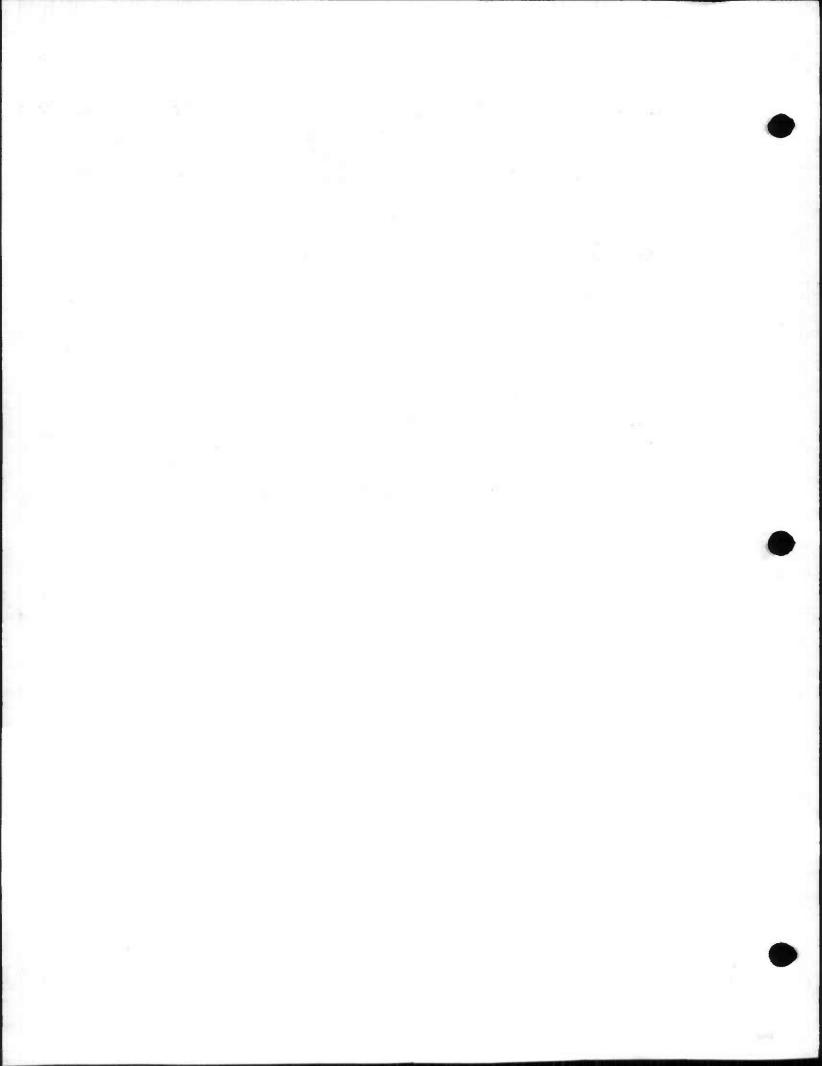
32. Registrer's Signature

Tidson-Randell

The eye is the first part of the

State of Maryland / Department of Health and Mental Hygiene 96 3 | 504

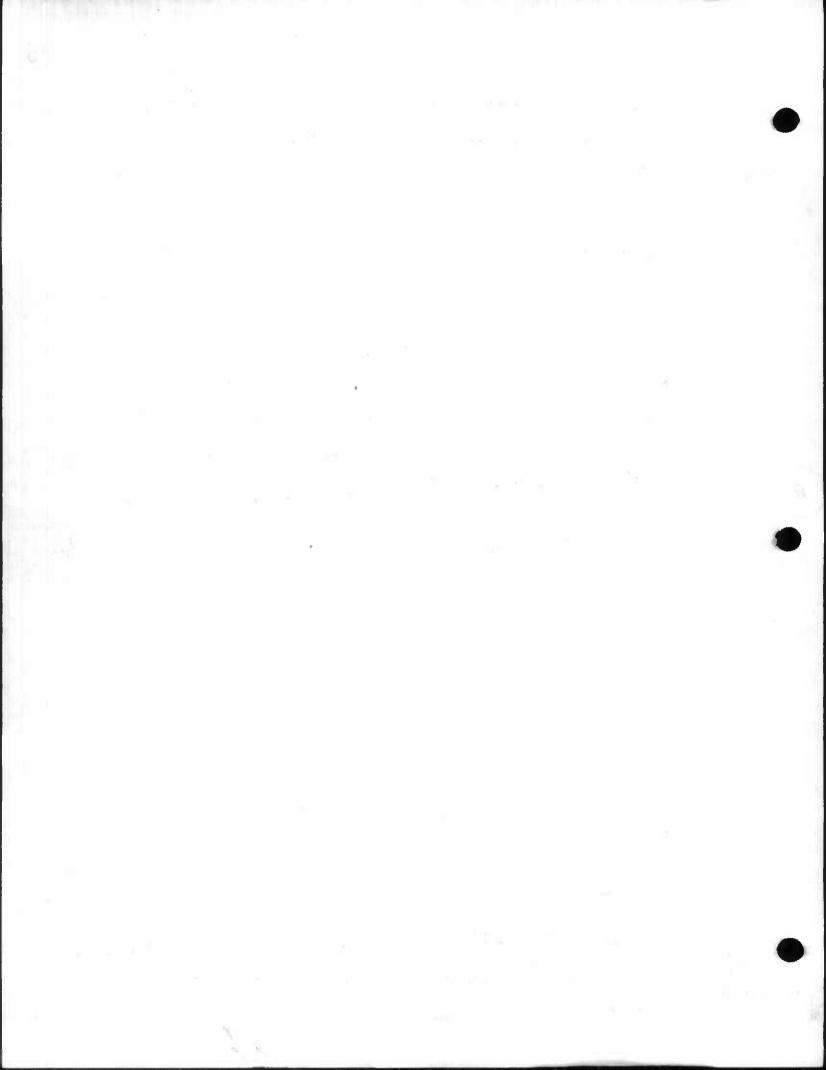
					Certificate of	Death	Reg. N	0.	
	Physic /Medi		1. Decedent's Neme (First, Middle, Last) BERNADINE	E FELTI	EK	0	CT. 20	1996	3. Time of Deeth 12.15p.m
	Exami Funeral Director	ner	5. Sociel Security Number 6. Sex 10	reet end number) PEC. N, H. M 2) F 7. Age (In yrs. le	ost birthdey) if Under 1 Year Months Deys	Hours Min.		c. County of Deeth D A 9. Births County	piece (State or Foreign
	the Meryland 28a-f show	ctor	Usuel Residence of Decedent 10e. Stete MD. 10b. County April		Town or Location TimorE				10d. inside City Limits 1 No 2 No
	s 23a or 28	Funeral Director		PUE.	10f. Zip Code 2/2			U.S.A	9
020	72 hours efter death with the Meryland natural; or Nems 23s or 28s-f show dies! Examinar must be notified at	by	11. Merital Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. Wes Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes:	if Yes, specify Cub	Hispenic Origin? (Specificen, Mexican, Puerto Rid Specify:	y Yes or No- an, etc.)	14. Rece - Americ Black, White, Specify:	
21215-0020	should be filed within 72 hours nd Mental Hygiene. marked other than "natural", imatic event, one Medical Exa	Completed	15. Decedent's Educ (Specify only highest grade Elementery/Secondery (0-12)	etion completed) College (1-4or 5+)	16e. Decedent's Usuei Occu (Give kind of work done life. DO NOT use retire	during most of working		Kind of Business/In	dustry No ME
Maryland 2	ges 1 and 2 should be filed within 72 hr t of Heelth end Mental Hygiene. If item 27 is marked other than "natur or other traumatic event, the Medical	To Be Co	17. Fether's Neme (First, Middle, Last)	A SSNEL	11011/12 10/14/	18. Mother's Neme (F			NOT ILL
	alth er 27 is		19e. Informent's Neme/Reletionship (Typ) JOHN M. FEL 20e. Method of Disposition	re, Print) TEL	19b. Meiling Address (Stree 3/34 /-91) ace of Disposition (Neme of	TAUE.	BALTO.	MD Z. Location - City or To	1224
Baltimore,	t. Partmentant:		1 ABuriel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify) 21. Signeture of Fup(rei Service Licensed	emovei from State	KLAWN 0 22. Name and Addr	ess of Fecility	1.23 496 BA	8 HUDSO	MB.
B	Depar Depar Impor		A homas	Stade	· HOFFMAN	IN-SKAR	DA F.H.		MD. 21224
de	Physician /Medicai Examiner	ler	23a. Pert1. Enter the disease, of complic shock, or heert feilure. List only one Immediate Cause (Finei disease or condition resulting in deeth) e.	DEMA	**	ng, saari se cardide or it	ospirotory enest,		Approximate Interval Between Onset end Death
κ 68760,	taw requires that the deeth certificate be executed es been signed by the ettending physician end a should be deteched for use as the bunial-transit	Medical Examiner	Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	Due to (or	es e consequence of): es e consequence of):			1	Y"
P.O. Box	es thet the deeth ce igned by the ettendi be deteched for use	Physician/	Pert II. Other significant conditions control	ributing to death but not resul	ting in the underlying cause gi	ven in Pert I.	23b. Did tobacc		to the cause of death?
of Vital Records, I	aw requires the	Completed by I					24e. Wes en eut- performed?	94	Vere autopsy findings vellable prior to ompletion of cause deeth?
/ital R	The ate h	Be	25. Wes case referred to medical exeminer?			26. Place of Deeth (C		25 No 11	Yes 200 No
ion of	ng Phys fter this meral di	ation: To	27. Menner of Death 1 Neturel 5 Pending 2 Accident investigation	ospital: 1 ☐ Inpatient 2 ☐ E 28e. Dete of Injury (Month, Day Year)	28b. Time of Injury 28c. tnju		5 Residence	8 Other (Special lury occurred	(y)
Division	Hospital or Attendi 24 hours after deeth. Funeral Director: A stely filled in by the fo	I Certification:	3 Suicide 4 Homicide 6 Could not be determined	building, etc. (Specify)			City or Town, Sta		
	To the Hospital of within 24 hours all To the Funeral Discompletely filled in	Medical	(Check only one) 2 Medicat Examine 29b. Signeture end title of cartillar	er: On the best of my know, end menner steted.	ledge, death occurred et the ti on end/or investigation, in my 29c. Licen	opinion, deeth occurred	et the time, dete er	nd place, end due t ete signed (Month,	to the ceuse(s)
	P ₹ P 8		250. Signatura and title of	CM	5	1			Day, rear)
. /	Ц		30. Name and address of person who con	Scalia		24276 801 HU	dsor	15+	
	Sta Registi		31. Dete filed Month, Bay Year 96	32. Registrar's Signet	ие				



State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Name (First, Middle, La	ast)		- 0071	ificate of	Dodin	2. Deta of Dae			Tima of Deeth
Physici /Media		Louise Mar	y Porte	r F	ear			Octobe:	Day 18, 1	996 8	:30 pm
Examir		4e. Facility Name (If not institution, gir	ve street and number)			4b. City, Town, or				. 50 рм
=		Dulaney Towson	Nursing He	ome			Towson		Bal	timore	
Funeral		5. Sociel Security Number 6. 5	Sex 7. A		last birthdey)	If Under 1 Year	if Under 24 Hrs				(State or Forei
Director		111-26-7031 Usual Residence of Decedent	1□ M 242XF 9	8	Yrs.	Months Deys	Hours Min	. (Month, Da)	r, Year)	New Yo	rk
f show	tor	MD Baltimo			, Town or Loca	ation					nside City Limi
28a note	Director	10e. Street and Number	ore	11	monium	10f. Zip Code			10a Citizen of	What Country?	X
3a or		110 Gorsuch Roa	ad			21093			USA	What Country!	
11. Marital Status 1 Never Married 2 3 Widowed 4 Div. 15. Dec (Specify only I) Elementery/Secondery (0			12. Wes Decadent Armed Forces 1 Yes XX it Yes, Give Yeer or Dates:	?	if \		Hispanic Origin? (S en, Mexican, Puer	Specify Yas or No- to Rican, etc.)	14. Rac Bie	ce - American in ck, White, etc. cy: White	
		15. Decedent's E (Specify only highest grant property/Secondery (0-12)	ducation				petion during most of wo d)	rking		usiness/Industr	
T, th	ပိ	12 17. Fether's Neme (First, Middle, Last	4	-	Tead	cher	40.44	457		ic Scho	ols
riked of	To Be	John Porter	,					me (First, Middla, Mary Bu		ne)	
27 is ma trauma		19a. informent's Neme/Relationship (Type, Print)				and Number or Ri				(e)
if item:		20e. Method of Disposition 1√ Buriel 2 □ Cremetion 3 □	Removel from Stete		ace of Disposit emetery, crema	tion (Neme of atory or other pla		Deta		- City or Town, S	
ortant: 0 injury o		4 □ Donation 5 □ Other (Special	(y)		ville (Cemetery	1	0/24/96	Cemeter	y Ave.,	N.Y.
Important: any injury once.		Bryan W. Cla	Nelan	4		Name end Addre	ess ot Fecility Suneral H Idonia Rd	ome	dum MT	21003	
		23a. Pert1. Enter/the disease, or com shock, or heart feilure. List only		d the deeth	. Do not enter	the mode of dyl	ng, such es cardie	c or respiratory er	est,	App	roximate
vsician ledical aminer		Immediate Cause (Final disease or condition	A).	imes	dise	r).			Ons	et and Deeth
	ē	resulting in death)	V	Due to (or	es e conseque	enca ot):					
physicien and the buriel-transit	Physician/Medical Examiner	Sequentially list conditions, if env. leading to immediate	b. ————	Due to (or	as a conseque	enca of):					
ysicien le burie	calE	Sequentielly list conditions, if eny, leeding to immediata causa. Entar Underlying Cause (Disease or injury that initiated events	c	Due to /or	es e conseque	ince of):					
ding ph	/Med	rasulting in deeth) Last	d								
e etter	sicial	Pert II. Other significant conditions o	ontributing to deeth b	ut not resu	lting in the und	eriving cause giv	en in Pert I.	23b. Did to	obacco use co	ntribute to the	cause of deal
igned by the ettendir be deteched for use	by Phys	osteout to						1 U Y	11	3 Probably	
peen s should	Completed b							24e. Wes e		avellabi	utopsy tinding e prior to tion of cause 1?
this certificate has ral director, page 2	NO.							1 🗆 Y	es 2 No	1 □ Yes	2 2 No
ctor,	Be	25. Wes case reterred to medical exeminer?					26. Piece of Dec	eth (Check only or	10)		
dire dire	2	1 ☐ Yas 2 No	Hospitel: 1 ☐ Inpatie	ent 2 🗆 E	R/Outpetient	3□ DOA Oth	er: W Nursing H	Iome 5 Reside	ence 6 □Oth	er (Specify)	
After the funeral		27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Inju (Month, Da	ry y Yeer)	28b. Time of Injury	28c. Injur Wor M 1 🗆		28d. Describe h			
To the Funeral Director: After completely filled in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Inj building, et	ury - At hor c. (Specify,	me, ferm, stree	t, fectory, office		26f. Location (S. City or Town	treet and Numb n, Stata)	per or Rural Rou	te Number,
To the Funeral D completely filled i	edicai	29e. Certifier (Check only one) Certifying Ph	yalcian: To the best niner: On the basis o end menner st	exemineti-	riedge, deeth o on end/or inves	ccurred et the tir stigation, in my o	ne, date and pieca pinion, deeth occu	, end due to the carred et the time, d	ause(s) and me ete end plece,	enner es steted. and due to the	cause(s)
omp comp		29b. Signature end title of certifier	1			29c. Licens	e nu <i>m</i> ber	2	9d. Date signe	d (Month, Dey,	Year)
-0					Cm		7016			er 21,	
		30. Neme and eddress of person who	completed cause of d	eeth (Item	23a) (Type, Pri	int\					
41		Kenneth Greene,					01, Tows				

DHMH 16 Rev 6/95



Ÿ	5
S	8
-	æ
C	1
CARALTIMORE, MARYLAND 21215-0	6
N	75
	등
7	8
5	=
4	2
	>
>	12.
α	8
4	5
=	8
-	-
	Z
-	3
Œ	E
0	9
5	92
=	No.
-	-
1	€
4	9
1	0
12	2
13	cal
G	5
-	8
	5
	•
-	4
0	\$
9	3
	8
60	3
9	8
×	-
0	ā
m	=
-	2
0	ē
P.O. BOX 68760,	ith certificate be executed within whours after death. Page 6 may be retained by the hospital or attending
0	45
	722

permit. burial-transit 94 SS 156 0 detached notified 9 must examiner funeral by the medical 6 and completely filled burial, cremation, the state event, traumatic 2 ending physician a Hygiene prior to other the atten Wental injury, Health and эшу shows 2 peen has be Dept. MP 23 He Item certificate ATTENDING PHYSICIAN: 6 this c marked, After

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN P9 Z Jane tai MON! 18 515 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 426328156 Month, Day, You 6/24 HOURS 75 1 M 2 X F YRS. Louisiana Ss. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Rock Glen Nursing & Rehabilitation Center N/A Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Catonsville 1 TES 2 NO Maryland Baltimore FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21228 U.S.A. 1920 Clifden Road 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Maxican, Puerto Rican, atc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married 87 Specify: 3 🛛 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Port City Press Purchasing Agent 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Annie Louise Williams Frank Miller Comfort BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret Anne F. Schmidt (Daughter) 621 Island Ford Road Inman, SC 29349 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 Burial 2 Cremation 3 Removal from State October 20,1996 Beltsville, Maryland Chesapeake Crematory 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Witzke Funeral Home of Catonsville, Inc. 1630 Fdmondson Avenue Catonsville, Maryland 21228 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiretory errest, shock, or heart fellure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Finel Onset and Death hetestatic now small cell carcinone disease or condition resulting in death) Buceks DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 1 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 A Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month., Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check aniv 1 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner se stated. 296, SIGNATURE AND TITLE OF CERTIFIES

29c. LICENSE NUMBER

024781

716 MAIDED CHOICE HAVE 5215 BATTIME, 10

TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1

AL DR ATIL.
AL DIRECTOR: Atta

FUNERAL within 72 I HOSPITAL

60

28

BE

2

Gals K. Sida

221996

CHARLES R.

31. DATE FILED (Morth, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A REGISTRAR'S SIGNATURE

a Davidson

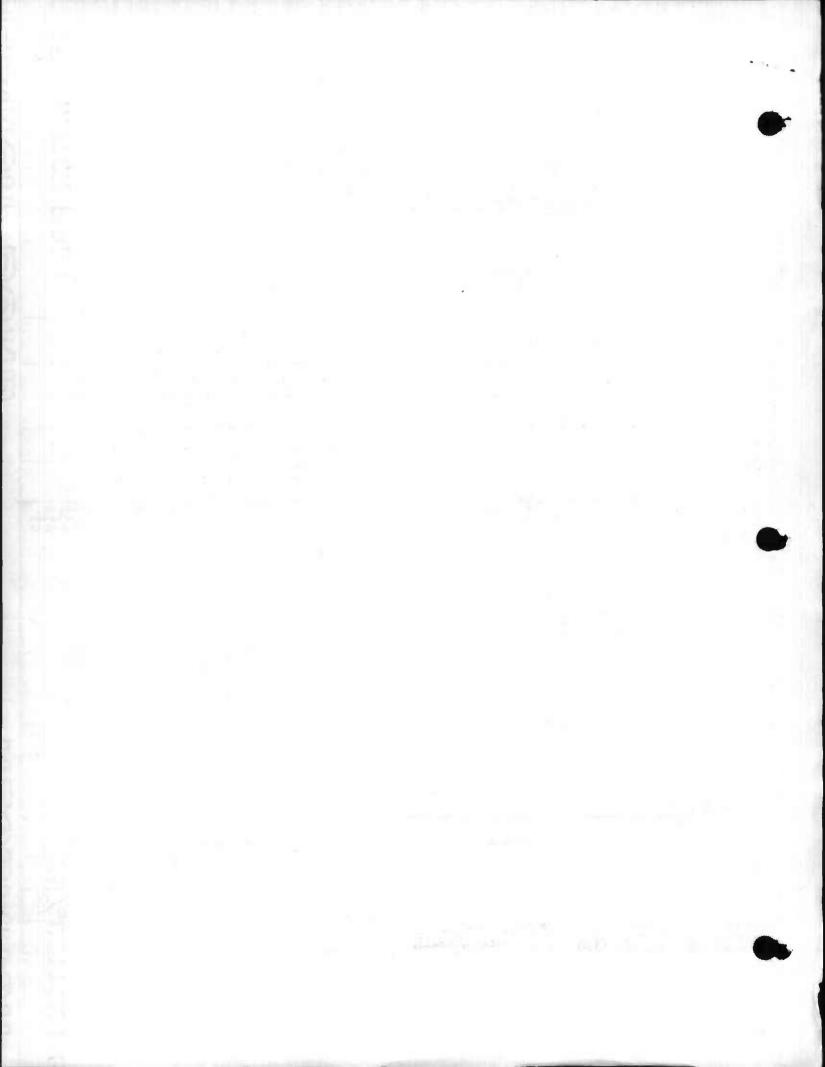
6RMonge

DIVISION OF VITAL RECORDS.

21229

29d. DATE SIGNED (Month, Day, Year)

10/18/96



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

2. Data of Daath

3. Time of Deeth

Physician /Medical Examiner

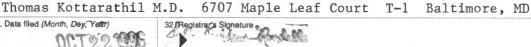
1. Decedant's Nama (First, Middle, Last)

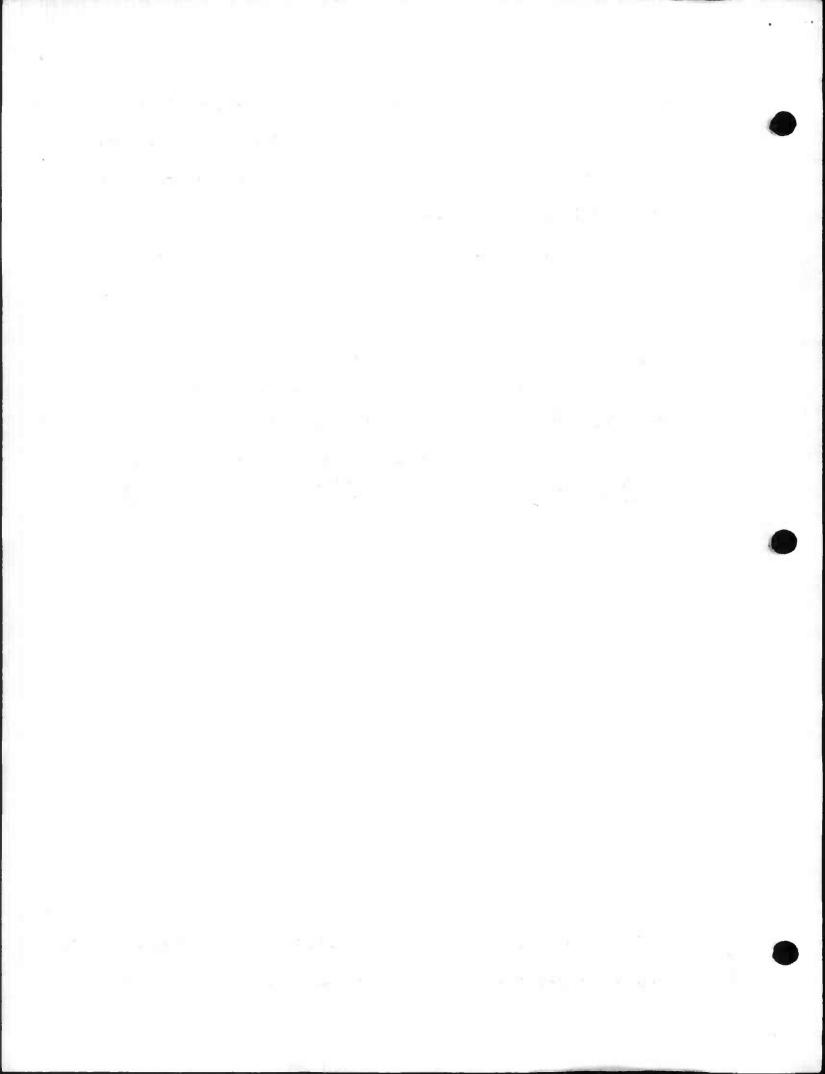
October 17, 1996 FRANCIS Mary 1:05 pm Helen 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Franklin Square Hospital Rosedale Baltimore If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number Birthplace (Steta or Foreign Country) 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** Deys Hours 1 ☐ M 2 💢 F 78 Yrs. 283-26-8876 **Director** Nov. 1, 1917 Ohio Usuel Residence of Decedent with the Maryland 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits ? is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at Md. Baltimore Essex Director 1 ☐ Yes 2X No 10e. Street end Number 10f. Zin Code 10g. Citizen of Whet Country? 619 B South Marlyn Ave. 21221 USA death Funeral 12. Was Decedant Evar In U,S. Armed Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. filed within 72 hours after of Hygiene. ther than "natural", or Iter 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Datas: 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White þ 3 ☑ Widowed 4 □ Divorced Completed 15. Decedent's Education (Spacify only highest grada completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratirad) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Electrician 12 yrs. 17. Fether's Ne*ma (First, Middle, Last)* Martin Marietta 18. Mother's Neme (First, Middla, Meiden Sumame) Pages 1 and 2 should be file ment of Health and Mental Hy ant. If them 27 is marked oth uny or other traumatic event John Henry Heading Melissa DeLawder 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Jackie Wayland 619 B South Marlyn Ave Balto. Md. 21221 Baltimore, 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete Burlel 2 Cremetion 3 Removel from State Department o Important: If I any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Gardens Of Faith 10-21 Rosedale 22. Nama and Address of Facility
Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd. If iter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, in haart failure. List only one cause on each line. Approximate Interval Between Onsat and Death Physician /Medical Immediete Ceuse (Finei disease or condition resulting in deeth) Congestive heart Failure 5 Days Examiner Due to (or es e consequence of) Examiner Coronary Heart Disease requires that the death certificate be executed physician and the buriel-transit Sequentielly list conditions, if eny, leeding to Immadiete cause. Enter Undarfying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): 88 for use as signed by the a Pert II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown Chronic Obstructive Pulmonary Disease 3 Completed 24a. Was an eutopsy performed? 24b. Were autopsy findings aveilable prior to peed completion of causa of death? hes 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No funeral director. 25. Was cese rafarred to medicel examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigetion 2 Accident ofter deati To the Hospital or Attended to the Funeral Director completely filled in by the 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier (Check only one) 1 🖸 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner es steted. Medical 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and menner stated. 29b. Signatura and title of certifian 29c. License number 29d. Data signed (Month, Day, Year) JOHN KOTTARATERE THOMAS D48206 October 17, 1996

State Registrar

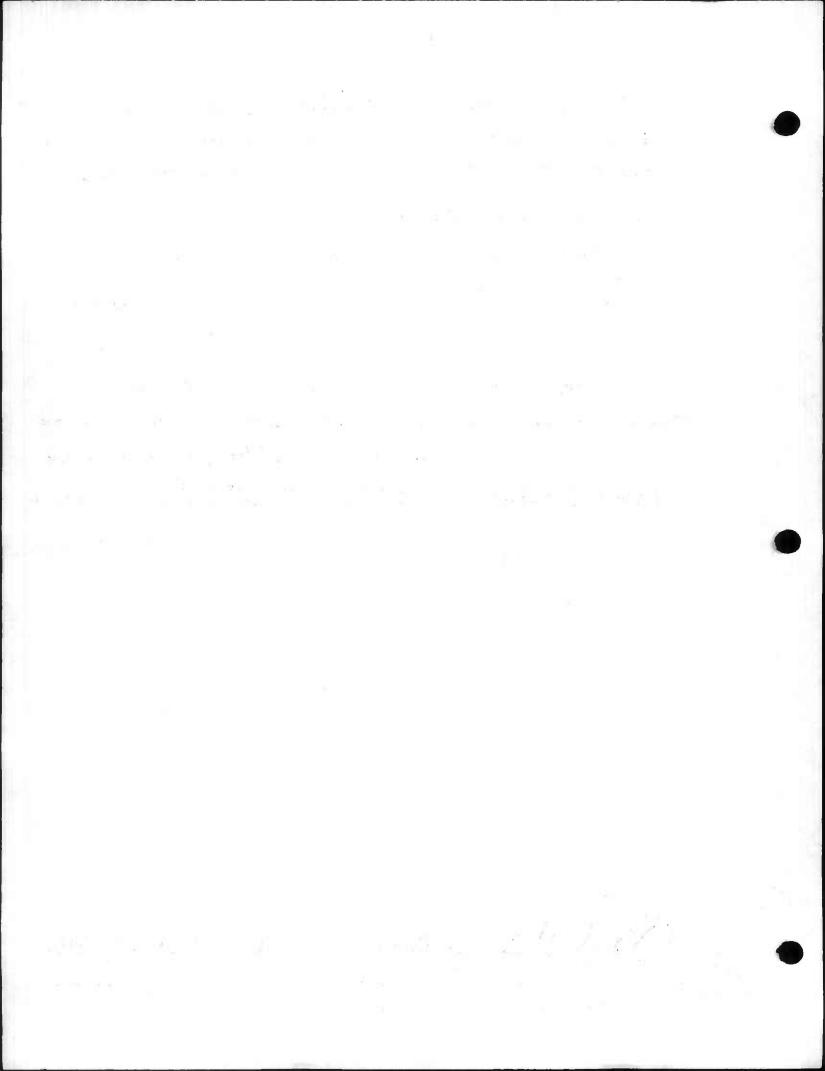


30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)





			Certificate of	Death	Re	g. No.		
hysician	Decedent's Nama (First, Middla, Last)		1 -)	2. Date of Death Month	-	3. T	ima of Death
/Medicai	OHMEY		l Ful	•	October	21,19	196 4	:28 An
xaminer	4a. Facility Name (If not institution, giva: 424 Balboa	AVE.		4b. City, Town, or L		4c. County		0
neral	5. Social Sacurity Number 6. Sax		birthday) If Undar 1 Yea	Capitul If Under 24 Hrs.				State or Foreign
ector		M 20F 50	Yrs. Months Days		8. Data of Birth (Month, Day, NoV. 21	1945	Country)	Stata or Foraign
E 50	10a. Stata 10b. County	The state of the s	own or Location				10d. in	sida City Limits
ctor	Maryland Prince	Georges Ca	pitul H	eights			10	Yas 2010
Dire	10e. Straat and Number	4	10f. Zip Coda		10	g. Citizen of W	/hat Country?	
arai ar	424 Balboa	Ave.	2074			USA		
Examiner must be notified at by Funeral Director	11. Maritel Status 1 Nevar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:	13. Was Decedant of If Yes, specify Cu		ecify Yas or No- Ricen, atc.)		- Amaricen Ind k, Whita, atc.	
leted by	15. Decedent's Educ		6a. Decedent's Usual Occu	nation	1	6b Kind of Bu	sinass/Industry	
	(Specify only highast grade Elementary/Secondary (0-12)	complated)	(Giva kind of work don life. DO NOT usa ratir	a during most of work ed)	king	ob. Paria di Da		
omp	12th	Collega (1-4or 5+)	server				Clu	b
Be ve	17. Fathar's Nama (First, Middla, Last)	11-1		18. Mothar's Nam	a (First, Middla, M	eiden Sumem	B)	
To To	Jesse James	s Fuller		Annie	Inc:	z l)ay	
2 2	19a. Informant's Name/Ralationship (Ty)		19b. Mailing Addrass (Street	4.4				
other ti	TevesA Fulle 20a. Mathod of Disposition		455 So. 28 of Disposition (Nema of	th 54. #				
	1 Burial 2 □ Cremetion 3 □ R	amoval from State	atary, cramatory or other pl	909)	6/24/2 2	DC. Location - I	City or Town, St	ata
any Injury or	4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License		athew Baptist	ch com	0/24/96	Elavk	Sville	, V9.
any Ir	0 .		22. Name end Add	1	Carrie			
	23a. Part1. Enter tha disaasa, or complik shock, or haart failure. List only on	raller 1	2605 lo.	Shirling	ton Rd	L. ARL	-, Va - :	22206
Ician	shock, or heart failure. List only on	a causa on each lina.	20 Hot entar the mode of dy	ing, such as cerdiac	or raspiretory arras	5t,	intary	ral Batween It and Deeth
dical	Immadiete Causa (Final	Marsto	1 200				5	month
niner	disaasa or condition resulting in death) a	Tagara (or as	a consequence of):				2	,,,,,,,,,
iel-transit Examiner								
for use as the buriel-transit	Sequentially list conditions,	Dua to (or as	a consequence of):					
burie E	Sequantially list conditions, if any, leading to immediata ceuse. Entar Undarlying Causa (Disaasa or injury c.							
Medical	that initieted evants resulting in death) Last	Dua to (or as	a consequance of):					
NA See	d d							
eteched for us Physician	Death Other leads and an inch				T		1	
be deteched by Physic	Part II. Other significant conditions cont	ributing to death but not rasultin	g in tha undarlying ceusa g	iven in Part I.			tribute to the c	and the second
be det					1 🗆 Yes	2 V No	3 Probably	4 🗆 Unknown
should b					24a. Was an		24b. Wara aut	opsy findings
page 2 should		*			performe	907	evailable completic of death?	on of ceuse
Page 2					1 ☐ Yas	2 No	1 ☐ Yas	2□ No
Be Co	25. Was cese referred to medicel axaminer?			26. Place of Deat	h (Check only one,			
6 6	1 ☐ Yas 2 No	ospital: 1 ☐ Inpatiant 2 ☐ ER/	Outpetient 3 DOA	har: 4 Nursing Ho	ma 5 Rasidan	ce 6 □Otha	r (Specify)	
	27. Mannar of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Injury (Month, Day Year)	b. Tima of 28c. Injury Wo	ork?	28d. Dascribe how	Injury occurre	ed	
the fu	2 Accident Invastigation		M 1	Yas 2□No				
ed in by the funera Certification:	3 ☐ Suicida 6 ☐ Could not ba 4 ☐ Hornicida datarmined	28a. Place of Injury - At homa building, atc. (Specify)	, farm, straat, factory, office		28f. Location (Stre City or Town,		r or Rural Route	Number,
20	20a Cadillar all Carrier at 1		A 17 - 17 He I I I I I I I I I I I I I I I I I I					
2 6	29a. Certifiar (Check only one) 15 Certifying Physical Examine	clan: To the best of my knowled er: On the basis of examination	ige, daath occurred at the t end/or invastigation, in my	ima, data and place, opinion, deeth occuri	end dua to tha ceu ad at tha time, dat	sa(s) and mer a and place, a	ner es steted. nd dua to tha ca	usa(s)
8 5		and mennar steted.		No. v. opins				
ompletely fill	29b. Sona ure and title of certifier	0	29c, Licen	se number	290	f. Data signed	(Month, Day V	ear)
completely filled	29b. Sonature and title of complier	1 Same	On	se number	290	i. Data signad	(Month, Day, Y	ear)
Complete	James +	Maganer &	mole	17896	0	र्म .	21,19	196
Complete	30. Name and address of person who con		mole	17890 Street	0	र्म .	21,19	196



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed warm 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. MBALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 687

1 - STATE REGISTRAN

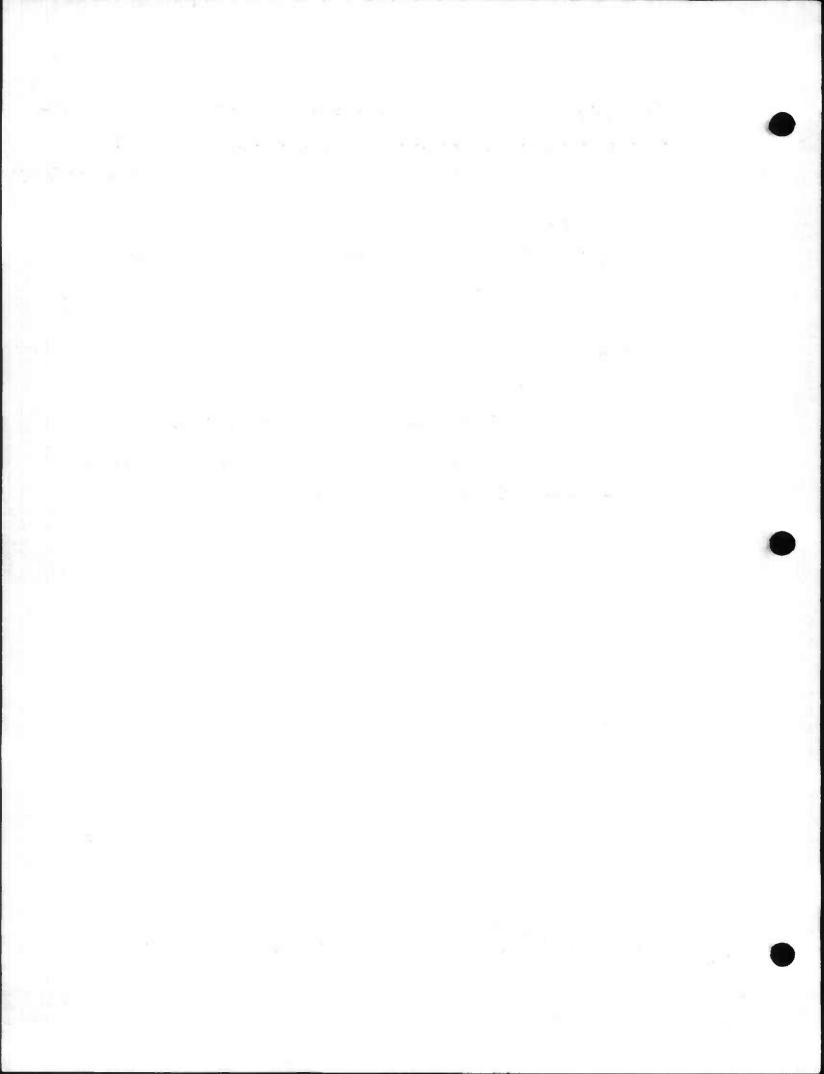
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAR		CE	:KIIIF	ICALE	OF	DEATH	RI	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) LOUISE L		FULL	ieR				2. DATE OF D	EATH DAY	0199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. less	birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		6. BIRTI	HPLACE (State or Foreign
	212-12-5522	t □ M 為反F	73	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day		Count	
- 1	9e. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	TOWN (OR LOCATION OF DE	Jan. 10		c. COUNTY OF D	Md.
R	Manor Care Nurs				35. OIT 1,	17.	Rossville				imore
DIRECTOR	RESIDENCE OF DECEDENT										
2	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION				tod. INSIDE CITY LIMITS?
		imore			Midd	le :	River				t ☐ YES Ø☐ NO
A	toe. STREET AND NUMBER					101	. ZIP CODE		1	og. CITIZEN OF	WHAT COUNTRY?
E	4036 Chestnut R	load					212	20		USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED			ENDENT OF HISPAN			No- 14. RAC	E — American Indian,
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	OR DATES	0			ecify Cuban, Mexical 25 NO Specify		, atc.)	Spec	k, white, etc.
	A STATE OF THE STA										***************************************
COMPLETED	t5. DECEDENT'S EDUC (Specify only highest grade of		(Gi	ve kind of v	USUAL OC		ON ast of working	1		ESS/INDUSTRY	
<u> </u>	Elementary/Secondery (0-12)	College (1-4 or 5+)	We.	Do NOT us		_		0	Was	110	mc
MP	6th			HOU	ısewi	fe				7,,	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			mame)	
BE	Frederick	Deckelman					Winifre				The second second
2	19s. INFORMANT'S NAME (Type/Print)	/ 4 3 - 1					and Number or Rural F				0.1.000
	Michaelene Disch		ter	3824	CIai	rks	Point Ro	ad Bal	timor	e, Md.	21220
	20e. METHOD OF DISPOSITION Duriel 2 Cremetion 3 Remo	rval from State	20b. PLACE A			ITION (N	ame of	DATE	20c. LOCA	FION — City or To	own, State
	4 Donation 5 Other (Specify)					Z Hi	11 10/	24/96	Mid	dle Riv	ver, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	11	1						C D	
	1 em	Core	Sh	1_			nelly Fun Mace Aye				
	23. PART I. Enter the disesses, or co	omplications that of	aused the de	ath. Do r	not enter	the mo	ode of dying, eucl	h ss cardisc	or respirat	lory srrest,	Approximate
	ahock, or haart fallura. L	list only one cause	on each fina			^	0 0	٨		,	Interval Batween Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	AHH	hudh	mil	20	P	aleelo	In .			11-2 LH2
	resulting in death)	DUE TO (O	R AS CONSEC	DUENCE O	fi:	V	1				1 2 1000
,		Severe	isch	ouri		4	diland	Care	lian	4 obalh	y not save
CERTIFICATION	Sequantially list conditions, if any, leading to immediate).	R AS A CONSEC				Λ.		- (-
ZA	cause. Enter UNDERLYING	Myo	Candi	J	wta	nc	haro				nu puce
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSEC	UENCE O	F):						
F	resulting in death) LAST										
	DAPT II Och - I - III - I - III			5.4							
EDICAL	PART II. Other significant conditions		not but not r		in the un	dariyin	g causa givan in	Part I. 24a	PERFORM		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă	Uthemia . (2)	sevie a	NOYPU	0,01	1000			t [YES 2	NO	OF DEATH?
M											t TYES 2 NO
ä	DID TOBACCO USE CONTR	RIBUTE TO CAU						NØ			
CIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEA	TH (Check of						
YSI	t 🗆 YES 2 🗹 NO	t 🗆 Inpatient 2 🗆 E	R/Outpatient 3	□ DOA	OTHER	t: ling Hon	ne 5 🗆 Reeldence	6 Other (Sp	ecity)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,	IJURY Year)	26b. TIN	IE OF JURY		JURY AT ORK?	28d. DESCRIE	BE HOW INJ	URY OCCURED	
BY	t Natural 5 Pending 2 Accident Investigation				М		YES 2 NO				
ED	3 Suicide 6 Could not be	28e. PLACE OF building, et	INJURY — At ho	me, ferm,	street, tect	ory, offic	ie .		N (Street end	Number or Rural	Route Number,
E	4 Homicide determined							0.17 0.10	, 0.010)		
٦	290. CERTIFIER (Check only	CIAN: To the best of m	y knowledge, de	ath occurr	ed at the ti	me, date	end place, end due	to the causele) end menns	r oo stated.	
COMPLET	one) 2 MEDICAL EXAMINE										(e) end menner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI				D (Month, Day, Year)
B	Masson Mo.	(PHYSIC	(MA) .				D- 39	3754	}. ∐'	► 10 - 2	0-96
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITE	W 27) (Type	, Print)		J 3'				
	MALIKA WASER	-M., (00	N. B.	ROAT	DWA	٧.	BALTIN	MORE	, M.	D - 21	231
	3t. DATE FILED (Month, Day, Year)	Janegisthan	SIGNATURE								*
	OCT 22 1996 84	with some and account	-Alminos								

Please Type or Print in Black Indeilble Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 | 5 | 0

			cuit or mary	Certificate of Death	Reg. No.	
	Physici	an.	1. Decedent's Name (First, Middle, Last)	^	2. Dete of Death 3. Time of Death	
	/Medic		Gregory	Garrison	October 20, 1996 1 1/1m	
	Examir	ner	4e. Facility Name (If hot institution, give street and number)	4b. City, Town, or	Location of Death 4c. County of Death	
-			5. Social Security Number 6. Sex 7. Age (In	yrs. last birthday) If Under 1 Year If Under 24 Hrs	S. 8. Dete of Birth 9. Birthplece (State or Foreign	an .
Į,	Funeral Director	(3/9-76-294/2 19€M 2□F 3	Yrs. Months Deys Hours Min		
	hours effer death with the Maryland tural', or items 23s or 28s-f show al Examinet must be notified at		10a. State 10b. County 10c	c. City, Town or Location	10d. Inside City Limits	
	e Ma	ctor	MD NA	og/timore	10 Yes 2 No	0
	ter death with the Marylen flems 23s or 28s-f show free must be not red at	Director	10e. Street and Number	10f. Zip Code	10g. Citizen of Whet Country?	
	agth v	Funeral	1010 N. Eden 51	- 3/3/3	UOA	
	ter de	Fun	11. Meritei Stetus 12. Wes Decedent Ever Armed Forces? 1 Never Married 2 Married 1 □ Yes 2 ☑ No	in U,S. 13. Waa Decedent of Hispenic Origin? (Section 1997) It Yes, specify Cuban, Mexican, Puer	Specify Yes or No- rto Rican, etc.) 14. Race - American Indian, Black, White, etc.	
020	al', or	by	1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yeer or Detes:	1 ☐ Yea 2 Otho Specify:	Specify: Black	
5-0	netural',	ted	15. Decadent's Education (Specify only highest grade completed)	16a. Decedent's Usual Occupation	16b. Kind of Business/Industry	
21215-0020		Completed	Elementery/Secondary (0-12) College (1-4or 5+)	(Give kind of work done during most of wo	Calla Danis	_
	23 Ph. No.		17. Fether's Neme (First, Middle, Last)	18 Mother's No.	eme (First, Middle, Melden Surneme)	
an	S e d e	To Be	Alean Davis	Macy	1/1/////	
Maryiand	A DEE	F	19a. Intorment's Neme/Reletionship (Type, Print)	19b. Melling Address (Street and Number of F	Rural Route Number, City or Town, State, Zip Code)	
95	1 and 2. Heelth e		Mary L. Williams Mother	25 1210 N. Eden St.	Baltimore, MI 2121:	3
Baltimore	S to to		20a. Method of Disposition 20 Burial 2 Cremetion 3 Removal from Stete	Ob. Pleca of Disposition (Name of cemetery, crematory or other place)	Date 20c. Location - City or Town, Stete	
tim	Pa Int:		4 □ Donetion 5 □ Other (Specify)	ning Memorial Hark	10/24/19/19/19/19/19/19/19/19/19/19/19/19/19/	
Bal	Departri Departri Imports any Inft		21. Signature of Funeral Service Licensee	22. Name and Address of Facility	pert P. Wylie F/It, PA	
	202 00		175 Part Fater the disease group floating that arrand the	- 638 N. Gilnio	F St. Baltimore MUSA	91
	Physician		23a. Part1. Enter the disease, or complications that caused the shock, or heart teilure. List only one cause on each line.	seem. Do not enter the mode of dying, such as cardie	ac or respiratory arrest, Interval Between Onset and Death	
į,	/Medical	Н	Immediate Ceuse (Finel disease or condition	Spiratory Arma	set munitas	_
ı	Examiner		resulting In deeth)	to (ar es a consequence ot).		
	pe gis	Examiner	b			
B.	ifficate be executed g physicien and as the buriel-transit	хап	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	to (or as e consequence ot):	(1) / (1/)	
68760,	sicien be buri		thet initiated events	VC. MUTTO Cal Lau to (or as a consequence wi:	xoanapualopath omos	
	5 0 6	Aedical	reaulting in deeth) Last	1 Thomas Dorce	June Syndram 18 mos	
Вох	attendin for use	Physician/N	d. Jugarra	a summone per ice	FUCE SUPPORT IT IS S	
0.	the death ce y the attending ached for use	/slci	Pert II. Other significant conditions contributing to death but no	resulting in the underlying cause given in Pert t.	23b. Did tobacco use contribute to the cause of death	1?
σ.					1 Yes 2 No 3 Probably 4 Tunknow	wn
rds,	8 22	ed by	· ·		24a. Wes en eutopsy 24b. Were eutopsy findings	
Record	iaw requir ias been si 2 should	Completed			performed? available prior to completion of cause of deeth?	
Ä	The ata h	Com			1 Yes 2 ₹No 1 Yes 2 ₩6	
Vital	ician: The certificata rector, pag	Be	25. Wes casa reterred to medical examiner?		seth (Check only one)	
to	tending Physician: leeth. tor: After this certifici the funeral director,	10			Home 5 Residence 8 Pother (Specify)	3
on	After funer	tion	1 ☑ Naturai 5 ☐ Pending (Month, Dey Yes	28b. Time of linjury at Work? M 1 Yes 2 No	28d. Describe how injury occurred	
Division	or Attending after deeth. Director: After d in by the fune	ifica	3 Suicide 6 Could not be determined 28e. Place of Injury -	At home, farm, street, fectory, office	281. Location (Street and Number or Rural Route Number,	
ă	s afte	Certification:	4 Homicide building, etc. (Sp	pecify)	City or Town, State)	
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	edical (Check only 2 Medical Examtner: On the basis of example	knowledge, deeth occurred at the time, dete and plec minetion end/or investigation, in my opinion, deeth occ	ce, end due to the ceuse(s) end menner es stated. curred at the time, date and place, and due to the cause(s)	
	To the Comple	Mec	one) end manner steled. 29b. Signature and tipe of certifies	29c. License number	29d. Dete aigned (Month, Day, Year)	-
P	7		Ablees He Jonn	118 DARGOT		
_	(0)		30. Name and eddress of person who completed cause of death	(Item 23e) (Type, Print)	-1 0 1/ 1: 1- :- 1	
	4		Folette Trubin	MS 828 N. Eura	10-21-96 w54. Ballot Mol 21201	
	Sta Registr		31. Dete filed (Month, Dey, Year) 32. Registrer's S Auna Maundan	Igneture		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

7:20P.M.

	ı
Physician	ı
	ı
/Medical	l
Evaminar	۱

q-741 11/6/96 t.t

1. Decedent's Name (First, Middle, Last) CLARENCE

4a. Facility Name (If not Institution, give street end number)

GALLOWAY

4b. City, Town, or Location of Death

2. Date of Death 15,1996 Month OCTOBER

4c. County of Deal

9. Birthplace (State or Foreign

10d. Inside City Limits

Approximate Interval Between Onset and Death

1 es 2 No

Funeral Director

death with the Maryland show 28a-f items 23s or 6

the Medical Examiner must be notified at natural

filed within 72 hours effer Hygiene. permit. Peges 1 and 2 should be fil.
Department of Health and Mentel Hy
Important: if Item 27 is marked oth
any injury or other traumatic even

21215-0020

Maryland

Baltimore,

Physician /Medical Examiner

es the buriel-trer attending physicien The law requires that the death certificete be signed by t d be detect this certificate hes Physician: After within 24 hours are due To the Funeral Director: 3

of Vital Records, P.O. Box 68760.

Vision

Hospita

the

Examiner Physician/Medical by Completed Be 2 Certification: Medical

200 10e. State Funeral Director 10e. Street and Number 11. Marital Status Completed by Be 0 21. Signatu fmmediete Cause (Finel disease or condition resulting in deeth) 1 Yes 2 No

N.HILTON STREET BALTIMORE 5 Social Security INDITION STATES OF THE SECURITY INDITION OF THE SECUR ocial Security Number 7. Age (In yrs. last birthday) If Under 1 Year 1₽M 2□ F Months Days Yrs. 10b. County 10c. City, Town of Location attimore 10f. Zip Code 10g. Citizen of What Country? 2/22G

13. Wes Decedent of Hispanic Origin? (Specify Yes or Noif Yes, specify Cuben, Mexican, Puerto Rican, etc.) 200 N. Hilton 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 D No If Yes, Give Race - American Indisn, Black, White, etc. Race -1 Never Married 2 Married 1□ Yes 2☑No Black Specify: Specify: 3 Widowed 4 Divorcad 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) BOOK BINding abores Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) larence Issac PWIS HIVERTA Gallowal 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Batto. md. 20b. Place of Disposition (Name of cemetery, crematory or other p sallowal ave 21229 20a. Mathod of Disposition

1 Burial 2 Cremation 3 Removel from State Date 20c. Location - City or Town, Stete 4 Donation 5 ☐ Other (Specify) altimore re of Funeral Service Licenta 40me 0 Md 21216 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. orth ave Due to (or es a consequence of). Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings aveilable prior to completion of cause of desth? 24a. Was an autopsy performed? Yes Yes 2 No 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 N Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA Dete of Injury (Month, Day Year) 27. Menner of Deeth 28c. fnjury at Work? 28b. Time of 28d. Describe how injury occurred Naturel 5 Pending Investigation 2 Accident 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28e. Place of fnjury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and plece, end due to the cause(s) and menner es ststed.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner steted. (Check done 29b. Signetur and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

use of eeath (Item 23e) (Type, Print) d address of person who completed cause of

O.C.M.E.

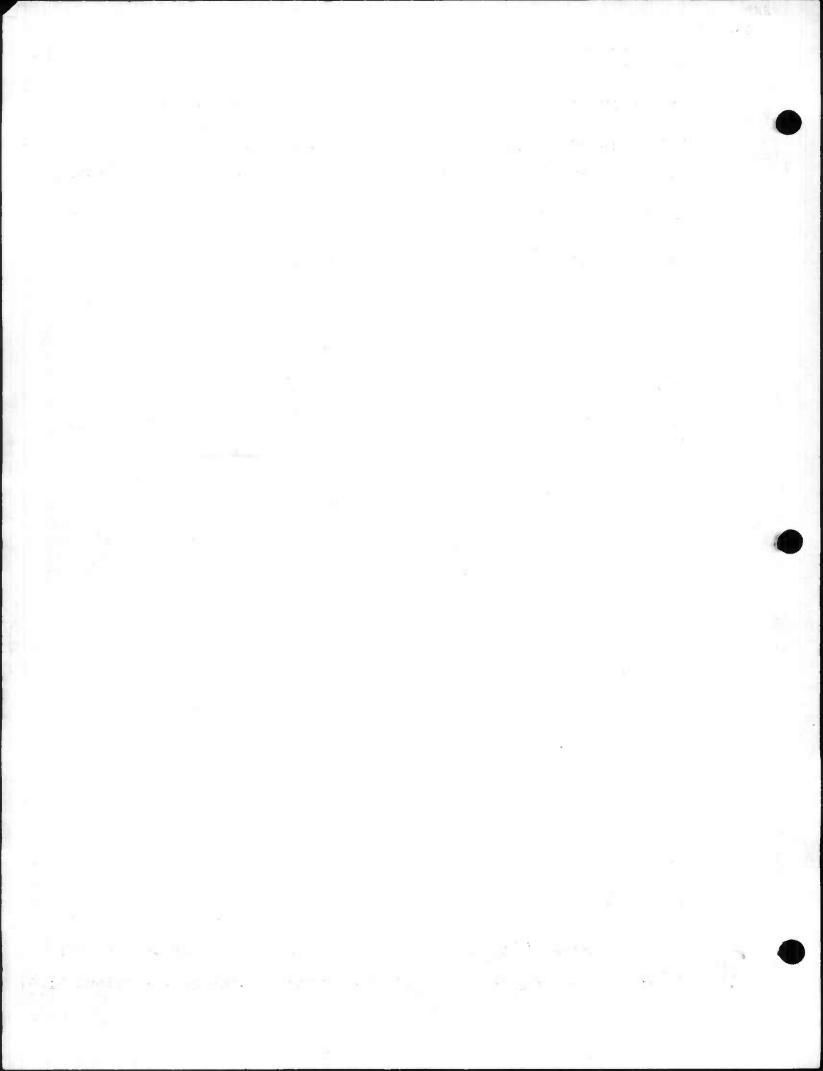
OCTOBER 16,1996

No 31. Date filed (Month, Dev. Year) State

111 Penn Street, Baltimore, Maryland 21201 22. Registrar's Signeture uli Davidson

DHMH 16 Rev 6/95

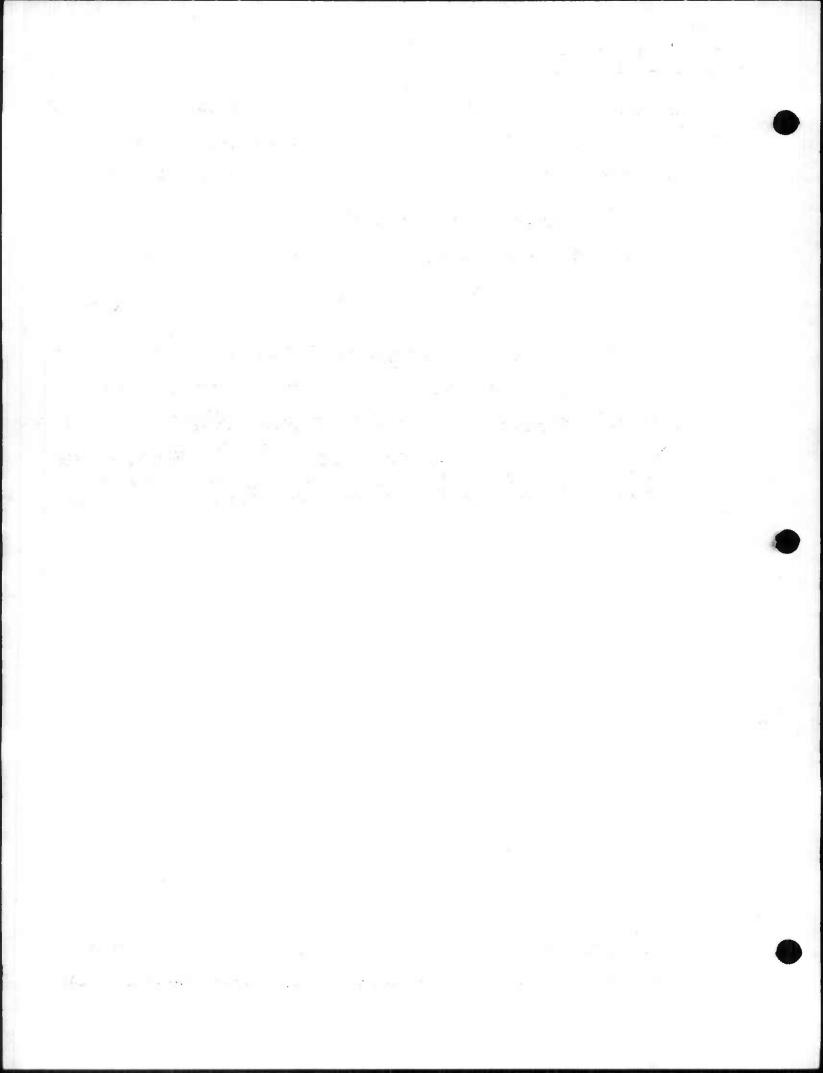
Registrar



AM ITEMS: 23 PART I, 27, 28a-f, State of Maryland / Department of Health and Mental Hygiene PER NEO FILM g-740 10/23/96 t.t Certificate of Death 96 3 15 12

						te of Death		Reg. No.		
	N.	1. Decedant's Nama (First, Middla, L	ast)				2. Data of		Miles	3. Tima of Death
Physi /Med		STEPHEN RICH	ARD GUNN	NING			OCT.	09,1996	Year	11:30A
Exam		4e. Facility Nama (If not institution, g	iva street and number)			4b. City, Town	, or Location of De	eath 4c. Count	y of Death	
		44069 GRAPE N	Y LANE			Cali	FORNIL	ST.M	IARYS	
Funera	ai	Social Sacurity Number 6.		e (In yrs. last b		r 1 Yaar If Undar 24	Hrs. 8. Data of	Birth Day, Year)	9. Birth	placa (Stata or Foreigntry)
Directo		039 - 58 - 0598 Usual Rasidanca of Decedant	1 M 2□ F	35	Yrs. Months	Deys Hours	Min. Jap.	25,1961	MED	FORD , MA
how		10a. Stata 10b. County		10c. City, To	wn or Location					Od. Inaide City Limits
death with the Maryland rms 23a or 28a-f show rmust be notified at	Director	MD. 5T. 1	MARY	CAL	IFORNI	A				1 Yas 2 No
or 28	Sire.	10e. Street and Number			10f. Zij	o Coda		10g. Citizen of	What Cou	ntry?
th w		44069	GRAPEIU	V LAN)F	20619		0	.5.6	7 .
eme erm	Funeral	11. Marital Status	12. Was Decedant I Armad Forces?	ver in U,S.	13. Was Daca	dant of Hispanic Origin cify Cuben, Maxican, F	? (Specify Yas or	No- 14. Ra	ce - Amari	can Indien,
72 hours efter death with the Manylan natural", or items 23s or 28s-f show diest Examinet must be notified at		1 Naver Married 2 Married	1 ☐ Yas 2 XN If Yas, Give	No	1 ☐ Yas	h = 4	donto riiodni, oto.)			ato.
raf.	d by	3 Widowad 4 Divorced	Yaar or Dates:		12 144	za no opecny.		Speci	www	HITE
d within 72 hours jiene. r than "natural",	Completed	15. Decedant's E (Specify only highest gi	ducation rada complated)	168	a. Decedent's Usu (Giva kind of wo	ork dona durina most o	f working	16b. Kind of E	Business/In	dustry
d within 72 hours ef giene. or than "netural", or the Medical Exam	de la	Elamantary/Secondary (0-12)	Collega (1-4or 5	(+)	1 lifa. DO NOT u			1		
e filed value of the t	ပိ	12 February Name (First Middle Law	. 4		OMPU /		UEEL	500	ERN	MENT
S is S	Be	17. Fethar's Nama (First, Middle, Las			/	18. Mothar's	Nama (First, Mid	dla, Maiden Suma	ma)	
should be nd Mental merked o	10	MICHALD S	GUNN			191	REALE	T M-	KYA	10
12 sho		19e. Informent's Name/Reletionship			b. Malling Addras	s (Street end Number	or Rural Routa Nu	mber, City or Town	n, Steta, Zip	
1 end Health am 27 sther tr		MAGALET M.	GUNDIN		dd BUI	GET AL	E. 191	EDFORD	MA	. 02/55
Peges 1 e nent of Hea int: If Itam		20a. Mathod of Disposition 1 Bunial 2 □ Cramation 3 I	☐Ramoval from Stata	20b. Place cemate	of Disposition (Na ary, cramatory or o	me or othar place)	Date L	20c. Location	- City or To	own, Stete
men men lury		Donation 5 ☐ Other (Spec		OAK	GROVE	CEM.	1996	MEDF	OND	MA.
permit. Peges 1 e Department of He Important: if Itam any Injury or othe		21. Signature of Funaral Sarvice Line	insee //	01	22. Nama e	nd Addrass of Facility	2829	MUDSO	125	+.
ZOE = 6	S	Thomas of	March	W .	Va	021 611	000	1,		
				-10	ONAR	DH P.H.	DAIT	a MA.	- 21	2754
		23a. Part1. Entar tha disease, of cor	nplications that causad	tha daath. Do	o not antar tha mod	da of dying, such as ca	DA-LT rdiac or respirator	y arrast,	21	Approximata
Physician		23a. Part1. Entar tha disease, of cor shock, or haart failura. List only	nplications that causad y ona cause on each lin	tha daath. Do	o not antar tha mod	da of dylng, such as ca	DA-LT rdiac or respirator	y arrast,	21	Approximata Interval Between Onsat and Death
/Medica	ł 💮	Immediate Ceuse (Final	nplications that causad y ona cause on aach lin		onot antar tha mod		DA-LT rdiac or respirator	o Mb	21	Intarval Between
	r		DIPHENHYD	DRAMINE!		ON	DA Trodiac or respirator	y afrast,	21	Intarval Between
/Medical Examine	r	Immediate Ceuse (Final disaase or condition	DIPHENHYD	DRAMINE!	INTOXICATI	ON	DA-LT rdiac or respirator	o, Mb.	21	Intarval Between
/Medical Examine	r	Immediate Ceuse (Final disaase or condition resulting In daath)	DIPHENHYD	DRAMINE!	INTOXICATI	ON	DA-LT rdiac or respirator	o, Mb.	21	Intarval Between
/Medical Examine	Examiner	Immediate Ceuse (Final disaase or condition resulting In daath) Sequentially list conditions, if any, leading to immediate	DIPHENHYD	DRAMINE!	INTOXICATI	ON	PA-LT rdiac or respirator	o Mb	- 21	Intarval Between
/Medical Examine	Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initieted avants	DIPHENHYD	DRAMINE! Due to (or as a	INTOXICATI	ON	DA-T7 rdiac or respirator	o, Mb	- 21	Intarval Between
/Medica Examine physician end the buriel-transit	Examiner	Immediate Ceuse (Final disaase or condition resulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	DIPHENHYD	DRAMINE! Due to (or as a	INTOXICATI a consequence of):	ON	DA-T	y afrast,	- 21	Intarval Between
certificate be executed Examined physician end use as the bunlei-fransit	n/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initieted avants	DIPHENHYD	DRAMINE! Due to (or as a	INTOXICATI a consequence of):	ON	DA-T	y afrast,	- 21.	Intarval Between
Certificate be executed Cartificate be executed by execu	n/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initieted avants	DIPHENHYD b c d	Due to (or as a	INTOXICATI a consequence of): consequenca of):	ON			ontributa to	Interval Between Onsat and Death
Certificate be executed Cartificate be executed by execu	n/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted avants resulting in death) Last	DIPHENHYD b c d	Due to (or as a	INTOXICATI a consequence of): consequenca of):	ON	23b. D			Interval Between Onsat and Death
mat the death certificate be executed a compared by the attending physician end by the attending physician end compared for use as the bunel-transit	Physician/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted avants resulting in death) Last	DIPHENHYD b c d	Due to (or as a	INTOXICATI a consequence of): consequenca of):	ON	23b. D	old tobacco use co		Interval Between Onsat and Death
Certificate be executed Cartificate be executed by execu	by Physician/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted avants resulting in death) Last	DIPHENHYD b c d	Due to (or as a	INTOXICATI a consequence of): consequenca of):	ON	23b. D 1	oid tobacco use co □ Yee 2⊠ No l'as an autopsy	3 □ Pro	o the cause of death bably 4 □ Unknow
w requires that the death certificate be executed been signed by the attending physician end should be deteched for use as the bunel-transit	by Physician/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted avants resulting in death) Last	DIPHENHYD b c d	Due to (or as a	INTOXICATI a consequence of): consequenca of):	ON	23b. D 1	old tobacco use co	3 ☐ Pro	o the cause of death bably 4 □ Unknow are autopsy findings ellebla prior to mplation of cause
w requires that the death certificate be executed been signed by the attending physician end should be deteched for use as the bunel-transit	by Physician/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted avants resulting in death) Last	DIPHENHYD b c d	Due to (or as a	INTOXICATI a consequence of): consequenca of):	ON	23b. D 1 24a. W	old tobacco use co	3 ☐ Pro	o the cause of death bably 4 Unknow are autopsy findings ellebia prior to mplation of causa death?
The law requires that the death certificate be executed a state of the strending physician end page 2 should be deteched for use as the bunel-transit of the strending page 2 should be deteched for use as the bunel-transit	e Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaase or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted avants resulting in death) Last Part II. Other significant conditions	DIPHENHYD b c d	Due to (or as a	INTOXICATI a consequence of): consequenca of):	ON:	23b. D 1 24a. W	oid tobacco use co □ Yee 2 No las an autopsy arformed?	3 ☐ Pro	o the cause of death bably 4 □ Unknow are autopsy findings ellebla prior to mplation of cause
The law requires that the death certificate be executed at the stending physician end page 2 should be deteched for use as the bunel-transit of a page 2.	Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Undarying Cause (Disease or Injury that initieted avants rasulting in death) Last Part II. Other significant conditions.	b	Due to (or as a	INTOXICATI consequence of): consequenca of): In the underlying of	ON cause given in Part I.	23b. D 1 24a. W pt 11 Daeth (Check on	old tobacco use co	3 Pro	o the cause of death bably 4 Unknow are autopsy findings ellebla prior to mplation of causa daath? Yes 2 No
yaiclan: The law requires that the death certificate be executed by its certificate has been signed by the attending physician end director, page 2 should be deteched for use as the bunel-transit of page 2.	To Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaase or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that intilleted avants rasulting in death) Last Part II. Other significant conditions.	b	Due to (or as a Due to (or as e Due to (or as	INTOXICATI consequence of): consequenca of): consequenca of):	ON cause given in Part I. 28. Placa of DA Other: 4 \(\triangle \) Nursi	23b. D 1 24a. W pt 11 Daeth (Check on	oid tobacco use co □ Yee 2 No las an autopsy arformed?	3 Pro	o the cause of death bably 4 Unknow are autopsy findings ellebia prior to mplation of causa daath? Yes 2 No
yaiclan: The law requires that the death certificate be executed by its certificate has been signed by the attending physician end director, page 2 should be deteched for use as the bunel-transit of page 2.	To Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaase or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that inflieted avants rasulting in death) Last Part II. Other significant conditions. 25. Was case rafarred to medical exeminar? XYas 2 No 27. Menner of Death 1 Netural	b	Due to (or as a Due to (or as e Due to (or as	INTOXICATI consequence of): consequenca of): consequenca of): In the underlying of	ON cause given in Part I.	23b. D 1 24a. W po 11 Daeth (Check on ng Homa XXR	eld tobacco use co	3 Pro	o the cause of death bably 4 Unknow are autopsy findings ellebia prior to mplation of causa daath? Yes 2 No
Attending Physician: The law requires that the death certificate be executed to death. State of the tribing of the standard physician and the tribing physician and the tribi	To Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaase or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Undarying Cause (Disease or Injury that initieted avants rasulting in death) Last Part II. Other elgnificant conditions. 25. Was case referred to medical exeminar? XXY as 2 No 27. Menner of Death 1 Netural 1 Netural 2 Accidant 1 Netural 1 Netural 1 Netural 2 Accidant 1 Netural 1 N	b	Due to (or as a Due to (or a)))))))))	INTOXICATI consequence of): consequenca of): consequenca of): In the underlying of	28. Placa of OA Other: 4 \(\text{Nursi} \) Nursi 28c. Injury at Work? 1 \(\text{Yas} \) Yas 2 \(\text{X} \) No	23b. Daeth (Check on ing Homa XAR) 28d. Dascril UNK NO	old tobacco use or very strong of the second	3 Pro 24b. W av co of W har (Specifiered	Interval Between Onsat and Death Onsat and Death of the cause of death bably 4 Unknown are autopsy findings ellebla prior to mplation of causa death? Yes 2 No
trending Physician: The law requires that the death certificate be executed death. Second death. Stock of the third certificate has been signed by the attending physician end death of the tuneral director, page 2 should be deteched for use as the bunel-transit of the tuneral director.	To Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaase or condition resulting in death) Sequentially list conditions, if any, leading to Immediate causa. Enter Underlying Cause (Disease or Injury that imitleted avants rasulting in death) Last Part II. Other significant conditions. Part II. Other significant conditions. 25. Was case referred to medical exeminar? XXYas 2 No 27. Menner of Death 1 Netural Panding Invastigatic	b	Due to (or as a Due to (or a)))))))))	INTOXICATI consequence of): consequenca of): consequenca of): In the underlying of the underlying	28. Placa of OA Other: 4 \(\text{Nursi} \) Nursi 28c. Injury at Work? 1 \(\text{Yas} \) Yas 2 \(\text{X} \) No	23b. E 1 24a. W poi 11 Daeth (Check on ng Homa XCR 28d. Dascril UNK NOV 28f. Locatio City or	old tobacco use co	3 Pro 24b. W av co of W har (Specifiered	Initiarval Between Onsat and Death the cause of death bably 4 Unknow are autopsy findings ellebla prior to mplation of causa death? Yes 2 No
trending Physician: The law requires that the death certificate be executed death. Second death. Stock of the third certificate has been signed by the attending physician end death of the tuneral director, page 2 should be deteched for use as the bunel-transit of the tuneral director.	Certification: To Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaase or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted avants rasulting in death) Last Part II. Other significant conditions as a conditions of the	b	Due to (or as a Due to (or a) Due to (I NTOXICATI consequence of): consequenca of): consequenca of): In the underlying of	28. Placa of DA Other: 4 Nursi 28c. Injury at Work? 1 Yas 2 XXNo y, office	23b. D 1 24a. W ph 11 24a. W ph 12 24a. W ph 12 25b. D 14 26b. D 26c. D	eld tobacco use co	3 Proid 24b. W av co of har (Specifi rred ber or Rurer anner as a	o the cause of death o the cause of death o the cause of death bably 4 □ Unknow ara autopsy findings ellebia prior to mplation of causa death? ☐ Yes 2 □ No Where Number, PEINY LANE
Attending Physician: The law requires that the death certificate be executed to death. State of the tribing of the standard physician and the tribing physician and the tribi	Certification: To Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaase or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted avants rasulting in death) Last Part II. Other significant conditions as a conditions of the	DIPHEWHYD e. DIPHEWHYD c. C. d. contributing to death but b. c. d. contributing to death but contributing to death but	Due to (or as a Due to (or a) Due to	I NTOXICATI consequence of): consequenca of): consequenca of): In the underlying of	28. Placa of DA Other: 4 Nursi 28c. Injury at Work? 1 Yas 2 XXNo y, office	23b. D 1 24a. W ph 11 24a. W ph 12 24a. W ph 12 25b. D 14 26b. D 26c. D	eld tobacco use co	3 Proid 24b. W av co of har (Specifi rred ber or Rurer anner as a	o the cause of death o the cause of death bably 4 □ Unknow ara autopsy findings ellebia prior to mplation of causa daath? 3 Yes 2 □ No W A Pel NY LANE
Attending Physician: The law requires that the death certificate be executed to death. Clearly, the trins certificate has been signed by the attending physician end to the tuneral director, page 2 should be deteched for use as the bunel-transit to the truncal director.	To Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaase or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants rasulting in death) Last Part II. Other algnificant conditions as a cause referred to medical exeminar? Yellow 20 No. 27. Menner of Death 1 Netural 2 Accidant 1 Netural 2 Accidant 1 Netural 2 Accidant 1 Could not to determine to the conditions 1 Certifying Pickles 1	DIPHENHYD b	Due to (or as a Due to (or a) Due to	INTOXICATI consequence of): consequenca of): consequenca of): In the underlying of the sequence of the sequen	28. Placa of DA Other: 4 Nursi 28c. Injury at Work? 1 Yas 2 XXNo y, office	23b. D 1 24a. W ph 11 24a. W ph 12 24a. W ph 12 25b. D 14 26b. D 26c. D	eld tobacco use co	3 Pro 24b. Way co of her (Specification of Specification	o the cause of death o the cause of death bably 4 Unknow are autopsy findings ellebla prior to mplation of causa death? Yes 2 No N/Peurs Number, PEI NY LANE
yatclan: The law requires that the death certificate be executed by its certificate has been signed by the attending physician end director, page 2 should be deteched for use as the bunel-transit of the control of th	edical Certification: To Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaase or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants rasulting in death) Last Part II. Other significant conditions as a summar? Yes 2 No 27. Menner of Death 1 Netural 2 Accidant XX Suicida 4 Homicida 29e. Cartifiar (Check only one) 1 Certifying Planding Invastigation (Check only one)	DIPHENHYD b	Due to (or as a Due to (or a) Due to	INTOXICATI consequence of): consequenca of): consequenca of): In the underlying of the sequence of the sequen	28. Placa of DA Other: 4 Nursi 28c. Injury at Work? 1 Yas 2 XXNo y, office	23b. D 1 24a. W ph 11 24a. W ph 12 24a. W ph 12 25b. D 14 26b. D 26c. D	as an autopsystemed? Yas 2 No	3 Pro 24b. W av co of har (Specifi rred ber or Rure 69 GRA anner es s and dua to ed (Month,	Initiaryal Between Onsat and Death Onsat and O

State Registrar 1996 Registrar's Signature 1996



96-5882-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

31513

									Death			Reg. No.			
nysician		Decedant's Nama (First, Mid.	dla, Last)								2. Data of D	Death Day	Ya		. Tima of Death
Medical	1	CHERYL	LAVO				(GRI	MES	(OCTOB:		,199		15P.M.
aminer		4a. Facility Nama (If not Instituti						4	lb. City, To	wn, or L	ocation of Dea	ath 4c. C	ounty of D		
	-	503 McELDERR							BALT		RE]	N/A		
il r	1	5. Social Sacurity Number 214-86-9870 Usual Rasidanca of Dacadant	6. Sax 1 M 2	RP-C	a (In yrs. Ia 24	est birthday) Yrs.	Months		If Under Hours	24 Hrs. Min.	8. Data of E (Month, L JUNE	Day, Year)	72	Birthplaca Country) MD	(Stata or Foreig
ral Director		10a. Stata 10b. Count	ty		10c. City,	, Town or Lo	ocation							10d. I	Insida City Limits
Director	2	MD	N/A				BAI	LTO.	•						(X)Yas 2□No
al Dire		10e. Straat and Number 1248 PEACHL	EAF CT				10f. Zip 6	Coda 212(12			10g. Citize	on of What		
by Funeral	Din in	11. Marital Status 1)∑ Navar Marriad 2 Ma 3 Widowad 4 Divorce	12. Wa Am arried 1 [is Decedant Ened Forcas? Yas 20 N as, Giva ar or Datas:		'		ant of Hi fy Cuba	ispanic Ori	n, Puarto	ecify Yas or N Rican, atc.)	lo- 14	Race - A Black, W	American Ir Vhita, atc.	
Completed by Funer	Pictor	15. Deceda (Specify only high Elemantary/Secondary (0-12)	nt's Education ast grada comp		+)	(Giva	dant's Usual kind of work DO NOT use	dona d	lurina mos	t of work	ing			ass/Industr	ry
		10th 17. Fathar's Nama (First, Middla	N/A			CA	SHIEF	3	40.45.00				TAUR	ANT	
o Be		JAMES C GRII									a (First, Middi ALLEY	e, Maiden Su	ımama)		
-		19a. Informant's Name/Ralation	ship (Type, Pri	nt)		19b. Mailir	ng Addrass	(Street a			ai Routa Num	ber, City or T	Town, State	a, Zip Cod	ie)
To	2	JUDY SALLEY			20b. Pla		MELLO	C C	г в	ALTO	Data	2120 S	5	or Town,	
9	١.	MBurial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (:		I from Stata	MT.		N CEN		u,	1	OCT 19 1996	BALT	O M		
DUC®.	1	21. Signature of Fuperal Service	Licensee /	0			. Nama and		s of Facili	h		UNER			
3		DY Art	-	11.1						DI	TIO I	ONER	WT U	OME	
1			4 7 7	95011	5		1129	N	CAR	OT.TN	TP ST	BAT.TO	O M	D 21	213
ai		23a. Fart1. Entar tha disaasa, c shock, or haart failura. Lis Immadiata Causa (Final disaasa or condition	or complications at only ona caus	that caused a on each lin	tha daath.			of dying	g, such as	cardiac			O, M	App	213 proximata rival Batween set and Death
Examiner		Immadiata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, fany, laading to Immadiata causa. Entar Undarfying Causa (Disaase or Injury that initiated evants	a	Gu	Dua to (or a	as a consequence as a c	ar tha moda quance of): quance of):	of dying		cardiac	or raspiratory		O, M	App	proximata arval Batween
Wedical Examiner		Immadiata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, fany, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury	a. b	Gu	Dua to (or a	Do not anti	ar tha moda quance of): quance of):	of dying	g, such as	cardiac	or raspiratory		О, М	App	proximata arval Batween
/Medical Examiner		Immadiata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, fany, laading to Immadiata causa. Entar Undarfying Causa (Disaase or Injury that initiated evants	a b c d	Gu,	Dua to (or a	as a consequas a consequas a consequas a consequas a consequas a consequant as a consequant consequence co	uance of): uance of):	of dying	g, such as	cardiac	or raspiratory	arrast,		Applinta	proximata arval Batween
hysician/Medical Examiner	P	Immadiata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, fany, leading to immadiata causa. Entar Underlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last	a b c d	Gu,	Dua to (or a	as a consequas a consequas a consequas a consequas a consequas a consequant as a consequant consequence co	uance of): uance of):	of dying	g, such as	cardiac	23b. Dic	arrast,	e contribu	Applinta	proximata urval Batween set and Death
by Physician/Medical Examiner	P	Immadiata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, fany, leading to immadiata causa. Entar Underlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last	a b c d	Gu,	Dua to (or a	as a consequas a consequas a consequas a consequas a consequas a consequant as a consequant consequence co	uance of): uance of):	of dying	g, such as	cardiac	23b. Dic	arrast,	e contribu	Applinta Ons	cause of death? Application of cause and Death of the cause of death? Utopsy findings a prior to the cause and the cause of cau
by Physician/Medical Examiner	P	Immadiata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, fany, leading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last	a b c d	Gu,	Dua to (or a	as a consequas a consequas a consequas a consequas a consequas a consequant as a consequant consequence co	uance of): uance of):	of dying	g, such as	cardiac	23b. Dic	arrast, if tobacco us] Yes 2□ s an autopsy	e contribu	Applinta Ons	cause of death? Application of cause and Death of the cause of death? Utopsy findings a prior to the cause and the cause of cau
Physician/Medical Examiner	P	Immadiata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, fany, leading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last	a	t g to death bu	Dua to (or a	as a consequas a consequas a consequas a consequas a consequas a consequant as a consequant consequence co	uance of): uance of):	of dying	g, such as	cardiac	23b. Dic	i tobacco us Yes 2 s an autopsy Yas 2	e contribu	Applinta Ons	cause of death? (**Dunknow utopsy findings a prior to tion of causa or ca
Completed by Physician/Medical Examiner	P	Immadiata Causa (Final disaasa or condition resulting in death) Sequentially list conditions, frany, leading to Immadiata causa. Entar Undarfying Causa (Disaase or Injury that initiated evants resulting in death) Last Part II. Other significant conditions.	a b c d one contributing	g to death bu	Dua to (or a	as a consequas a consequas a consequas a consequas a consequas a consequas a consequant consequence consequen	uance of): uance of): uance of):	of dying	g, such as	cardiac of Death	23b. Did	i tobacco us Yes 2 san autopsy ormed? Yas 2 nona	No 3 1	Applinta Ons	cause of death? (**Authorized and Death and D
on: To Be Completed by Physician/Medical Examiner	P	Immadiata Causa (Final disaasa or condition resulting in death) Sequentially list conditions, frany, leading to Immadiata causa. Entar Undarfying Causa (Disaase or Injury that initiated evants resulting in death) Last Part II. Other significant conditions.	a. b. c. d. one contributing Hospital:	g to death bu	Due to (or a	as a consequence as a c	uance of): uance of): uance of): uance of): adartying cau	of dying	g, such as	of Death	23b. Dic 1 24a. Wa peri	arrast, I tobacco us Yes 2 s an autopsy ormed? Yas 2 ona)	No 3 24	Applination on the company of the co	cause of death? / All his prior to tion of causa 17? s 2 No
ন ট on: To Be Completed by Physician/Medical Examiner	P	Immadiata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, frany, laading to Immadiata causa. Enter Undarty Causa (Disaase or Injury that initiated evants asulting in daath) Last Part II. Other significant conditions axaminar? 1 \[\] \(\) \(d	g to death bu	Dua to (or a Dua t	as a consequence as a c	uance of): uance of): uance of): uance of): t 3 □ DOA	of dying	g, such as	of Death	23b. Dic 1 24a. Wa peri	arrast, I tobacco us Yes 2 s an autopsy ormed? Yas 2 ona)	No 3 24	Applination on the company of the co	cause of death? (**Authorized and Death and D
ৰ টা o Be Completed by Physician/Medical Examiner	P	Immadiata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, frany, laading to immadiate causa. Entar Undartying Causa (Disaase or injury that initiated evants asulting in daath) Last Part II. Other significant conditions of the conditions of the conditions of the cause of the conditions of the condi	d	g to death bu	Dua to (or a	as a consequence as a c	uance of): uance of): uance of): uance of): t 3 □ DOA	of dying	g, such as	of Death	23b. Dic 1 24a. Wa peri	arrast, if tobacco us Yes 2 S an autopsy orned? Yas 2 how injury of thow injury of (Street and A wm, Stata)	No 3 DOTHAR (S)	Applintations of the complete of death	cause of death?
Certification: To Be Completed by Physician/Medical Examiner	P 2	Immadiata Causa (Final disaasa or condition resulting in daath) Sequantially list conditions, frany, laading to Immadiate ausas. Entar Undarfying Causa (Disaase or Injury that initiated evants as authority in the tinitiated evants resulting in daath) Last Part II. Other significant conditions axaminar? 1	d	g to death bu I Inpatian Data of Injury (Month, Day Piaca of injur building, atc.)	Dua to (or a Du	as a consequence as a c	uance of): uance of): uance of): uance of): uance of): adarlying cau t 3 DOA 286 M occurred at	of dying	26. Placa	of Death	23b. Dice 1 24a. Wa per 24a. Wa per 28d. Dascribe 28d. Dascribe 28d. Location 7.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	arrast, I tobacco us Yes 2 S an autopsy formed? Yas 2 how injury of	No 3 Day	Applinta Inita Ons Ons Probably b. Wara aliable complete of death Passeledd Rural Rou	cause of death?
on: To Be Completed by Physician/Medical Examiner	P 2 2 2	Immadiata Causa (Final disaasa or condition resulting in daath) Sequantially list conditions, frany, laading to Immadiate ausas. Entar Undarfying Causa (Disaase or Injury that initiated evants as authority in the tinitiated evants resulting in daath) Last Part II. Other significant conditions axaminar? 1	d	g to death bu I Inpatian Data of Injury (Month, Day Placa of injury building, atc.	Dua to (or a Du	as a consequence as a c	uance of): uance of): uance of): uance of): uance of): adartying cau t 3 DOA 286 M occurred at astigation, in	Otha C. Injury Work 1 Y Office	26. Placa	of Death	23b. Dice 1 24a. Wa per 24a. Wa per 28d. Dascribe 28d. Dascribe 28d. Location 7.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	arrast, I tobacco us Yes 2 S an autopsy formed? Yas 2 how injury of	No 3 DOTHAR (S) COURTED TO THE MET OF THE ME	Applinta Ons Inflation on State of the Complete of death Application of the Complete of the Co	cause of death?
edical Certification: To Be Completed by Physician/Medical	P 2 2 2	Immadiata Causa (Final disaasa or condition rasulting in daath) Sequantially list conditions, frany, laading to immadiata causa. Entar Undarfying Causa (Disaase or Injury that initiated evants asulting in daath) Last Part II. Other significant conditions axaminar? 1	d	g to death bu I Inpatian Data of Injury (Month, Day Placa of injury building, atc.	Dua to (or a Du	as a consequence as a c	uance of): uance of): uance of): uance of): uance of): darlying cat t 3 DOA 286 M occurred at astigation, in 29c. I	of dying	26. Placa 26. Placa 17: 4 □ Nu 27: 4 □ Nu 28. data and	of Death	23b. Did 1 24a. Wa per (Check only ma 5 Ras 28d. Describe City or 7c 50 3 M and dua to the ed at the time	arrast, d tobacco use Yes 2 s an autopsy formed? Yas 2 how injury of wm, Stata) (Street and N wm, Stata) c ausa(s) an data and pla	No 3 DOTHAR (S) COURTED AND AUTOMOTION OF THE PARTIES OF THE PARTI	b. Wara as available completed of death Probably Becify) Sr. Rural Rough as stated due to the conth, Day,	cause of death?

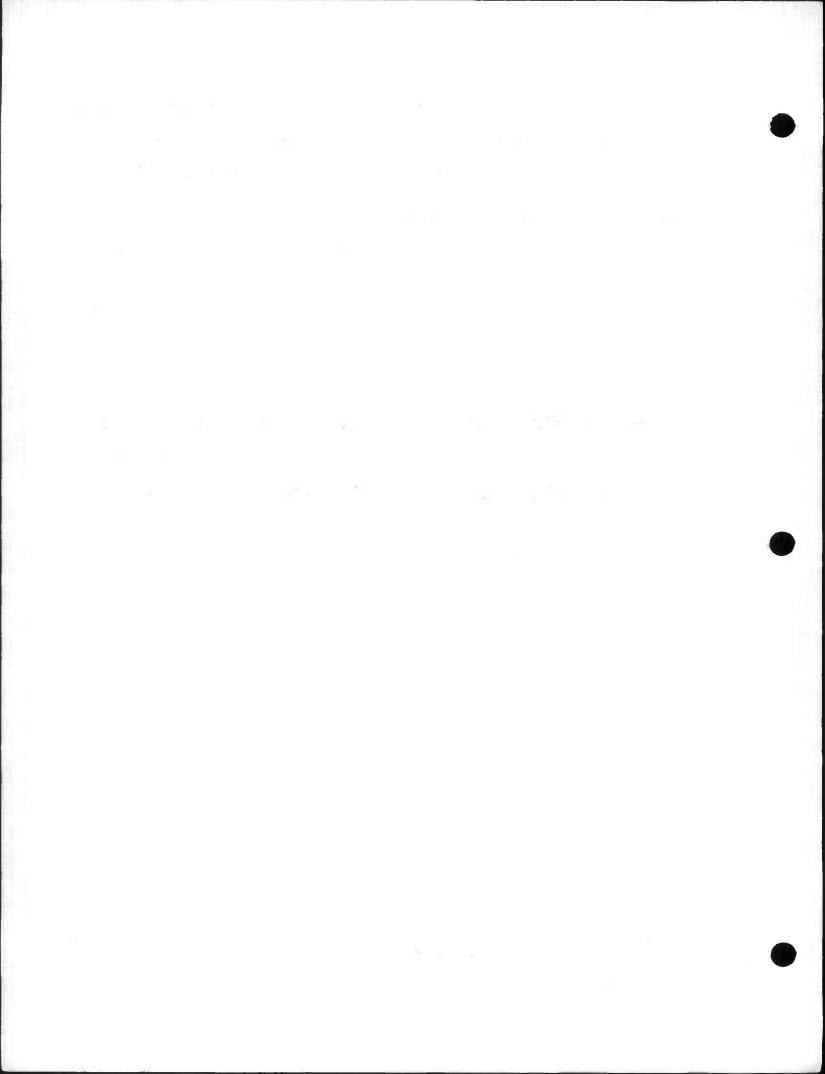
Registrar

OCT 22 1996

State of Maryland / Department of Health and Mental Hygiene 96

96 31514

		Certificate of Dea	ath	R	leg. No.		01014
Physici	an	Decedent's Name (First, Middle, Last)		2. Dete of Dee	th Day	Year	3. Time th
/Medic		DONALD M. GRIFFITH		Oct	Üί	96	ID TA.M
Examir			ity, Town, or Loc	ation of Deeth	4c. County	of Death	
10.00			nnapoli	S	Anne	Arur	ndel
Funeral Director		2/4-30.2517 1EM 20F 61 Yrs. Months Days Ho	Under 24 Hrs. lours Min.	8. Date of Birth (Month, Day	Year) 24,1935	9. Birthplac Country PA.	ce (State or Foreign r)
pur *		Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location				104	I. Inside City Limits
aho a	5					100	1 Tyes 2 No
with the Marylan a or 28a-f show be notified at	ect	Md Baltimore Phoenix 10a. Street and Number 10f. Zip Code			0- 03	0	A
6	급	1 Glen Alpine Road 21131			log. Citizen of V	•	7.6
23	era		nio Origin? (Spec	oifu Vae or No.		JSA - American	Indian
/z nours arter death with the maryland naturel, or Heme 23e or 28e-f show dical Examinet must be notified at	by Funeral Director	11. Merital Status 12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Never Merried 2 □ Married 1 □ Ves 2 □ No If Yes, Give Year or Dates: 5 4 - 8 5		tican, etc.)	Blac Specify	k, White, etc	С.
72 hours naturel',	be	15. Decedent's Education 16a. Decedent's Usuel Occupation	1		16b. Kind of Bu		
C	Be Completed	(Specify only highast grada completed) [Giva kind of work dona during life. DO NOT use ratired] [Elementary/Secondary (0-12) College (1-4or 5+)	g most of workin	g			
Hygiene. Other than ent, the Me	E O	12 Maintenance Maintenance	nageme	nt	US	SAF	
ital Hygid d other event, II	Se C	17. Fether's Name (First, Middla, Last) 18.1	Mother's Name	(First, Middla,	Maidan Sumam	a)	
200	To E	Maurice Griffith E	lizabe	th Mor	rgan		
d 2 should be in th and Mental It 7 Is marked out traumatic evel		19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and N				State, Zip Co	ode)
		Robert Griffith/Brother 1 Glen Alpine	Road,	Phoer	nix,Md	2113	1
-115		20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place)		Dete	20c. Location -	City or Town	n, Stete
Page lent mt: If ry or		1○Burlal 2 □ Cremation 3 □ Removal from State 4 □ Donetion 1□Other (Specify) Meadowridge	1	0/16	Baltir	nore,	Md
Department of Important: If It any Injury or o		21. Signature of Fuperal Service Licegsee 22. Name end Address of	,				
SOEES		Sterling A					
		7 3.6 Edmond: 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line.	SON AV	enue,	Balto.	, A	1228 opproximate
Physician	0	shock, or heart failure. List only offe cause on each line.				le le	nterval Between Onset and Death
/Medical		Immediate Cause (Final disease or condition BLEEDING ESOPHAGEA	· · · ·	e ici=s		i	
Examiner		disease or condition resulting in death) Due to (or as a consequence of):	- 0/1	CICES		1	
	Je.	- Laenneès Circh	2,30			1	
dansit	Examiner	b	-0), 3				
na na	EX	if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury) Co. Chronic Alcohol.	ARI	105		1	
physician and ts the burlal-transit	Medical	Due to for se a consequence of:	- 1100	,3 C			
ing phy e as th	8	resulting in death) Last					
ndin		d					
attendii d for use	by Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Bodi	22h Did to	heess was save	delbuda to th	he cause of death?
ed by the	hys	.1	i ran i.		ss 2 No		bly 4 Unknow
igned t	Y P	Hepatic Encephalopathy			88 ZILI NO	O LIOUS	by 4 onknown
requires that the beant certificate be executed one signed by the attending physician and hould be datached for use as the burial-transi				24a. Wes a		24b. Were	autopsy findings
	Completed	Ascites (ANASARCA		perfor	med?		able prior to pletion of cause ath?
- C &	E	,		1 D Y	es 22No		Yes 2□No
cartificate rector, pag		25. Was case referred to medical	Diseased Death			101	162 ZU NO
	o Be	examiner?	Place of Deeth			- (C/6-)	
£ @	. To	27. Manner of Death 28a. Date of Injury 28b. Time of 28c. Injury at	UNursing Hom		ow injury occurr		
th.	tlor	1 ☑Natural 5 ☐ Pending (Month, Day Year) Injury Work? 2 ☐ Accident Investigation M 1 ☐ Yes					
daa ctor y the	Certification:	3 Suicide 6 Could not be	2	8f. Location (S	traet and Numb	er or Rural F	Routa Number,
afta Diri	en	4 ☐ Homicide building, etc. (Specify)		City or Tow	n, Stata)		
within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edical C	29a. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, day one) 13 Certifying Physician: To the best of examination and/or investigation, in my opinion and menner ateted.	late and place, aren, death occurre	nd due to the c d at the time, d	ause(s) and ms late and place, a	nner as state	ed. na cause(s)
of the of	Me	29b. Signetyje end title of certifier 29c. License num	mber	2	29d. Date algned	(Month, Da	ly, Year)
- > 0		Machine Calebrack D 23	060		Oct.	11	1991
10	, }	7		-	ver .	"	110
101	/	30. Name and address of before who completed cause of death (Item 23a) (Type, Print) ANTHONY CALABRESE M.D. 171 D.	etense	- Hulu	ANNAD	01.10	MDZIVO
		31. Dete filed (Month, Day, Year) 32, Registraris Signature	C+60>6		1000	2012	וש בוע כ
Sta	te	OCT 22 1996 Sura Dardon Borline					



0	
~	1
CA	- 4
9	,
5-0	- 5
	2
LO.	- 1
RE, MARYLAND 2121	- 1
Ò.	- 3
6.4	-
_	-
D 2	-
_	3
	- 9
-	- 1
	4
CT.	
-	-4
>	- 4
-	-
4	-
1	
-	- 4
2	1
_	-
0.0	4
0"	- 5
-	- 1
0	0
=	
2	9
BALTIMOR	the case of the sale of the case of the ca
_	
_	4
	1
1	- 1
-	
•	- 3
	4
2	
100	-
0	i
	à
_	
	ì
U	- April
200	September 1
190	A company
1760	Sand and the
8760	Salar of Salar of
98760	Samuel or Salvan
19289	The state of the s
X 68760	San
0X 68760	And the second of the second
OX 68760	The same of the same
BOX 68760	April 10 Comments of the Park
BOX 68760	The state of the state of the state of
. BOX 68760	the same has seen and redet of
O. BOX 68760	The state of the s
0	and the same and the same of t
0	The state of the state of the state of
0	the same and the same and the same
0	the state of the s
0	dende and the same has seen and added to
0	the stands of the stands of the stands of the stands of
0	the death and the fact has been death and
0	the state of the same of the same state of the same
0	the same about the same and the same about the same
0	the state of the s
0	and the same about the same the same and the same and the same
0	the state of the s
0	the state of the s
ORDS, P.O	the state of the s
0	the state of
0	the state of
0	The state of the s
AL RECORDS, P.O	the state of the s
AL RECORDS, P.O	The last state of the state of
0	The state of the s
AL RECORDS, P.O	The last second and the standard decade and the second and the second second and the
AL RECORDS, P.O	1941. The last constant that the day of the beautiful to be seen and to the
VITAL RECORDS, P.O	Colonia The last second that the day of the second has been dead to be second to the s
F VITAL RECORDS, P.O	COLORS The last state about the state of the
F VITAL RECORDS, P.O	10100
F VITAL RECORDS, P.O	10100
F VITAL RECORDS, P.O	10100
VITAL RECORDS, P.O	10100
F VITAL RECORDS, P.O	10100
F VITAL RECORDS, P.O	10100
F VITAL RECORDS, P.O	10100
SION OF VITAL RECORDS, P.O	10100
SION OF VITAL RECORDS, P.O	10100
SION OF VITAL RECORDS, P.O	10100
SION OF VITAL RECORDS, P.O	10100
F VITAL RECORDS, P.O	The state of the s

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

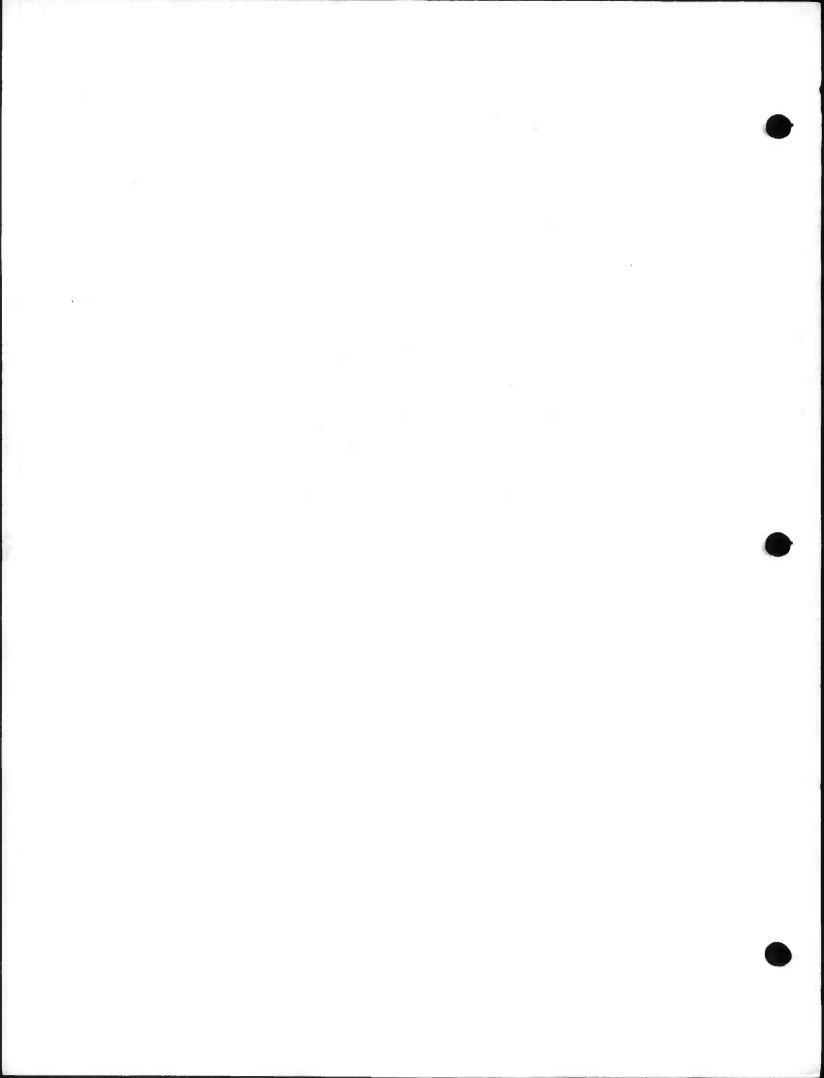
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or New 25 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

A. REGISTHAR'S SIGNATURE

													96	3 5 5		
	FOR STATE REGISTRAR		STATE OF N	MARYLAND /		RTMENT										
	1. DECEDENT'S NAME (First	Middle Last)		CL	-NIII	ICATE	- OF	DEA	П	2. DATE OF	REG. NO.			3. TIME OF DEATH		
	WILLIAM	, moore, Eury	177	(3) 113 3	,					MONTH	DAY		YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	RFR	F.	GAHAN 6. AGE (In yrs. less		IF UNDER	1 VEAR	IF UNDER	24 1400	Octobe	NOTH	-		PLACE (State or Foreign		
	216-14-870		1 N 2 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb 2	y Year)	222	Country	MD		
			1. 4	73	THO.						3, 13					
~	9a. FACILITY NAME (If not in							R LOCATIO		ATH	- 1		JNTY OF DE			
0	Catonsville		ons			Cat	ons	ville	3			Ва	ltimo	re		
낊	10a. STATE	10b. COUNT	Y		10c. CIT	ry, town o	OR LOCAT	ION						10d. INSIDE CITY		
DIRECTOR	Md			La Pl	Lata							LIMITS7				
	10e, STREET AND NUMBER						101	. ZIP CODI	F			10a. CIT	TIZEN OF W	WHAT COUNTRY?		
BY FUNERAL	308 Alder Co	11x+				20646										
N N	11. MARITAL STATUS	Juli	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DEC			NC ORIGIN? (S	concilly Year		-	SA 14. RACE — American Indian,		
	1 Never Married 2	Married	FORCES? 1	YES 2 N	10		If yes, sp	ecify Cuba	n, Mexica	n, Puerto Rice			Bleck	t, White, etc.		
<u> A</u>	3 Wildowed 4x Dive	orced	42-4			- 1	I 🗌 TES	2X NO	Specin	γ:			Specif	White		
요	15. DEC	EDENT'S EDU	CATION	18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	OF BUSI	INESS/IN	DUSTRY			
<u> </u>	Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	///a	Do NOT u	work done ise retired.)	during mo	st of workin	ng							
릴	12				itho	graph	ner				Prin	ntin	g			
BE COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)		· · · · ·				16. MOT	HER'S NA	ME (First, Midd	le, Maiden S	Sumame)				
<u> </u>	Michael Jose	eph Gal	han, Sr.					Jes	ssie	E. Mu	rphy					
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILIN	ADDRES:	S (Street a	and Number	or Rural I	Route Number, (City or Town	, State, Zi	ip Code)			
유	Michael J. (Gahan,	III/ Son		308	Alder	Ct.	., La	aPlat	ta, Md	. 206	46				
	20a. METHOD OF DISPOSIT			20b.PLACE	AND DATE	OF DISPOS	SITION (No	ima of		DATE	20c. LOC	CATION -	- City or To	wn, State		
	4 Donation 8 Other		IOVAI Irom State	Lakev:	natory or l	other place) Memor	rial			10/1	Bal	Ltim	ore,	Md.		
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE					ND ADDRE								
	1 Heal	e .	17	6						on Fun						
	23. PART I. Enter the d	lisasas or	complications the	t caused the de	eth Do					Avenue				21228		
	shock, or h	naart failure.	List only one cau	sa on aach line		not antai	tive inc	de or dy	mg, suc	ii aa cardiac	or respir	atory at	rest,	interval Between		
	IMMEDIATE CAUSE (Final disease or condition ASPIRATION PNEUMONIA										Onset and Death					
	resulting in death) a. Due to (or as a consequence of):										tow days					
							-0	10	2C11	PEIN	EAIC .	×0		fow days		
ERTIFICATION	Sequentially list conditions,															
F	if any, leading to imme cause. Entar UNDERLY		AT	HERO SI	FRI	2716	3	VICE	ASF					i .		
윤	CAUSE (Disease or Injutiated events		DUE TO	(OR AS A CONSE	DUENCE (OF):	Ų.	130	,,					-		
토	resulting in death) LAS	эт 📗														
뜅			o		-											
A	PART II. Other significa	ant condition	ns contributing to	death but not r	asulting	in tha u	nderlyln	g cause	given in	Part I. 24	e. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL										1	YES 2	NNO		COMPLETION OF CAUSE OF DEATH?		
W												/		1 TES 2 NO		
ä	DID TOBACCO U	JSE CONT	RIBUTE TO CA	USE OF DEA	TH Y	ES 🗆	NO [UNC	ERTAII	N 🗆				/		
N N	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL		26. PLAC	E OF DE	ATH (Check										
) S	1 TES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	4 X Nu		10 5 🗆 R	esidence	6 Other (S)	pecify)					
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF		26b. TII	ME OF	28c. INJ	URY AT		26d. DESCRI	BE HOW IN	JURY O	CCURED			
1 N Natural 5 Pending (Month, Day, Year) INJURY WORK?																
	a D autota	Could not be		F INJURY — Af he afc. (Specify)	me, farm,	atreet, fac	tory, offic	•				nd Numbi	er or Rural F	Route Number,		
COMPLETED	4 Homicide	determined	Junuing,	and (openly)						Gily or R	own, State)					
ا تا ا	290. CERTIFIER 1 CER	TIFYINO PHYS	SICIAN: To the best of	my knowledge, da	ath occur	red at the	lime, date	and place	and due	to the causel	e) and man	ner se et	nted			
298. CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the filme, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										a) and manner as stated.						
	29b, SIONATURE AND TITL	E OF CERTIFIE	R					29c LIC	ENSE NUI	MRER	Т	29d DA	TE SIONED	(Month Day Year)		
BE	Gortha	Pa	you will					7).2	75	41		► C	ctobe	1-17,1996		
임	30. NAME AND ADDRESS C	F PERSON WI	HO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	e. Print).			7	0			0.	,		
	GEETHA	RAJ	A 436	7 HOLI	INI	FE	RR	y)	くの	BAL	TIMO	2E	MD	21227		



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#19a PER F.H. FILM#G740 10-22-96 J.A. Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3 Time of Death **Physician** 19, OCTOBER WILLIE MAE HOPE 1996 17:45 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Deat **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number (In yrs. last birthday) 9. Birthplaca (State of Foreign **Funeral** 1 M 2 F Days 217-22-707 Usual Rasidance of Decedant Yrs Director lorida 10a, State 10b. County 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumetic event, the Medical Examiner must be notified at 1 Yea 2 No Paryland Directo more 10e. Street and Number 10f. Zip Coda 10g, Citizen of What Country? 9 d 1Va Funeral 11. Marltai Status 12. Was Decadant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yaa or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Reca - American Indian, Black, White, atc. permit. Pages 1 and 2 should be filled within 72 hours after or Department of Health and Mental thygiene. If them 27 is marked other than "natural", or iter 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married 1□ Yas 2X No Specify: Specify: þ 3 Widowed 4 □ Divorced egro 16a. Decedent's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) al Hygiene. Elemantary//Secondary (0-12) mne (1-4nr 5+) Engineer Nama (First, Middla, Last) 17. Father's 18. Mothar's Nama (First, Middla, Maldan, Surnama) 19a, Informant'a Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number of Rural Routa Number, City of Town, Stete, Zig Coda) d. 21213 SAULSBURY Injury or other 20b. Placa of Disposition (Nama of comatary, clamatory of other place 20a. Method of Disposition Pata 20c, Location - City or Town, Stata 1 Buriai 2 Cramation 3 Ramoval from State Ceme 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funeral Service Dicens 22 Nama and Addrass of Fac *-unera* 5 W AVR North and, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, at List only one cause on each line. Approximata Intarvai Batween Onset and Death **Physician** /Medical Immediate Causa (Final meninains disaasa or condition rasulting in death) **Examiner** Due to (or as a consequence of): Examiner 1000 Cephalu physician and the burial-transit Sequentially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaasa or injury thet initiated avants rasulting in daath) Last Due to (or aa a consequanca of): entricular herniahim Physician/Medical Dua to (or as a consequence of) attending been signed by the atte should be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2□ No 3 Probably 4 Unknown ancer à 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed cerebral vascular acciden this certificate has 1 Yas 2 NO 1 ☐ Yes 2 ☐ No 25. Was casa rafarred to medical 8 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 1 ☑ npatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? After 5 Panding invastigation 1 Natural

1 Yas 2 No

000

1 Certifying Physician: To tha best of my knowledge, death occurred at tha tima, deta and place, and dua to tha cause(s) and manner as atated.

29c. Licanse number

RES

Wision of VItal Records, P.O. Box 68760

the Maryland

death

Baltimore, Maryland 21215-0020

Attending Physician: or Attending after death. hours Hospital To the Hor within 24 h To the Fur

> State Registrar

Funeral

Medicai

Shannon 31. Data filed (Month, Dey, Year)

29b. Signature and title of certifier

2 Accidant

3 Suicida

29a. Cartifler

4 Homicide

6 Could not be



30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

Yuman

28a. Placa of injury - At homa, farm, streat, factory, office building, atc. (Specify)

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

29d. Data signed (Month, Dey, Year)

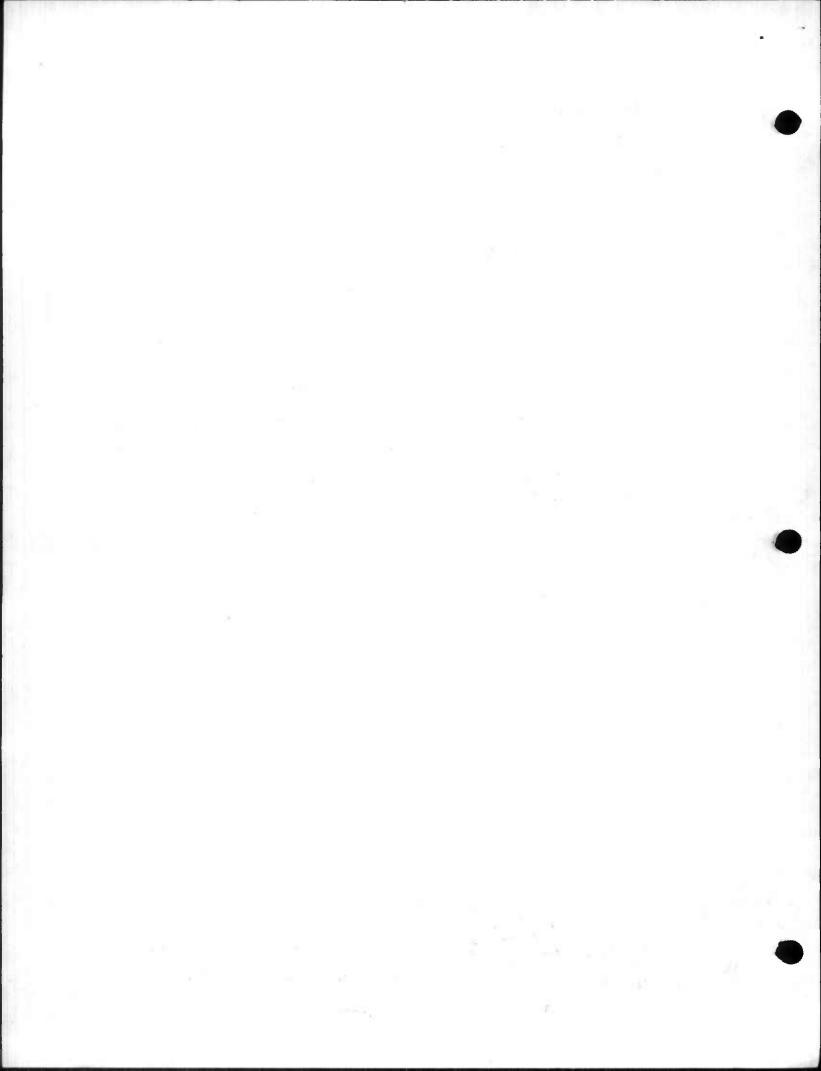
Crober 19

Whas Hopkins Hospital, Ballimar Mo

2/205

DHMH 16 Rev 6/95

		State of Mary		rtificate of			Reg. No.	31517					
Physici /Medio Examin	cal	1. Decedent's Neme (First, Middle, Last) Wilfred Hartman 4a. Fecility Neme (If not institution, give street and number)			4b. City, Town, or		Dey Y						
Funeral Director		2557 Liberty Parkway 5. Sociel Security Number 213-07-3690 Usuel Residence of Decedent	yrs. lest birthday) Yrs.	If Under 1 Yeer Months Days	Dundal If Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, Det	h .	timore Birthplece (State or Foreign Country) Virginia					
Maryland a-f show	tor		c. City, Town or Lo Dundal					10d. Inside City Limits 1 ☐ Yes 2 🏋 No					
h with the 23a or 28 ant be not	Funeral Director	10e. Street end Number 2557 Liberty Parkway		10f. Zip Code 21222			10g. Citizen of Whet Country? USA						
72 hours after death with the Maryland natural', or items 23a or 28a-f show o cal Examiner must be notified at	þ	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Wes Decedent Ever Armed Forces? 1 Yes, Give Yes, Give Yeer or Detes:		Wes Decedent of H If Yes, specify Cub 1 ☐ Yes ※ No	Ilspenic Origin? (S en, Mexicen, Puert Specify:	pecify Yes or No- o Rican, etc.)	Bleck,	lece - American Indien, bleck, White, etc. city: White					
within ene. then	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+)	(Give	dent's Usuel Occup kind of work done DO NOT use retiral CTVISOT	duning most of wor	rking	16b. Kind of Busin						
be file hai Hy d oth	To Be Co	9 yrs 17. Fether's Name (First, Middle, Last) John Hartman			Rigin	a Schob							
s 1 and 2 should if Health and Mer Itam 27 is marke other traumatic		19e. Informant's Neme/Reletionship (Type, Print) Charlene Panowitz 20e. Method of Disposition		7 Liber		way Dur	mber, City or Town, State, Zip Code) undalk Md. 21222 20c. Location - City or Town, State						
t. Pages rmant of rlant: If it		1 Description 1 Description 3 Removed from State 4 Donetion 5 Dother (Specify)	Union C	Chapel C	em.	10-21	Kingsv						
Depariment important		21. Signeture of furbial Service Localisa Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd. 21222											
Physician /Medical Examiner the private reason of the private rea	ai Examiner	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury	KS Live I.	tean + fr				Approximate Intervel Between Onset end Deeth Z					
	Physician/Medicai	that initiated events resulting in death) Lest d. Pert II. Other significant conditions contributing to death but not	o (or es e conseq		on In Part I	22b Dida							
as that the igned by th be detache	by	Chanic OBSTRUCTIVE	on 15	1 D Y	□ Probably 4 □ Unknow								
The law requiras that ata has been signed I page 2 should be det	Completed			V		24e. Wes a perfor	med?	24b. Were autopsy findings aveilable prior to completion of cause of death?					
Physician: The this certificate rai director, pag	Be	25. Wes case referred to medical exeminer? 1 Yes 2 No Hospitel: 1 Inpatient		Oth	or	th (Check only or		1 Yes 2 No					
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification: To	27. Manner of Deeth 1X Naturel 5 Pending 2 Accident investigation 28e. Dete of Injury (Month, Day Year	28b. Time of	28b. Time of 28c. Injury et			Home 5 ☒ Residence 8 □Other (Specify) 28d. Describe how Injury occurred						
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer													
To the Hos within 24 h To the Fun completely	Medical	(Check only one) 2 Medical Examiner: On the basis of examen end menner stated. 29b. Signature and title of certifier.	ninetion end/or inv	restigation, in my o	pinion, deeth occur	rred et the time, d	ete end plece, and	due to the ceuse(s)					
10		30. Name and address of person who completed cause of deeth (Print)	0430	7	10/21/9	6					
Stat Registra		31. Date filed (Mpnth, Day, Year) 32. Registrar's SI OCT 9 1005 July Lavid	gneture	washk	, South	moes 21	111						



State of Maryland / Department of Health and Mental Hygier

ne	9	6	3		5	2
	400	~		8	0	4

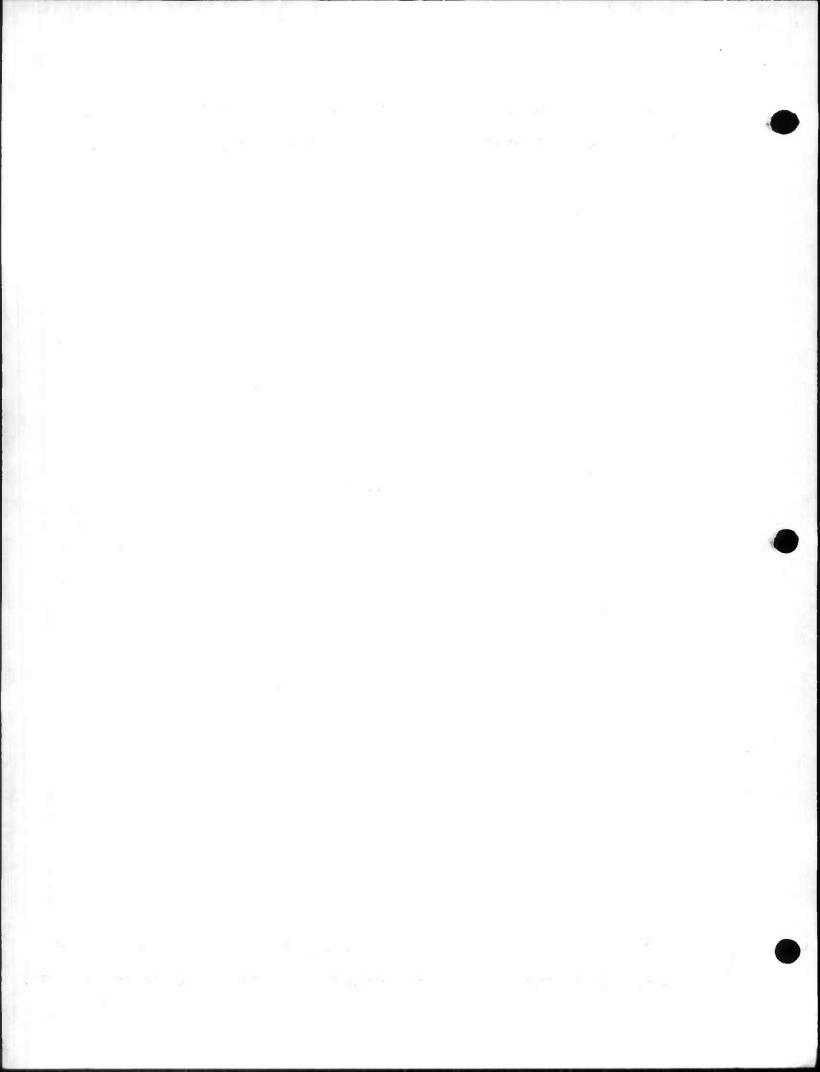
							Cer	tifica	ite of	Death		Reg.	No.	0	1310	
	Physic	ian	1. Decedent's Name (First, Middle, Last)									2. Date of Death Month Day Yaar				
	/Med		EDWARD LAWRENCE HEL							LLMAN					0650AM	
<u>الرا</u>	Exami		4. Farille Name // and trade for the state of the state o										4c. Count			
1			7251 HC	LABIRD	AVENUE					BALTIN	ORE		BALT	TMORE	COUNTY	
	Funeral		5. Social Sacurity N			7. Age (In yrs.	last birthday)	If Und	er 1 Yaar s Days	If Undar 24		of Birth h, Day, Ye	arl		ace (State or Foreign	
н	Director		213 52 4	005	M 2□ F	47	Yrs.	WORK	Days	riours		24 49	u.,	Mary		
	p ,		Usual Residence of			40.0										
	within 72 hours after death with the Maryland ena. then "naturel", or items 23a or 28a-f show the Modical Examiner must be notified at	2	Md.	10b. County Baltime	ore		y, Town or Loo Eastpo							10	d. Inside City Limits	
	the M	oto					Lastpo	1110							1 ☐ Yes 2√ No	
	it it	Dic	10e. Street and Nur					10f. 2	ip Code			10g.		What Count	γ?	
	d 2 should be filed within 72 hours after death with the Maryla th and Mental Hygiena. 7 Is marked other than "naturel", or items 23a or 28a-1 sho treumatic event, the Medical Examinat Insaft be notified at	Funeral Director	7609 CY	press Av	enue				2122	34			USA			
	Herne Herne	J.	11. Marital Status		12. Was Dece	dant Evar in U ces?	,S. 13. V	Vas Dec	edent of	Hispanic Origin can, Maxican, P	? (Specify Yas	or No-		ce - Amarica		
0	or H		22	ed 2 Married	1 ☐ Yes If Yas, Give	2₽ No			2)(2) No			,		y: Whi		
000	"naturel", or	d by	3 Widowad	4 Divorced	Year or Da								Specii	y. WILL	Le	
7	72 h	ete	(Spec	15. Decedent's Edify only highest gra	lucation de completed)		16a. Deced	ent's Us	ual Occu	pation during most of ed)	working	16b	. Kind of B	usiness/Indi	istry	
121	within iena. then	Completed	Elementery/Seco		Coitege (1-	4or 5+)				ed)			Const	ructio	ation	
2	il Hygie other ti		12				Brio	скта	yer							
ng Du	tal H	Be	17. Father's Name (Willia								Name (First, M	iddle, Maid	fen Sumar	ne))	
Maryland 21215-0020	2 should be it and Mental I is marked of sumatic ever	2								Mary	White					
	2 sh and le m		19a. Informant's Na							t end Number o			ly or Town	Stete, Zip (Code)	
	CENL			H.Hellma	m,Jr.,B			Сур	ress	Ave. B	aLTO.,M	d. 21	224			
	8 6 7 7		20a. Mathod of Disp		20b. Place of Disposit					ace)	Data	20c.			City or Town, State	
	Pages ment of i			5 Othar (Specif)		Sa	cred He	eart	of .	Jesus C	em.10-1	-18-96 Dundalk, Md.				
alt	permit. Pag Department Important: I any Injury c		21. Signature of Fu	neral Sarvica Licen	see		22.	Nama	and Addr	ass of Facility						
0	Depa Impo any l		D Char	when n	houl	1~	Cr	arl	es S	. Zeile	r & Son	Inc.				
			Immediata Causa (Final disease or condition Hypertensive Artoriosslerotic Cardiovascular Disease or condition Hypertensive Card										Approxi <i>m</i> ate			
V.	Physician													nterval Between Onsat and Death		
	/Medicai												m 1			
	Examiner		resulting in deeth)		a. IIYDC			is e consequence of):								
_	D =	ner														
	death certificate be executed death certificate be executed e attending physician and of for use as the burial-transit	Examiner	Sequentially list cor	nditions.	b	Due to (c	r es a consequ	uance o):							
ó	an a		Sequentially list cor if any, leeding to im cause. Enter Unde Cause (Disease or	mediate rlying												
68760,	nysici nysici	Physician/Medical	that initieted events		C	Due to (o	r as a consequ	ence of):							
	as t	9	resulting in death) L	asi								t				
Box	attendin for use	2			d											
	deat e att	ic.	Part II. Other signiff	cant conditions co	ontributing to dea	ith but not resi	ulting in the un	derlying	CRUSA D	ven in Part I	23h	Did tobac	CO USS CO	atribute to	he cause of death?	
P.0	the da	hy						oony mg	ou u o o gi	von mir care ii	200	1 Yee 2 No 3 Probably 4 Nunkno				
	\$ 8 B	by P	Chroni	c Renal	Failu	re							2 140	o l'ioba	ony 4 M onknow	
Records,											248.	Was an au	itopsy	24b. Wer	e autopsy findings	
00	- D W	Completed	Insuli	n Depen	dent D	ent Diabetes Mellitus						bemomed		com	lable prior to plation of cause	
Re	The law ate has b page 2 s	Ē										SPECT			eath?	
_	Iclan: The certificate h rector, page		Depres									1 🗆 Yes	2 No	10	Yes 2 No	
Vital	Physician: this certific ral director,	Be	25. Was case referr examinar?		Hospital:				104		Deeth (Check	only one)				
ō	this aldi	ဥ	1 (Stras 2 □ I	VO.	1 🗆 In		ER/Outpatient	3 🗆 [, OA		g Home 5 💸					
	The The The	on	1 Netural	5 Pending	28a. Dete of (Month)	Day Year)	28b. Time of Injury		28c. Inju Wo		28d. Desc	ribe how in	ijury occur	red		
Sic	ar death.	cat	2 ☐ Accident 3 ☐ Suicide	investigation 6 Could not be				М		☐ Yes 2☐ No						
	aftar d aftar d Direct d in by	Certification:	4 Homicide	determined	28e. Piace o building	f Injury - At ho g, etc. <i>(Specif</i>)	me, farm, stre	et, fecto	ry, office		28f. Locat City o	ion (Street r Town, St	and Numb ate)	per or Rural	Poute Number,	
۵	urs a				U-EILO E E	100										
	24 hours a Funeral I	edical	(Gneck only	1□ Certifying Phy 2⊠ Medical Exam	sician: To the b	est of my know	wledge, death	occurre	at the ti	me, date and pl	ace, and due to	the ceuse	(s) and ma	anner as ste	ted.	
-	To the Hospital or within 24 hours after To the Funeral Dir completely filled in		0.14)		end manne	or stated.										
	P P P P P P P P P P P P P P P P P P P	Σ	29b. Signature and t	itla of certifiar				2	c. Licen:	se nu <i>m</i> ber		29d. I	Date signe	d (Month, D	ay, Year)	
	1		dem	i / Chu	\$ 147				0.0	C.M.E.		OC	TOBE	R 18	1996	
	1		30. Name and addre	ss of person who c	ompleted cause	of death (ftern	23e) (Type, P	rint)								

State Registrar

31. Data filed (Month, Dey, Year)

Dennis Chute M.D.

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura



					State	of Ma	ryland		artment <i>rtificate</i>		lealth and N Death			6	3	519
	The same of		Decedent's Nem-	e (First, Middle,	Last)			00,	imoato	01	Death	2. Date of De	Reg. No.		3. Tim	ne of Death
	Physic		Ethe1		*	Hopki	ns					Month October	Dey	Year Q6		0 P.M
À,	/Medi		4a. Facility Name (/	f not institution.			.11.5			-	4b. City, Town, or L	1			0	O F .IVI
4	Exami	ner					D T III N	-								
Н	Eupaval		5. Social Security N		MORIAL 6. Sex	7. Age		Li st birthdey)	If Under 1	Year	FREDER If Under 24 Hrs.		th FRE	DERI		ete or Forein
	Funeral Director		220-28-3		1 M 2 F		72	Yrs.	Months	Days	Hours Min.	8. Date of Bir (Month, Da	9,1924	MD.	try)	ete or Foreig
			Usuei Residence of									1100.	7,1721	110.		
	how		10e. State	10b. County			10c. City,	Town or Lo	ocation					10		le City Limits
	W THE	cto	MD,	FREDE	RICK		FF	EDEF	RICK						1 D	Yes 2 No
	th th	Sire	10e. Street and Nur	mber					10f. Zip C	ode			10g. Citizen of	Whet Coun	try?	
	th w	je.	431 WEST SOUTH ST.						2	217	01		U.S.A.			
	72 hours after death with the Maryland natural", or items 23a or 28s-f show dies! Examiner must be notified at	Funeral Director	11. Maritel Status 12. Wes Decedent Ever in U.S. 13. Was Decedent Ever in U.S. Armed Forces?					Was Deceder	nt of H	lispanic Origin? (Sp	ecify Yes or No		e - America		n,	
0	or h		1 Never Marri	s 2 No	if Yes, specify Cuben, Mexican, P 1 ☐ Yes 2 No Specify:					, , , , , , , , , , , , , , , , , , , ,			o.			
00	ours Fraf.	d by	3 Widowed	4 Divorced	Yeer or								Specify: BLA(
21215-0020	72 hours netural.	Completed	(Spec	15. Decedent's ify only highest	Education grade complete	d)		16a. Dece	dent's Usuel (kind of work	Occup done	pation during most of work d)	ing	usiness/ind	lustry		
12	within lene. then	d L	Elementary/Seco		College	(1-4or 5+				retired	d)		DE	CERT	T 2 2 2	·m
2	Il Hygie other 1		17. Fether's Neme (CH (Signt Middle L	ant)				OK		10 Matheda Nam	RESTAURANT				Т
an	S d b	Be	GEORGE	m.								ther's Name (First, Middle, Meiden Surname)				
2	d 2 should b th and Ments 7 is marked traumetic e	2				(Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip							0-41			
Maryland	Tie Tree		BERETHA			19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zig LLL/DAUGHTÉR 431 WEST SOUTH ST. FREDERICK, MD.									0.1	
a,	s 1 and 2 if Health Hem 27 I		20a. Method of Disp			20b. Place of Disposition (Neme of										
Baltimore,	10		1 Buriai 2 [☐Cremation 3	B Removal fro	m State	20b. Place of Disposition (Neme of cemetery, cremetory or other piece) OCT. 15 96 WOODSVILLE M									
臣	rtant neur		4 Donation				OCI				ETERY -	MD.	WOODS	ATTT	E M	υ.
Ba	permit. Page Department o Important: If i any injury or once.		21. Signeture of Fu	neral Service L	conseq.	n						BUNED	AT HOM	E 2	170	1
			/ ru	4 0	, 100	ew)	1	AKI I	· em	ROLLINS	TNITE	AL HUM	E Z	170	MD
			23a. Parti. Enter the shock, or hear	ure. List o	omplications tha nly one cause or	t caused the	e deeth.	Do not erft	er the modern	or dylir	ng, डंग्रेटोर बेड catolac	dr Hespiratory a	rest, TRE	DEKI	Approx	Between and Death
	Physician			V										1	Unset a	ind Death
	/Medical Examiner		immediate Cause (disease or condition resulting in death)	n	е	144	he	105	-0/2	10	, tic)	4-en/	Disca	50	Y	en15
		<u>_</u>	Toodking in obality			D	ue to (or a	is e consec	quence of):		,				/	
	per #st	Examiner			b									- 1		
	icate be executed physician and s the burial-transit	xar	Sequentielly list con	nditions, mediate		D	ue to (or a	is a consec	uence of):							
9	be e ician burie		Sequentieily list cor if any, leading to im cause. Enter Under Cause (Disease or	rlying injury	c									i		
68760,	phys the	dical	that initiated events resulting in death) L			Di	e to (or a	s a conseq	uence of):					i		
	ding se es	lan/Me			d											
Вох	death certific s attending p od for use es	clar														
Ö	that the de	Physicia	Part ii. Other signifi	cant condition	 contributing to 	death but	not resulti	ng in the u	nderlying cau	ise giv	ren in Part I.		tobacco uee co			
0	that hed b		(9	400	10	7	1/	19	29			10	Yee 25 No	3 Prob	ably	4 Unknow
ds,	\$ 50	d by						,				24a Was	an autopsy	24b. We	re autor	osy findinge
Record	- 23 60	Completed										perfo	rmed?	cor	iilable pi npletion	rior to of cause
Re	has pe 2	d III												of c	death?	
	는 음 점	_										10'	Yes 2 No	1 🗆	Yes	2□ No
Vital	Physician: The this certificate ral director, pag	Be	25. Was case referr examiner?		Hospital:					Oth	26. Place of Deat					
ō	Phys this aldi	. To	1 Yes 2		11	inpatient		Outpatier		1	400 Nursing Ho		dence 6 Oth)	
	Affer fune	27. Manner of Death 27. Manner of Death 1. Manurai 5 Pending (Month, Day Year) 28c. Injury at Work? 1. Accident investigation M 1 Yes 2 No					k?	28d. Describe how injury occurred								
S	Attending or death.	Ilca	3 Sulcide 6 Could not be 28e. Place of Injury - At hom									ar or Rura	Route	Number		
Division	pital or Attendous after death or all Director: filled in by the	27. Manner of Death Manner of Death 28a. Date of Injury 28b. Time of injury 28b. Injury at 28c. Injury at 28b. Month, Day Year) 28b. Time of injury 28c. Injury at 28c. Injur						28f. Location (Street and Number or Rural Route Number, City or Town, State)								
	24 hours after Funeral Directory filled in the	_	29a. Cartifier	12 Certifying	Physician: To *	no heet of	ny knowle	edno doott	n occurred of	the ti-	no date and place	and due to the	e to the cause(s) and manner as atated.			
	Par Start	dica	(Check only one)	2 Madical E	caminer: On the	basis of e	camination	and/or inv	estigation, in	myo	pinion, death occur	red et the time,	date and place,	and due to	the cau	se(s)

29c. License number

D16428

FREDERICK MD

29d. Date signed (Month, Day, Year)

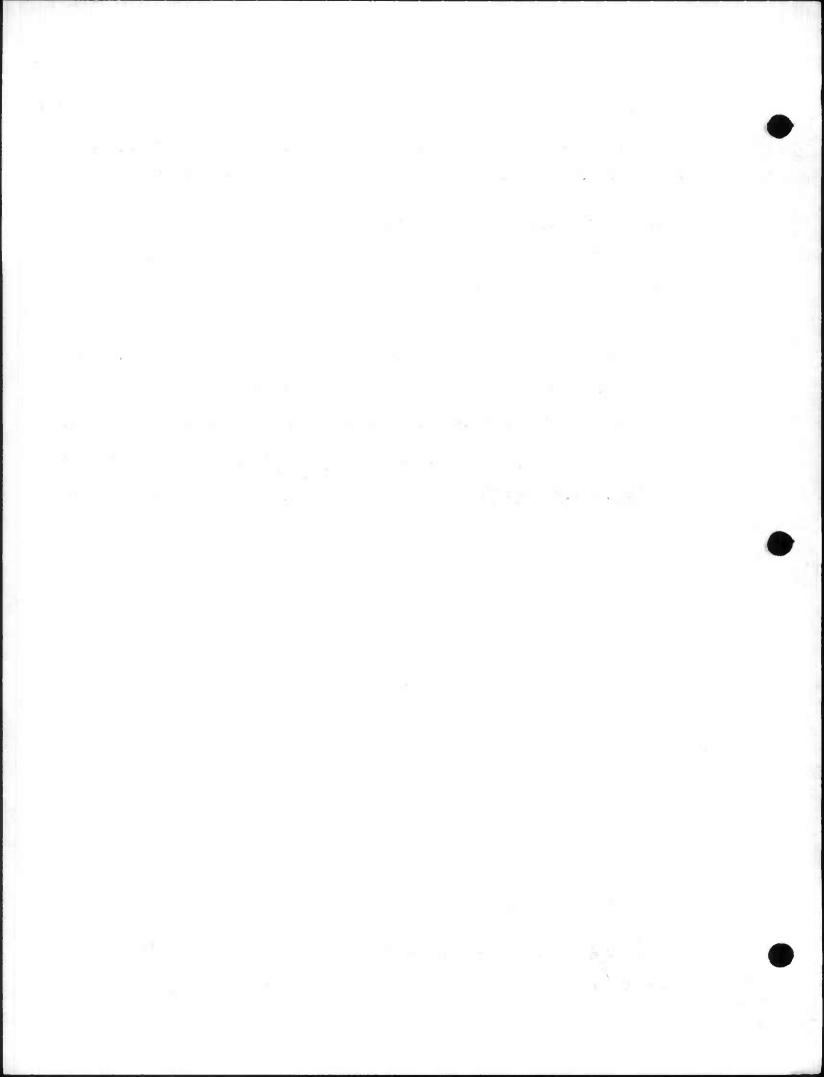
State Registrar

29b. Signeture and title of certifier

CASPER E. CLINE 300 WEST 9TH ST. 31. Date filed (Month, Dey, Yeer) 32. Registrar's Signature

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 3 | 520

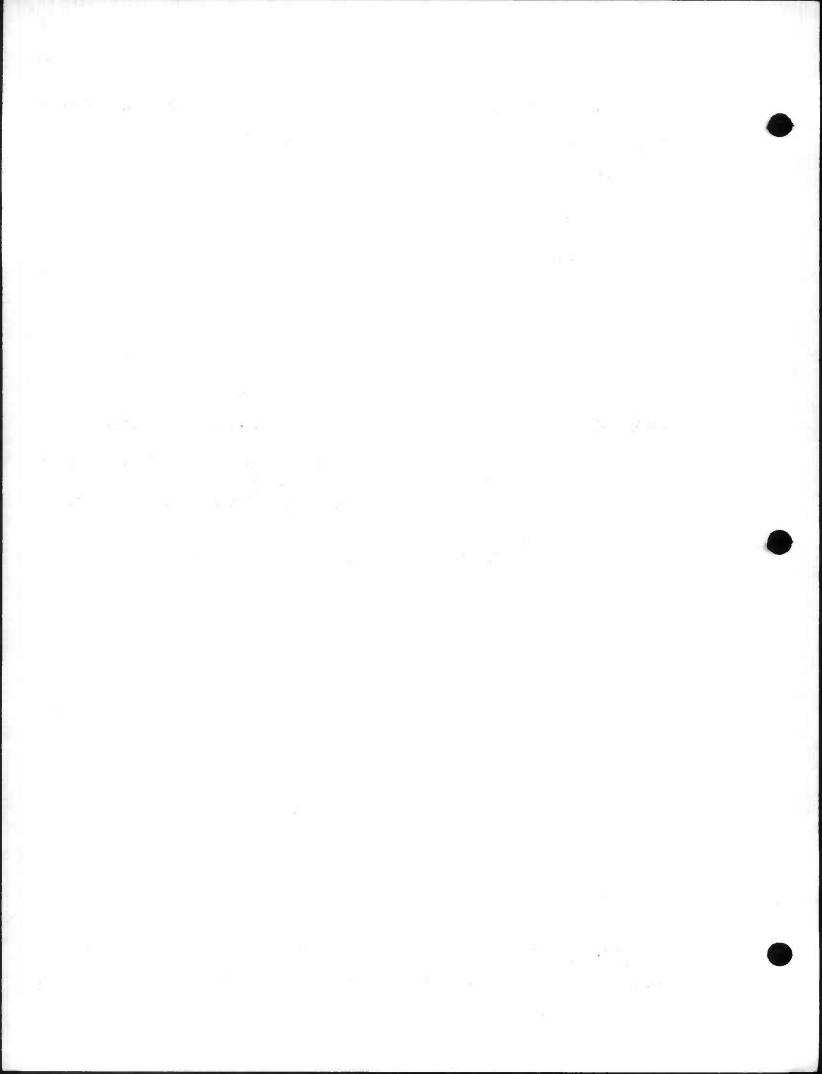
				Cert	meate of	f Death		Reg. No.			
rian							2. Dete of De Month		Yeer	3. Time of Deeth	
			5				OCT	20 18	196	6:55PM	
iner		re street end number)				-		-			
					Williams 4 Ves						
_	219-58-0077		e (in yrs. last i 94	Yrs.			8. Dete of Bir (Month, De July 5,	1902	9. Birth Cou Mar	plece (State or Fore ntry) Cyland	
			10c. City. To	wn or Loca	ation				-	10d. Inside City Lim	
٥		ore								1 ☐ Yes 2 🛣	
ect		ore	Rody	gers				10a Citizen of	What Cou		
ō		ad			1011 2.19 0000	21212					
lera	11. Meritel Stetus	12. Wes Decedent	Ever in U,S.	13. W	es Decedent of		pecify Yes or No			can Indian,	
by Fur	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	Armed Forces? 1 Yes 2 Ar If Yes, Give Yeer or Detes:	No				Rican, etc.)		v:		
8	15. Decedent's E	ducation	16	a. Decede	nt's Usuel Occ	upetion		16b, Kind of B	White Business/Industry		
ple			(4)	(Give ki	ind of work don O NOT use retir	e during most of world red)	king		a. Kind of business/industry		
EO.	12 years	College (1-401 3	, ,	Во	okkeepe	r		In	Insurance		
	17. Fether's Neme (First, Middle, Last,)				18. Mother's Nam	ne (First, Middle	ne)			
10	Robert	Hal	1			Elean	or	Wai	llenv	vein	
	19e. Informent's Neme/Reletionship (Type, Print)	18	9b. Meiling	Address (Street	et and Number or Ru	rel Route Numb	er, City or Town,	p Code)		
	Dorothy Long					Farm Rd.	Columb	ia, Mar	yland	land 21044	
		Removel from State	20b. Pleca cemer	of Disposi tery, creme	tion (Neme of story or other p	ece)	Dete	20c. Location	City or T	own, Stete	
			Bal	timor	e Cemet	ery	10-23	Marylan			
	1 -11 -	-		Ma	+oboll	17: -4-5-14	Ното				
	John 200	(a)		65	00 York	Road Ba	1timore	Maryl	and 2	1212	
	38a. Part 1 Enter the disease, or com shock, or heart failure. List only	plications that caused one sause on each lin	the deeth. Do	not enter	the mode of dy	ring, such es cardiec	or respiratory e	rrest,		Approximete tntervel Between	
_		\							ì	Onset and Deeth	
	Immediate Cause (Final disease or condition	ARTERI	OSCEE	POTIC	GROV	DUASCHLAR	DISEA	E	i	YEARY	
	restring in deeth)								1		
al-		b							1		
хап	Sequentially list conditions, If any, leading to immediate		Due to (or es	e consequ	ence of):						
	cause. Enter Underlying Cause (Diseese or Injury	c									
dic	resulting in death) I ast		Due to (or es e	conseque							
	roodking in dootin) East			or as a consequence or);							
12	Tosoning in cookin Last	d			ence or):						
clan	L	d									
ysiclan	Pert II. Other significant conditions of	dontributing to death bu	ut not resuiting			iven in Pert I.					
y Physician/	L	dontributing to death bu	ut not resuiting			iven in Pert I.		tobecco ues co Yes 2□ No			
by	L	d	ut not resulting			iven in Pert I.	1 🗆	Yss 2□ No an eutopsy	3 Pro	bebly 4 Unkn	
by	L	dontributing to death bu	ut not resuiting			iven in Pert I.	1 🗆	Yss 2 No	3 Pro	dere autopsy finding valiable prior to ompletion of cause	
by	L	dontributing to death bu	at not resulting			iven in Pert I.	1 24a. Was	Yss 2□ No an eutopsy ormed?	3 Pro	dere autopsy finding valiable prior to impletion of cause death?	
Completed by	Pert II. Other significant conditions of	d	at not resulting				1 □ 24a. Was perfo	Yes 2□ No an eutopsy prmed? Yes 25 No	3 Pro	dere autopsy finding valiable prior to completion of cause	
o Be Completed by	Pert II. Other significant conditions of the con	Hospital:		In the unc	lerlying cause g	26. Plece of Dea	24a. Was perfo	an eutopsy rmed? Yes 2 No	3 Pro 24b. W ev cc of	fere autopsy finding valiable prior to ompletion of cause death?	
To Be Completed by	Pert II. Other eignificant conditions of the co	Hospitel: 1 ☐ Inpatie	nt 2□ER/C	In the unc	lerlying cause g	26. Plece of Dea ther: 4 ₩ Nursing He	24a. Was perfo	Yes 2□ No an eutopsy prmed? Yes 25 No	3 Pro	fere autopsy finding valiable prior to ompletion of cause death?	
To Be Completed by	Pert II. Other significant conditions of the con	Hospitel: 1 ☐ Inpatie 28e. Dete of Injur (Month, Da)	nt 2□ER/C	In the unc	erlying cause g	26. Plece of Dea ther: 4 ₩ Nursing He	24a. Was perfo	Yes 2 No an eutopsyormed? Yes 2 No one) dence 6 □Oth	3 Pro	fere autopsy finding valiable prior to ompletion of cause death?	
To Be Completed by	Pert II. Other significant conditions of the con	Hospitel: 1 ☐ Inpatie 28e. Dete of Injur (Month, Day	nt 2 ER/C	Outpatient Time of Injury	erlying cause g	26. Plece of Dea ther: 4 Nursing H ury et ork? ☐ Yes 2 ☐ No	24a. Was perfo	an eutopsy primed? Yes 25 No page 6 Oth how injury occur	3 Pro	fere autopsy finding valiable prior to ompletion of cause death?	
Certification: To Be Completed by	25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Death investigation and investig	Hospitel: 1 Inpatie 28e. Dete of Injur (Month, Day) 3 28e. Plece of Inju	nt 2 ER/C y 28b iny - At home, . (Specify)	Dutpatient Time of Injury	3 DOA 28c. Inj. W 1[26. Plece of Deather: 4 Volume Nursing Houry et ork? Yes 2 No	24a. Was performent of the Check only of the Check only of the 28d. Describe 28f. Location (City or Total and due to the	an eutopsy primed? Yes 27 No prie) dence 6 Oth how injury occur Street end Number, Stete)	24b. Well of	dere autopsy finding raliable prior to ompletion of cause death? Yes 2 No	
To Be Completed by	25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Death Netural investigation 3 Suicide 4 Homicide 29e. Certifier (Check only 100 Medical Exeminer)	Hospitel: 1 Inpatie 28e. Dete of Injur (Month, Da) 28e. Plece of Injubuilding, etc.	nt 2 ER/C y 28b iny - At home, . (Specify)	Dutpatient Time of Injury	Berlying cause of a service of the stigetion, in my	26. Plece of Deather: 4 Volume Nursing Houry et ork? Yes 2 No	24a. Was performent to the (Check only of the Check only of the Call on the Call of the Call of the the the the tred at the time,	an eutopsy primed? Yes 27 No prie) dence 6 Oth how injury occur Street end Number, Stete)	24b. We expect of financial control of the control	fere autopsy finding raliable prior to impletion of cause death? Yes 2 No	
edical Certification: To Be Completed by	Pert II. Other significant conditions of the con	Hospitel: 1 Inpatie 28e. Dete of Injur (Month, Da) 28e. Plece of Injubuilding, etc.	nt 2 ER/C y 28b iny - At home, . (Specify)	Dutpatient Time of Injury	3 DOA 28c. Inj. W 1[ct, fectory, office excurred et the stigetion, in my 29c. Licer	26. Plece of Deather: A Nursing Hury et ork? Yes 2 No No No No No No No No No No	24a. Was performent to the (Check only of the Check only of the Call on the Call of the Call of the the the the tred at the time,	Yes 2 No an eutopsy ormed? Yes 2 No one) dence 6 Oth how injury occur Street end Number, Stete) cause(s) end madete end place, 29d. Dete signe	24b. We expect of final state of the control of the	dere autopsy finding raliable prior to ompletion of cause death? Yes 2 No	
edical Certification: To Be Completed by	Pert II. Other significant conditions of the con	Hospitel: 1 Inpatie 28e. Dete of Injur (Month, Da) 28e. Plece of Injubuilding, etc.	nt 2 ER/C y Year) 28b uny - At home, . (Specify) of my knowledge examinetion election.	Dutpatient Time of Injury ferm, stree	al DOA 28c. In W It, fectory, office recourred at the recourred at the stigetion, in my	26. Plece of Deather: 4 Nursing Hury et ork? Yes 2 No	24a. Was performent to the (Check only of the Check only of the Call on the Call of the Call of the the the the tred at the time,	Yes 2 No an eutopsy ormed? Yes 2 No one) dence 6 Oth how injury occur Street end Numb wn, Stete) cause(s) end ma dete end place,	24b. We expect of final state of the control of the	fere autopsy finding raliable prior to ompletion of cause death? Yes 2 No	
	ilcal Examiner To Be Completed by Funeral Director	4e. Fecility Name (If not Institution, giver Holly Hill Manor 19 19 19 19 19 19 19 19 19 19 19 19 19	4e. Fecility Name (If not Institution, give street end number) Holly Hill Manor 5. Sociel Security Number 219-58-0077 Usuel Residence of Decedent 10a. Stete 10b. County Maryland Baltimore 10e. Street and Number 96 Dunkirk Road 11. Meritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest gre de completed) Elementery/Secondary (0-12) 12 years 17. Fether's Neme (First, Middle, Last) Robert Hal 19e. Informent's Neme/Relationship (Type, Print) Dorothy Long 20e. Method of Disposition 1 Suriel 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licenses Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, Disease or injury Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, Disease or injury C.	TMA FUEN HORRIS 4e. Fecility Name (If not Institution, give street and number) Holly Hill Manor	TAMA FUEN HORRIS	TMA FUEN HORRIS	Scale Security Name (If not institution, give street end number) 4e. City, Town, or I	1. Decedent's Name (First, Middle, Last) 2. Date of December 3. De	1. Decedgent's Name (First, Middle, Last) 2. Dete of Deeth Month Oct 20 (15)	1. Decedent's Name (First, Middle, Last) 1. Decedent's Scotles Decedent's Scotles 1. Decedent's Scotles Decedent's Sc	

32 Pegistrar's Signeture

OCT 22 1996

State

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

31521

				Certi	ificate of	Death		Reg. No.			
Physic	ian	1. Decedent's Name (First, Middle, La	st)				2. Date of De Month		Year	3. Tima of Death	
/Medi		GEORGIA	ANNE F	IAWKINS			October	19, 1	996	8:20 P.1	
Exami		4e. Facility Neme (If not institution, giv				4b. City, Town, or	Location of Deet				
		310 Garden Road				Towsor			timor	е	
Funeral Director	F	5. Social Security Number 6. S 218-54-2392 19 Usual Residence of Decedent	6ex 7. Age (In 1□ M 2♥ F 41		If Under 1 Yee Months Deys			1955	9. Birthple Count Mary	aca (State or Foreign Tand	
hygiena. ther than "natural", or Nema 23a or 28a-f show brit, the Modical Examiner must be nutried at		10a. State 10b. County	100	. City, Town or Local	tion				10	d. Inside City Limits	
28a-f sh	Director	Maryland Baltin	nore	Towso						1 ☐ Yes 27 No	
23a or		310 Garden Road	l Apt. A		10f. Zip Code	21286		10g. Citizen of V		Ŋγ	
al', or items 23a or 28a-f shor Examiner must be numbed at	by Funeral	11. Meritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		es Decedent of es, apecify Cu	Hispenic Origin? (: ben, Mexican, Pue Specify:	Specity Yes or No to Rican, etc.)	Specify	ce - America ck, White, e	itc.	
"netural",	eted	15. Decedent's Ec	ducation	16a. Deceden	nt's Usuel Occi	upation	vkina	16b. Kind of B			
E E E	Completed	Elementary/Secondary (0-12) 12 Vears	Coilege (1-4or 5+)			e during most of wo ed) ervisor	nkiig .	Retai	ail Sales		
and Mental Hygie is marked other t raumatic event, to	BeC	17. Father's Name (First, Middle, Last))	LIC	or oup		SOT KETALL SALES other's Neme (First, Middle, Maiden Surname)				
ked o	To B	George	ey Ju								
ie m		19a. fnformant's Name/Relationship (Type, Print) (husba	ural Route Numb							
em 27 i other tra		Charles Edward Ha	son, Mary	land 21	286						
		20a. Method of Disposition 1 Durial 2 Cremation 3 D		b. Place of Dispositi	ion (Name of tory or other pl	ace)	Dete ⁻	20c. Location -	City or Tov	m, State	
		4 □ Donation 5 □ Other (Specification 5 □ Oth		Green Mour	nt Crem	atorv	10-21	Baltim	ore.	Maryland	
permit. Pages Department of Informat: If its any injury or of		21. Signeture of Funeral Service Licen	asee	Mit		ress of Facility Wiedefeld Road Ba					
ysician Medical	5	23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plications that caused the cone ceuse on each line.	death. Do not enter	the mode of dy	ring, such as cardie	c or respiretory a	rest,		Approximate interval Between Onset and Deeth	
xaminer	je.	disease or condition resulting in death)	a. Auspi	o (or as a conseque	ince of):	. 1			1	2	
and I-transit	Examiner	Sequentially list conditions,	b. Any 6 tra	o (or as a conseque		Selvasi:	5			2 years	
physician and s the burial-transit	Medical E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c. Due t	o (or as a consequer	nce of):						
attending pl	lan/Me		d						1		
the a	Physician	Part If. Other significant conditions of	ontributing to death but not	resulting In the unde	erlying cause g	iven in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death?	
igned by the a	by Phy						10	Yes 20 No	3 □ Probe	ably 4 Unknown	
2 should	Completed t						24a. Was perfo	an autopsy ormed?	eva	re autopsy findings liable prior to apletion of cause eath?	
ata ha page	E O						10	Yes 2 No	10	Yes 200 No	
certificata rector, pag	Be (25. Wes case referred to medical examiner?				26. Pleca of De	ath (Check only o	one)	1		
0 O	0	1 ☐ Yes 2 No	ther: 4 Nursing	Home 5 Resid	dence 8 Oth	er (Specify))				
Aftar funar		27. Manner of Death 1 Neturel 5 Pending 2 Accident Investigation		28b. Time of Injury	28c. inj W	ury et ork? ☐ Yes 2 ☐ No	28d. Describe	how Injury occur	red		
Director: ed in by the	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - / building, etc. (Sp	At home, farm, street ecify)	t, factory, office		28f. Location (: City or To	Street and Numb wn, State)	per or Rural	Route Number,	
To the European Inter dead	edical	29a. Certifier (Check only one) 1 Certifying Physics Certifying Physics 2 Medical Examples (Check only one)	cause(s) and me date and placa,	enner as sta and due to	ited. the cause(s)						
Tott	Me	29b. Signature and title of certifier		nse number							
2621		D38291 10/21									
0		30. Name and address of person who	completed cause of deeth (Item 23a) (Type, Pri							
sta	W	29b. Signature and title of certifier	end manner stated.	ltem 23a) (Type, Pri Hapkins U	29c. Licer	nse number		29d. Date signe	d 2	(Month, D 1/96	

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 7. & 8 PER F'.H. FILM G-740 State of Maryland / Department of Health and Mental Hygiene 10/25/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth HARRIS **Physician** Month 12 RUSSELL ARDELL /Medical 4e. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HARBOR HOSPITAL CENTER BALTIMORE ISALTIMORE CITY If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 6. Sax 8. Dete of Birth (Month, Dey, Year) 1916 7. Age (In yrs. last birthdey) Birthplace (Steta or Foreign Country) **Funeral** Deys Hours 1 XM 2□ F 577 22 1534 A 70 80 Yrs. Director April 4, 1926 Virginia Usual Residence of Decedent the Meryland 10b County 10c. City, Town or Location 10d. Inside City Limits treumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Anne Arundel Baltimore Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? items 23a 605 Brian Street 21225 U.S. Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - American Indian, Black, Whita, atc. 11. Marital Status 72 hours efter 1 ☐ Yes 2 ☐ No If Yas, Giva Yeer or Detas: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 'naturaf', or 1 ☐ Yes 2 IXNo Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry pernit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: if item 27 is marked other than "nay injury or other traumatic event, if a Mendone. Elementery/Secondery (0-12) College (1-4or 5+) Engineer Marine Engineer 12th 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surname) Be Lula Blundon Hamilton Harris 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Margaret Harris wife 605 Brian Street Baltimore, Maryland 21225 20b. Plece of Disposition (Neme of cemetary, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Steta 10/21/96 Baltimore, Maryland 4 Donetion 5 Dother (Specify) Metro Crematory, Inc. 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 ductions that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, one cause on each line. Interval Between Onset and Deeth **Physician** 2 Hours /Medical Immediate Cause (Final disease or condition rasulting in deeth) Myo CARDIAL IN FARCTION

Due to (or as e consequence of): Examiner Examiner . INTERTROCHANTERIC FRATURE RIGHT HIP 7 DAYS The law requires that the death certificate be executed physician and is the burlef-trans Sequentially list conditions, if any, leading to immediate cause. Enter Undarfying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or as e consequence of): Physician/Medical Due to (or es a consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No py 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? page 2 1 ☐ Yas 2 ☐ No certificate Hospital or Atending Physician: 7 24.bodrs after death. Funeral Director: After this certifica stely filled in by the funeral director, p. Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) 1□ Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28c. Injury et Work? 27. Manner of Deeth Certification: 28b. Tima of 28d. Describe how Injury occurred 5 Pending Investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Box 68760, Division of Vital Records, P.O.

4 Homleide 29a. Certifier

Certifying Physician: To the best of my knowledge, daath occurred at the time, dete end place, end due to the cause(s) end manner es stated.

2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, dete and placa, and due to the cause(s) end menner stated. 29b. Signature end title of certifier

29c. Licansa number 024076

29d. Dete signed (Month, Day, Year)

30. Nama and eddress of person who completed cause of death (Item 23a) (Type, Print)

CHUNG C. NG, MD. HARBOR HOSPITAL CENTER BALTIMORE. MD 21225 32. Registrer's Signature 31. Data filed (Month, Day, Year)

State Registrar

Medical

DHMH 16 Rev 6/95

To the Funeral Completely filled

n o erg v remen der til gere. Det g

				Department o Certificate o	of Death		giene 9 Reg. No.	
ysiclan Medical	1. Decedent's Name (First, Mid WALTER	die, Lest) CLAY	HIO	CKEY	JR.	2. Date of De	19 ^{Dey} 199	3. Time of Death 9:15 AM
aminer	4e. Fecility Neme (If not institution BEAUCHAMP	on, give street end number FARM	ber)		4b. City, Town, or I		4c. County of	
eral ctor	5. Social Security Number 219 30 7892	6. Sex 7 1 ☑ M 2 ☐ F	. Age (In yrs. last bii	rthday) If Under 1 Ye Yrs. Months De		8. Dete of Birt (Month, De July 5	h y, Year)	9. Birthplece (Stete or Foreign Country) New York
fledat	Usuel Residence of Decedent 10a. State 10b. Count Maryland Anne	Arundel	10c. City, Tow					10d. Inside City Limits 1 ☐ Yes 2 🌠 No
free must be notified Funeral Director	10e. Street end Number 480 Center St	creet		10f. Zip Coo 21	122		10g. Citizen of W	
Evanirer m by Funer	11. Meritel Status 1 Never Married 2 X Ma 3 Widowed 4 Divorce	If Yes, Give	es? □NoKorean	If Yes, specify 0	of Hispenic Origin? (Sicuben, Mexican, Puerto No Specify:	pecify Yes or No O Rican, etc.)		- American Indien, c, White, etc. White
Completed	(Specify only high	nt's Education est grede completed)	16a	Decedent's Usuel Oc (Give kind of work do life. DO NOT use re	cupation ne during most of wor	ing 16b. Kind of Busin		siness/Industry
omp	Elementery/Secondery (0-12) 12th	College (1-4	or 5+)	Machinist	ili e d j		Kenneco	ott
To Be C	17. Fether's Neme (First, Middle		Hickey S	Sr.	18. Mother's Nem	ne (First, Middle, arianne	ms	
mne.	19e. Informent's Name/Relation			. Meiling Address (Str				
ry or other t	Marion S. Bla 20e. Method of Disposition 1 ▼Burlel 2 □ Cremetion 4 □ Donetion 5 □ Other (3 □Removei from St	20b. Plece o	Ob. Plece of Disposition (Name of cametery, cremetory or other plece)				Maryland 21666 City or Town, Stete ille, Maryland
Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or Items 23s or 28s-f show any Injury or other traumatic event, the Medical Examples must be notified at once. To Be Completed by Funeral Director	21. Signeture of Funerel Service		nee	Md. State Veterans Cem. 10/23/96 Crownsville, Maryla 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225				

/Medical Examiner

The law requires that the death certificate be exec

ed by the attending detached for use as

signed by I

peen

this certificate has **Dage 2**

within 24 hours after death.

To the Funeral Director: After this completely filled in the

Be Completed by

Certification: To

Medical

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Physician/Medical 8

immediete Ceuse (Finel

diseese or condition resulting in death)

ardiovascular Disease Atheros cleratic Due to (or es a consequenca of) Due to (or es e consequence of):

Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy findings aveileble prior to completion of cause of death? 24a. Was en eutopsy performed? Yes 2 No 12 Yes 2□ No

25. Was case referred to medical exeminer?

1XX Yes 2 No 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 \square Nursing Home 5 \square Residence 6 MOther (Specify) SCENE27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

29e. Certifier (Check only one)

TO Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date and piece, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier

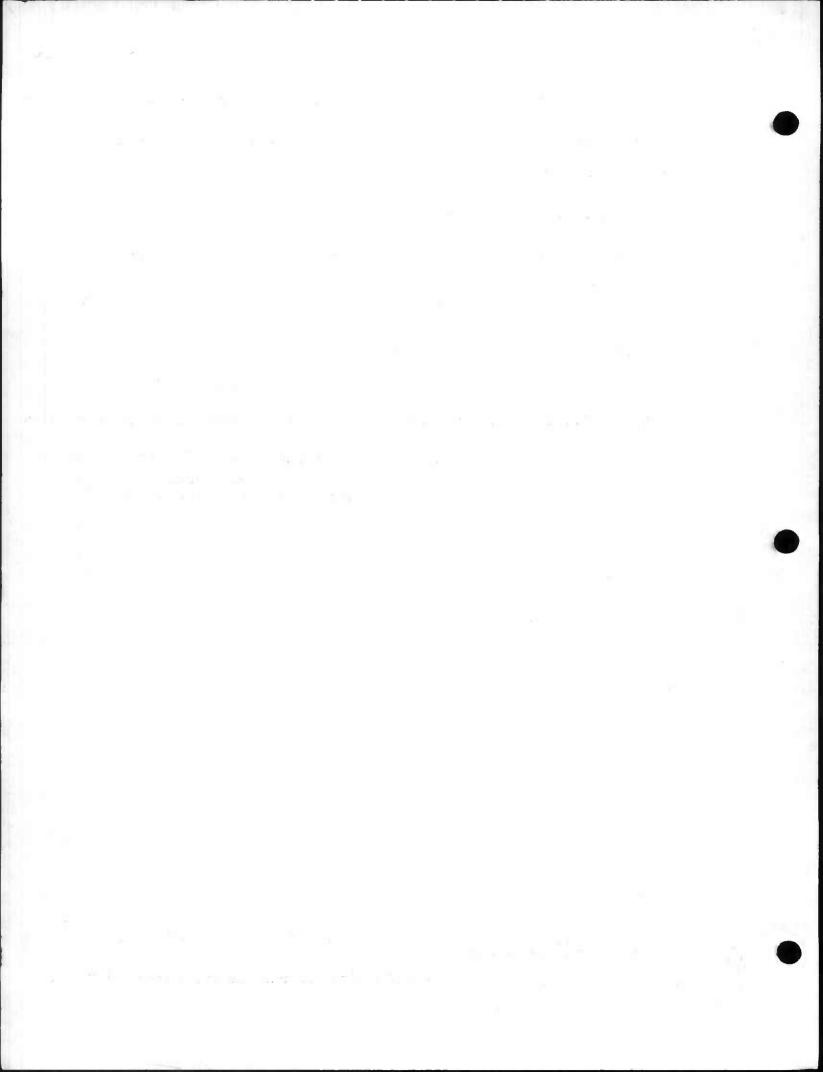
29c. License number O.C.M.E. 29d. Dete signed (Month, Dey, Year) OCT. 20, 1996

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) Dennis J 31. Dete filed (Month, Dey, Year) OCT 2 2 1996

111 Penn Street, Baltimore, Maryland 21201

State Registrar

32 Registrer's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Jones Kodne Ctober 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death moryland General 5. Sociel Security Number 7. Age (In yrs. last birthday) f Under 24 Hrs. 9. Birthplece (State or Foreign Country)
MARYLAND 100M 2□ F 212-78-5505 3 Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2□ No Baltimore NA MARYLand 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Street 21218 USA omestead 1718 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 12 No if Yes, Give Yeer or Detes: 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Black 3 □ Widowed 4 □ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Hopkins Club Elementery/Secondary (0-12) College (1-4or 5+) 10 Th Chef 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) ERMA Jones WALter 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address, (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Homestead Street Balto. Md. 21218 718 Michele Jones 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete no Crematory 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral-Service Licensee 22. Neme end Address of Facility 1639 N. Broadway Balto. ma 23s Perty. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Onset end Deeth Immediete Ceuse (Finel diseese or condition resulting In death) reumonia Due to (or es e consequence of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings evalleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 2 No 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

29d. Dete signed (Month, Day, Year)

10

Examiner The law requires that the death certificate be executed Records, P.O. Box 68760. Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I

Physician

/Medical

Examiner

Funeral

Director

must be notified at

the Medical Examiner

8

"nahural".

Hyglens.

permit. Pages 1 and 2 should be filed. Department of Health and Mental Hygu Important. If New 27 is marked other. Any Injury or other traumetic source.

Physician /Medical

buriel-transit

the

ettending p

signed by t

peen hes page 5

certificate

Bud

physician

Baltimore, Maryland 21215-0020

Director

Funerai

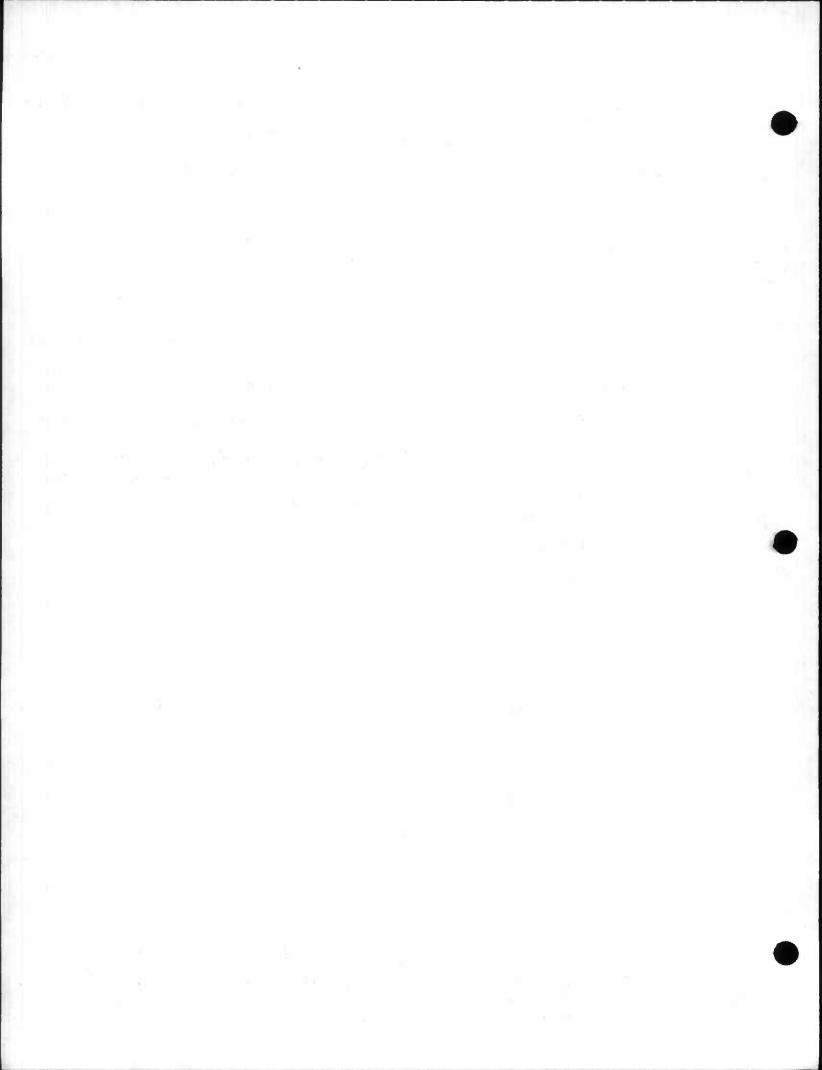
þ

Completed

Be

Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that Initiated events resulting in deeth) Lest Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. p Completed 25. Wes cese referred to medical exeminer? Be Certification: To 1 Yes 2 No 27. Manner of Deeth 5 Pending Investigation 1 Netural 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurei Route Number, City or Town, Stete) 4 Homicide Medical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. 2 Medical Examinar: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

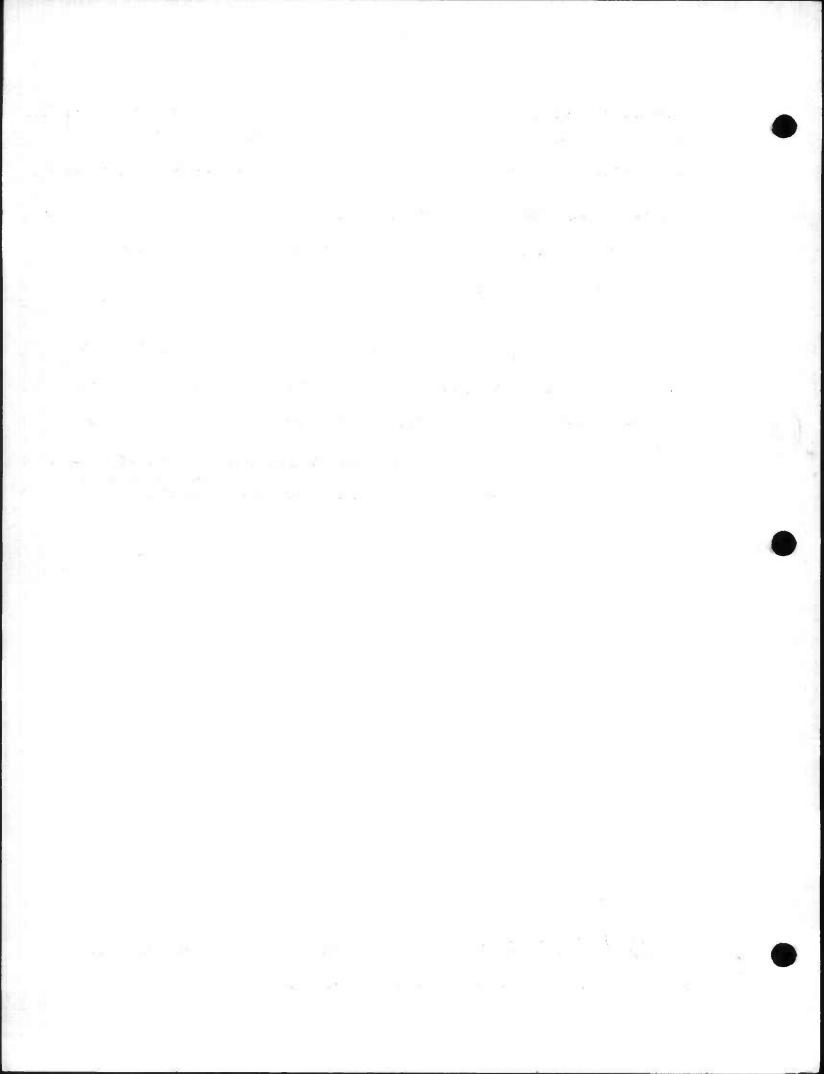
State Registrar 29b. Signeture end title of certifier



State of Maryland / Department of Health and Mental Hygiene 96 3 | 525

							Cer	tificate d	of.	Death			Reg. No).			- La
Dhu	siciai	_	1. Decedent's Nama (First, Middle,	Last)								2. Data of D			Year	3. Ti	ma of Death
	siciai edica	ıt .	LLINDA JEAN JACK	SON	35.00		<u>.</u>		- 1 -			Oct.	1	8	96	2.1	5 a.m.
Exa	mine	r	4a. Facility Nama (If not institution, g ST. AGNES HOSPI		umber)				1	4b. City, Tov BALT		ocation of Dea R.E.	th 4c	. County	of Death		
		٠		Sex	7 Age /	(In yrs. last bir	thdayl	If Under 1 Ye	ear			8. Date of Bi	irth			ologo /S	tata ar Famian
Fune Direct			218-42-8234 Usual Residence of Decedent	1□ M 2□XF	52		Yrs.	Months Da	ays	Hours	Min.	09-13	<u> </u>	4	MAR	ntry) YLAN	tate or Foreign
yeard work			10a. State 10b. County		1	10c. City, Tow	n or Loc	ation								10d. Insi	da City Limits
with the Maryland a or 28a-f show the notified at		Director		MORE		CZ	ATON	SVILLE				1					Yas 2 No
har death with the them 23e or 2 them.	1 2		10e. Street and Number 506 LAFAYETTE AV	'ENUE				10f. Zip Cod		1228			10g. Ch		What Coul	ntry?	
-0020 hours after des hursif, or literal		by runeral	11. Marital Status 1 □ Never Married XX Married 3 □ Widowed 4 □ Divorced	12. Was De Armed F 1 ☐ Yas If Yes, G Year or	Forces? MXNo Bive		lf.	Vas Decedent Yas, specify (☐ Yas 2 🗓	Cube	lispanic Orig an, Mexican, Specify:	jin? (Sp , Puarto	ecity Yas or No Rican, atc.)	0-		ea - Amariok, White,		
yland 21215-0020 ould be filed within 72 hours at Mental Hygiene Transment or acked other than "natural", or acked other than "natural", or		8	15. Decedent's		Detes.	16a.	Decede	ent's Usual Oc	guo	ation			16b. K	(ind of B	of Business/industry		-
vithin 72 ene. then 'net		Completed	(Specify only highast (Elementary/Secondary (0-12)	rade completed	() (1-4or 5+)		(Giva k	kind of work do O NOT use re	one	during most	of work	ing	100.11				
21 Prepare		É	12	N/A		Si	ALES	CLERK					R	ETAI	IL SALES		
ind 2 tal Hygie d other		De	17. Father's Name (First, Middle, La	st)						18. Mother	r's Nam		, Middle, Maiden Sumame)				
yla Nem Ment		9	WALTER FREDER	CK REN	INER,	SR.						FREIDA			S	TAMM	1
Ore-Mar or Hamm and Heam 27 is m			19a. Informant's Name/Reletionship PAUL ROBERT JACH			19b. Mailing Address (S							Route Number, City or Town, S				3
植 建铜			20a. Mathod of Disposition			20b. Piaca of Disposition (Nama of				of Date					City or To		
S # # 9			1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		n State			•		•	PK	10/22/9	6GLE	N RI	IDNTE	MZ	ARVI.AND
ante orte	8	-	21. Signature of Funaral Sarvice Lic			GHEN .		Name and Ad				INGLETO					MIDAND
8 8 8 E	8		201.1.1	15	11/		1	SECONE) 2	AVENUE		.W., GL					21061
Physicia	_		23a. Part1. Enter the disaasa, or co shock, or heart feilure. List on	mplications thet ly one cause on	caused the each line.	ne daath. Do	not ente	r the mode of	dyin	ng, such as o	cerdiac	or respiratory	arrest,			Interve	ximate al Between and Death
/Medic Examin		1	tmmediate Ceuse (Final disease or condition resulting in death)	a. CR	YPTO	COCCAL	CER	EBRITI	S						į	10 d	lays
	.		Toodking in Galatry		Du	ue to (or as a	consequ	uence of):									
bet Tist				ь. <u>DI</u>		INATED		1								3 ye	ars
), executed in and ini-transit	- index	X	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Du	ue to (or as a	consequ	uence of):							1		
68760, filtrata be ex physician as the burial	lecilos		that initiated events	C	Du	ue to (or es a o	consenii	iance of).							-		
	Mad	Ξ	rasulting in death) Last	d			Jonooqu										
death c death c deattence	100	5	Dod II. Other slee Week and distance		de est to a												
O & # #	Dhvelolen		Part II. Other algnificant conditions	contributing to o	death but r	not resulting in	n the un	derlying cause	giv	an in Part I.			Yes 2				4 Unknown
cords, P requires that been signed b	had by	2						-				24a. Was	s an auto	psy	87	allabla p	
Rec e law hes t															of	death?	n of cause
- F # å	2		25. Was case raferred to medical	T						00.00	-15		Yes 2	□No	12	M Yas	2 No
	TO Be		axaminer?	Hospital:	1 tanations	2 🗆 ER/Ou	dontiont	3□ DOA	Oth	or:		h (Check only		a 🗆 🗆	(Cana)	4.1	
Physic Price of the period of	è		27. Mannar of Death		of Injury		Time of	28c. 1	injur		sing ric	oma 5 Res 28d. Describe				(Y)	
Vision Attending I or death. ector: After by the fune	1		1 Natural 5 ☐ Pending 2 ☐ Accident investigat		nth, Day Y	rear) I	njury			k? Yas 2 □ N	No						
Division of a or attending Physical Control of the	Certification		3 Suicide 6 Could not be detarmined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or F. City or Town, State)									per or Run	al Route	Number,			
Division or To the Hospital or Attending Phy within 24 hours after death. To the Furneral Director: After thi completely filled in by the funeral	Clasical										anner as a and dua t	stated. o tha ca	use(s)				
To the Within To the	2									d (Month,	Day, Ye	ear)					
1			Best J.	norton	m,	0		D08	94	9			0ct	. 18	, 19	96	
6		3	30. Name and addrass of person wh	complated cau	use of deat	th (Item 23a)	(Тура, Р	Print)									
	Chak		Bert F. Morton, M. 31. Date filed (Month, Day, Year)	.D. St	. Agr	nes HOS	spit	al -									
	State istrar		QCT 2 2 199	6 Julie	Lavid	Signature	delle										
			401 100	- 4			Laura Av										

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

96 31526

					C	ertificate of	Death	R	eg. No.		01020	
	Dhyois	ion	1. Decedant's Name (First, Middla, Last,					2. Date of Deat Month	_	Year	3. Time of Death	
J	Physic /Medi		Robe	ian		Oct.	20, 1	996	6:30am			
3	Exami		4a. Facility Name (If not institution, give	street and number)		4b. City, Town, or L		4c. County			
6			116 Ridgewood	d Road			Balti			N,	/A	
	Funeral Director		276-28-7339	7. A	ga (In yrs. last birthda 89 Yrs.	Months Days		8. Data of Birth (Month, Day, May 22,	1907	9. Birthp Court Louis	olace (Stata or Foreign otry) 51ana	
	faryland ahow ad at	50	Usual Residence of Decedant 10a. Stata 10b. County Maryland N/A		10c. City, Town or		timore			1	Od. Inside City Limits Yes 2 □ No	
	the N	Director	10e. Street and Number					4.	0- 011	10	at Country?	
	23a or	ral Dir	116 Ridgewood	Road		10f. Zip Code	21210		og. Gilizen of		USA	
020	s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. Itiam 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Vidowed 4 Divorced	12. Was Decedent Armed Forces 1 ☐ Yes 2 ☐ If Yes, Give Yaar or Dates:	Klo	. Was Decedent of If Yes, specify Cul 1 ☐ Yes 2 ☐ No	Hispanic Origin? (Span, Mexican, Puerto Specify:	pecify Yas or No- p Rican, etc.)		ce - American Indian, ck, Whita, etc.		
21215-0020	hin 72 ho In "netul	Completed	15. Decedent's Edu (Specify only highest grade Elamantary/Secondary (0-12)	cation com <i>pleted)</i> College (1-4or	(Gir	edant's Usual Occu re kind of work done DO NOT use retin	upation e during most of work ed)	king	16b. Kind of Business/Indust		vistry	
21	d with	E O	Liamantary/Secondary (0-12)	5+		nstruct	or		Publ:	niversity		
	off Hy	Be C	17. Father's Name (First, Middle, Last)				18. Mother's Nam	ne (First, Middle, M	Aaiden Suman			
la	Alenta Al	ToE	Herman I	Edwin	Schweitze	er]	Bess H	arris			
Maryland	d 2 should be filed within the and Mental Hygiene. 77 ie marked other than traumatic event, the Mental than the mental traumatic event, the Mental traumatic event, the Mental traumatic event traumatic event the Mental traumatic event even		19a. Informant's Name/Relationship (Ty Susan Julian Parr				et and Number or Ru od Road					
e,	Health tam 27 i		20a. Method of Disposition			position (Nama of amatory or other pla			20c. Location	- Cify or To	own, State	
altimore,	Pages nent of 8 int: If its iry or of	20a. Method of Disposition 1 Burial 2 Tremation		emoval from State		ematory or other pi rematory,		/21/96	Ralt:	imor	e, MD	
Ball	permit. Pag Department Important: I eny Injury o	1 Burial 2 Termation 3 4 Donation 5 Other (Special		4)ona	ld ?	remation 299 Fred	n Societ lerick Re	oad Ba	1timo		Inc. MD 21228 Approximate Interval Between	
j,	Physician /Medical		Immediate Cause (Final	12.00	1/104001						Onsat and Death	
	Examiner		disaasa or condition resulting in death)	Iwil	Dua to (or as a cons	equence of):					· jear	
_		Je.			Dad to (01 as a cons	equalice oi).						
68760,	death certificate be executed estanding physician and of for use as the buriel-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Causa (Disaasa or injury that initiated events rasulting in death) Last)	Due to (or as a cons					1		
	certifi Iding	5	L.	l						ļ.		
Box	eath cer attandin I for usa	clar	B 41 00 1 1 10 10 10 10 10 10 10 10 10 10 1					1				
, P.O.		y Physician/I	Part II. Other significant conditions cor		JUSPUSE	underlying cause g	iven in Part I.	1 TY		3 Pro	o the cause of death? bably 4 ☐ Unknow	
ecords,	aw requir ts been si 2 should	Completed by						24a. Was a perform		av co	ere autopsy findings allable prior to mplation of cause death?	
E	F age	Con						1 □ Y	s 2X No	10	Yes 2□ No	
Vital	ysician: The is certificate director, pag	Be	25. Was case raferred to medical axaminar?				26. Placa of Dea	th (Check only on	e)			
of	Phys ratidi	n: To	1 Yes 2 No	1 ☐ Inpat 28a. Date of Inj (Month, Di	ury 28b. Time	of 28c. Inju		oma 5X Rasida 28d. Describe ho			N)	
0	Attending For death. Sctor: After by the funer	atlo	1 Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Di	ay Year) Injury		Yes 2 □ No					
Division	al or Attendi s aftar death. il Director: A od in by the f	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ HomicIda datarmined	28e. Place of In building, e	ijury - At home, farm, s tc. <i>(Specify)</i>	street, factory, office	9	28f. Location (St City or Town		ber or Rura	il Routa Number,	
	To the Hospital or Attend within 24 hours after deati To the Funeral Director: complately filled in by the	edical (29a. Certifler (Check only one) Certifying Physical Certifying Check only one)	sician: To the best ner: On the bests of and mannar s	of my knowledga, dai of axamination and/or tated.	ath occurred at tha t investigation, in my	tima, data and place opinion, daath occu	, and due to the carred at the time, da	ause(s) and ma ate and place,	anner as s and dua to	tated. tha cause(s)	
,	within 2 To the	Me	29b. Signature and title of certifier	100	2	29c. Licer	nse number	2	9d. Date signe	d (Month,	Day, Year)	
3	11		Mulwett	MH	/	DI	8095		Octob	er 2	1, 1996	
Name of Street	many 1		30. Name and address of person who co	mpleted cause of	paath (itam 23a) (Typ	Print)	SOLULIAGO	lave (Salta	MD	12016	

DHMH 16 Rav 6/95

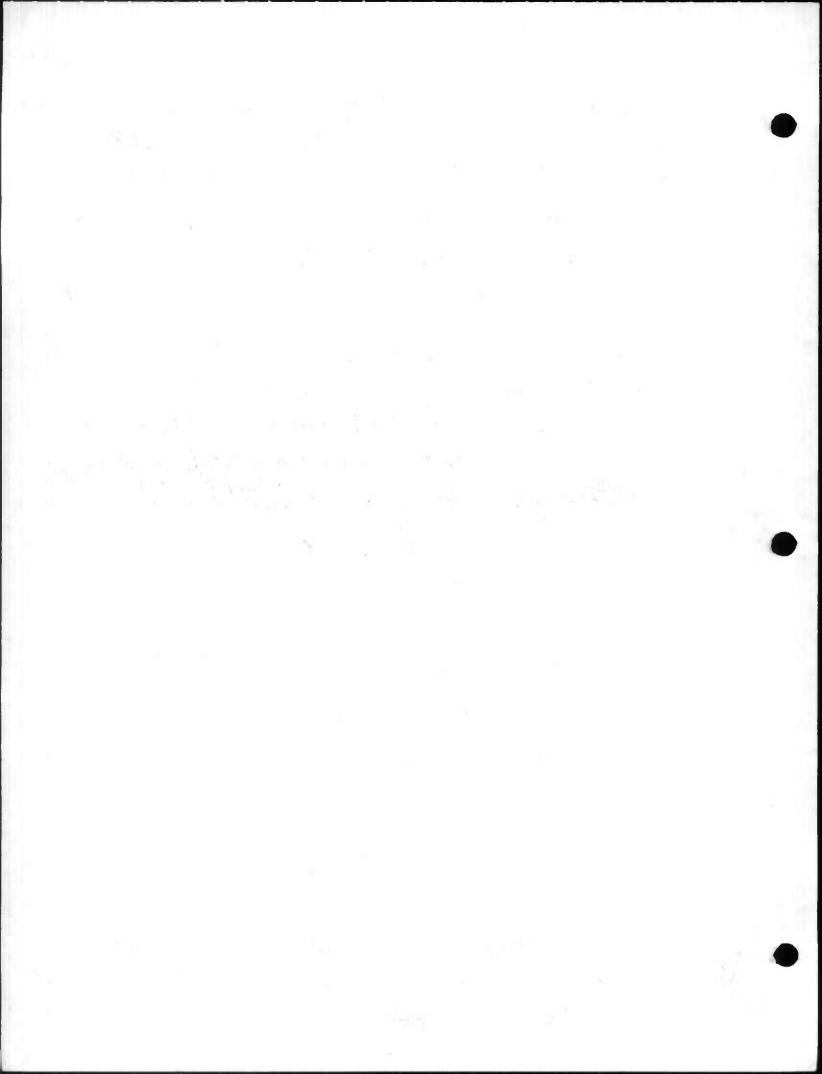
State Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Mønth **Physician** /Medical 4e. Fecliity Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** more If Under 1 8. Date of Birth Month, Dey, if Under 24 Hrs. 7. Age (In yrs. lest birthday) Year 9. Birthplace (Stete or Foreign 1 / Country) **Funeral** Months Days 48 1 M 2 □ F Hours Yrs Director Usuei Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits other traumatic event, the Medical Examiner must be notified at Director 1 Yes 2 No timore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ŏ 121 12. Was Decedent Ever in U,S.
Armed Forces? 238 10 Funeral 0 or items Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Marital Status 14. Rece - American Indien, Biack, White, etc. 72 hours after 1 Never Married 2 Married 1 Yes 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 20No Specify: Specify: à 3 Widowed 4 ☐ Divorced "netural", Year or Dates: Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumetic event, the Manay injury or other traumetic event. Elementary/Secondary (0-12) College (1-4or 5+) rer 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be OLVIC 2 TIMA 19a. interment's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) there 1329 Do 20b. Place of Disposition (Name of ayanta 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Burial 2 Cremation 3 Removal from State Memosial 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 8 rimos 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) minutes **Examiner** Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last **burishtra** Division of Vital Records, P.O. Box 68760 2 Completed by Physician/Medical 200 Due to (or as a consequence of) 957 ġ Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Dtd tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No 24b. Were autopsy tindings evallable prior to completion of cause of death? 24e. Was an autopsy performed? The law 1 Yes 2 DINO 1□Yes 2□No Attending Physician: 25. Was cese referred to medicel examiner? Be 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 2 No 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA 囂 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? After 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident after death Director: g 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, tarm, street, tactory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 8 within 24 hours a To the Funeral I Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) To the 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Man 30 Name and address of person who completed cause of deeth (Item 23e) (Type, Print) chai 31. Dete tiled (Month, Day, Year) Registrar's Signeture

State Registrar

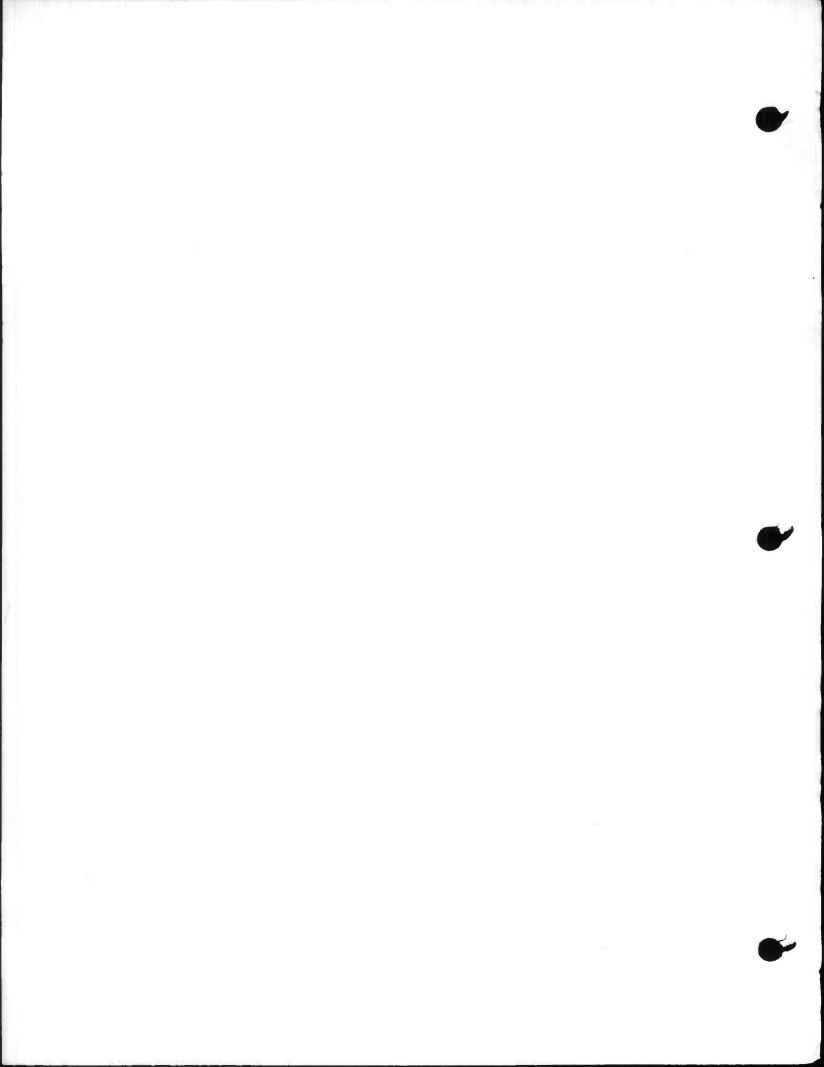
QCT 22 1996

held Savidson-Rondo



BALIIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
	within 24 hours at	npletely filled in by
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	ficate be executed	physician and com
RDS, P.O.	at the death certif	by the attending
AL MECO	e law requires th	has been signed
NO L	G PHYSICIAN: Th	er this certificate
DISIAID	J. OR ATTENDIN	L DIRECTOR: Aft
	TO THE HOSPITA	TO THE FUNERAL

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIE		
		NELSON		ENNED	- /	2. DATE OF DEATH OCTUBER		996 0545
	4. SOCIAL SECURITY NUMBER 224-56-8162 90. FACILITY NAME (If not institution, give	1½ M 2 [F	(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 2,	1941	B. BIRTNPLACE (State or Foreign Country) Virginia
TOR	SHADY GROVE AD		SPITAL	ROCKV	OR LOCATION OF D	EATN	A CALLEST AND	TGOMERY
DIRECTOR		tgomery		mantown				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	19647 Crystal Ro			10	20874			EN OF WHAT COUNTRY? USA
8≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 2 NO	if yes, s	CENDENT OF NISPA pecify Cuban, Mexic 8 2 ANO Speci	NIC ORIGIN? (Specify 'an, Puerto Rican, etc.) 'y:	fes or No — 14	I4. RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2		16a. DECEDENT'S (Give kind of w life. Do NOT us Drapery	vork done during m e retired.)	nost of working		Omo l ove	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Drapery	nanger	18. MOTNER'S NA	AME (First, Middle, Mald		
BE	Luther Thomas	Kennedy	19h MAII ING	ADDRESS (Street		Sue Jenn Route Number, City or T		
2	Robert Kennedy					hevy Chase		20815
	20a. METHOD OF DISPOSITION 120 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	novel from State	D. PLACE AND DATE OF THE CONTROL OF	proisposition (A ther place) emorial	Gardens			ricksburg, VA
	21. SIGNATURE OF TUNERAL SERVICE LI	Cause		Mull Fred	ericksbu	ompson Fu		
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	Sepsis		ode of dying, aud	ch as cardiac or rea	piratory arres	et, Approximata interval Between Onset and Death
,		DUE TO (OR AS	P WILLIAM	onia				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE OF					
AL CERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEGUENCE OF):				
MEDICAL (Alconolie, nellitus	Coage	Moral	ny		AN AUTOPSY ORMED? 2 (LNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE C	26. PLACE OF DEAT			N 🗆		
YSIC	EXAMINER? 1 YES 2 AKNO	HOSPITAL:		OTHER:		6 Other (Specify)		
PHY	27. MANNER OF DEATN 1 Matural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	20b. TIMI	URY	JURY AT ORK? YES 2 ND	26d. DESCRIBE NOV	INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, s			281. LOCATION (Street City or Town, Sta		Rural Route Number,
COMPLET		ICIAN: To the best of my know						f. cause(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	helllani	-ws		D 4 2			BIGNED (Month, 20 Year)
	30. NAME AND ADDRESS OF PERSON WE GUL CHAS	AN1, 1		Print)	ut d	Direct 11	316,12	octevno 2006
	OCT 22 1996	32. REGISTRAR'S SIGN	andell					

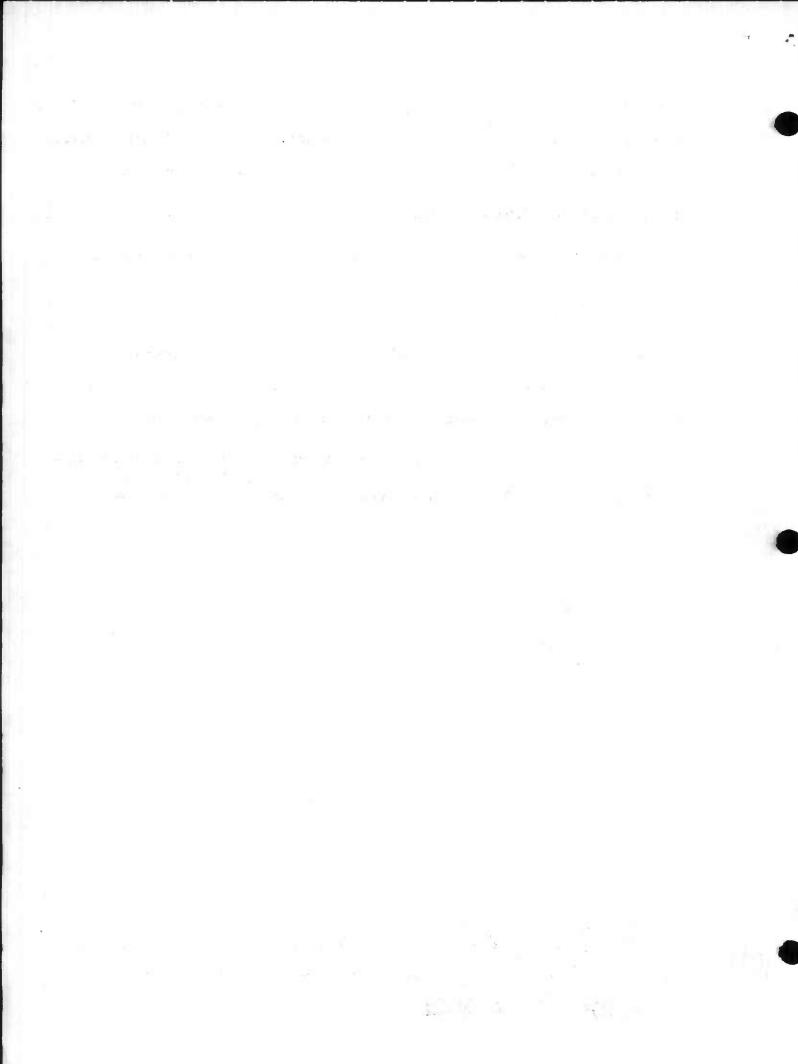


State of Maryland / Department of Health and Mental Hygiene 96 31529

						Cer	tificate o	f Death		Reg. No.	0	01062	
	Dhuala	1	1. Decedent's Neme (First, Middle, Las	it)					2. Date of De	ath	Mana	3. Time of Death	
	Physic /Medi		Mary Grace Kluse	witz					Octobe	er 18,19	96ªr	10:50 P.M	
ž	Exami		4a. Facility Name (If not institution, give	street and number,)			4b. City, Town, or	Location of Deat	h 4c. County	of Death		
Ĺ			Manor Care Ruxto	n				Towson			imore	e County	
	₅Funeral Director		212-18-4074	9x 7. Ag □ M 2【XF	ge (In yrs. la 82	ast birthday) Yrs.	If Under 1 Year Months Day		8. Date of Bir (Month, De March	th ly, Year) 23,1914	9. Birthp Coun Mary	lace <i>(State or Foreigr</i> try) Land	
	pud *		Usuel Residence of Decedent 10a. State 10b. County		10a City	, Town or Lo	nation						
	se Maryle	Director	Maryland Baltimor	e County	1	timore					1	0d. Inside City Limits 1 ☐ Yes 2 No	
	or 2	Dire	10e. Street and Number				10f. Zlp Code			10g. Citizen of	What Coun	try?	
	23a		5813 Hazelwood Av	enue			2120	6		United	State	es	
	s 1 and 2 should be filed within 72 hours after deeth with the Manyland if Health and Mental Hygiene. Item 27 is marked other than "natural", or itams 23a or 28a-f show other traumatic event, the Medical Examinat must be notined at	by Funeral	11. Maritaf Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 X If Yes, Give Yeer or Dates:	?	If	Vas Decedent or Yes, specify Cu ☐ Yes 2 N	Hispanic Origin? (Suban, Mexican, Puer o Specify:	Specify Yes or No to Ricen, etc.)	Specify	ca - Americ ck, White, v: Whi	etc.	
	72 hc	ted	15. Decedent's Ed (Specify only highest grad	ucetion		16a. Deced	ent's Usuel Occ	upation	diam	16b. Kind of B	usiness/industry		
	thin and	Completed	Elementary/Secondary (0-12)	College (1-4or	5+)	life. D	OO NOT use reti	e during most of wo red)	rking				
	filed w Hygien ther th	S	12th			C1	erk			Insurar	nce		
	tal H d oth	Be	17. Father's Neme (First, Middle, Last)						me (First, Middle,	Maiden Suman			
	should I and Ment marked	2	Carmello Manc					Joseph	ine		Pana	teri	
	is m		19e. fnformant's Name/Reletionship (7	lliam F. Klusewitz - Hus				et and Number or R					
	of Health Item 27 i		20a. Method of Disposition	Itz IIus	-								
	Peges nent of I int: If Ite		1 Burlel 2 ☐ Cremation 3 ☐		Ce	metery, crem	atory or other p	,	Date		cation - City or Town, State		
	it. Per rtant rtant		4 □ Donation 5 □ Other (Specify		Ga		of Fait		10/23	Baltimo	-	ryland	
	permit. Peges Department of important: If it any injury or o		21. Signature of Funeral Service Licent	h. he	rph		hn C. M	ress of Facility		elair Ro ore,Mary		-21206	
1	Physician		23a. Pert 1. Enter the disease, or comp shock, or heart feilure. List only of	lications that caused one cause on each ii	d the death	o not ente	r the mode of d	ying, such as cardia	c or respiratory a	rrest,		Approximate Interval Between Onset and Death	
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	. me	fAS	STAT	1,c	Breasi	t CAN	ncer		4 years	
		P.	,		Due to (or	es a consequ	uence of):						
	uted Insit	듩		b									
	n end	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying		Due to (or	as a consequ	ience of):				i		
	eeth certificate be executed ettending physician end for use es the bunel-transit	edicai	Cause (Disease or injury that initiated events	c	Due to /or						1		
	ificat g phy es th	B	resulting in death) Lest		Due to (or a	as a consequ	ence or):						
	0 2 4	In/M		d									
	0 0	Physician	Part fl. Other afgnificant conditions co	ntributing to death h	ut not requi	ting in the un	derlylpg ceuse :	iven in Part I	23h Did	lohacco uso co	ntribute 4-	the cause of death?	
	the the	hy		- Goull D		ar the dir		prominit all li	1 🗆	A.		ably 4 Unknown	
	gned o de	by P								200		, VI OTKHOW	
	been s	Completed								performed? ava		Vere autopsy findings vailable prior to ompletion of cause f death?	
	0 - 6	Eo							10	res 2000		Yes 2□ No	
		Bec	25. Wes case referred to medical					26 Place of Dec	eth (Check only o			1165 20 140	
		0	examiner? 1 Yes 2 No	Hospital: 1 ☐ Inpatie	ent 2 E	R/Outpatient	3□ DOA O	ther.	lome 5 Resid		er (Specify	1	
i	g Phy er this heral d	n: T	27. Manner of Deeth	28a. Date of Inju	ry 2	28b. Time of						/	
**	Arrending or death. octor: After by the fune	atio	1 Natural 5 ☐ Pending investigation	NA	28a. Date of Injury (Month, Dey Year) A M 28b. Time of finjury 8b. Time of finjury Work? 1 Yes 2 N								
	25-5	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc.	ury - At hom c. (Specify)	ne, farm, stre	et, factory, office	•	28f. Location (\$ City or Tox	Street and Numb vn, Stete)	er or Rural	Route Number,	
	o nospital of 124 hours elected illed ille	edicai C	29e. Certifler (Check only one) Certifying Physical Certification Physical Certi	sician: To the best on nar: On the basis of and menner sta	examination	ledge, death on and/or inve	occurred at the testigation, in my	lime, date and plece oplnion, death occu	, end due to the orred et the time,	ceuse(s) and ma date and plece, a	nner es sta and due to	ated. the cause(s)	
	within To the	Me	29b. Signature and talgot conflict	1 /	11		29c. Licar	nse number		29d. Date signed	(Month, E	Day, Year)	
-	nti		· Al HM	my ke	ley-	m		-	-			1996 d 21204	
	011		30. Name end address of person who co	omplet I ceuse of d			rint)	MCL	Mr. CL	holl	100	d 713	
V			W. 17 . 511	ey (00	me	6101	14.cm	oves Ti	DACTO	. Ph	a mox	

State Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

sicia	ın	1. Decedant's Name (First, Middle,	LASI) KING				2. Dete of De Month	Dey	Year	3. Tima of Deeth
edica		4e. Fecility Neme (If not Institution,				4b. City, Town, o	/ O	20 h 4c. Count	96	9:56 A
ımine	er			D		BALTO	2000			
eral		1401 N. LAKEW 5. Sociel Security Number	S. Sex 7. Age	(In yrs. lest birth	dey) if Under 1 Ye	er if Under 24 Hr			N/A 9. Birthple	oce (State or Forei
tor		213-12-4818	1□M 2\(\overline{k}\)F	Yr	rs. Months Dey	/s Hours Mir		1911		y)
	1	Usuel Residence of Decedent 10e. State 10b. County		10c. City, Town of	or Location					
	0	MD N/		ou, only, rount					100	 Inside City Limi Yes 2□ N
	Director	10e. Street end Number	**		BALTO 10f. Zip Code			10g. Citizen of	What Countr	
		₩ 1100 PENNS	YT.VANTA AT	VE		1202		U.S		
	Funeral	11. Maritei Stetus	12. Wes Decedent Ev Armed Forces?		13. Was Decedent of If Yes, spacify Co	Hispenic Origin? (Specify Yes or No	- 14. Re	ce - Amarica	
	6	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Yeer or Detes:	0	1 ☐ Yes 2 【XN		no nican, etc.)	Specif	ck, White, et BLA	
	eted	15. Decadant's (Specify only highest)	Education	16a. D	Decedent's Usual Occ	supetion	nd in a	16b. Kind of B	usinasa/Indu	stry
	Completed	Eiementery/Secondery (0-12)	Collage (1-4or 5+	+)	Give kind of work dor ifa. DO NOT use reti		, in any			
		9th 17. Fethar's Neme (First, Middle, La	N/A	D	OMESTIC		ma (Final Middle	PRIVA		HOMES
d	Be	WILLIAM BAILE	•				ame (First, Middle	, Meiden Sumer	ne)	
ı	2	19a. Informent's Name/Reletionship		19h A	Mailing Address (Stre		GAIL	er Cibror Tour	State 7in C	Pada)
		JUNE STEWART								
DOCE	-	20e. Method of Disposition		20b. Pleca of D	1 N. LAK Disposition (Neme of cremetory or other p	LEWOOD A	VE APT Dete	232 Bl	City or Tow	MD 2-1-2 n, Stete
		1 Buriel 2 □ Cremetion 3 4 □ Donetion & ② Other (Spec			US MEM F		OCT 25 1996	ARBUTU	JS, MI	D
DDCs.		21. Signature of Funeral Servica Lic	censee	,		tress of FecilityBE	TTS FUN			
8		Attions	2 4511	1/2-	1129 N.	CAROLI	NE ST E	BALTO,	MD 2	1213
		23 Shock, or haart failure. List on	omplications that has dit	tha deeth. Do not	t anter the mode of d			ann ad		Immoulmata
al er		Immedieta Causa (Final disease or condition resulting in death)	· Aco						i Ir	Approximete interval Between Onset and Deeth
er	9	disease or condition	c. Do		nsequence of): fic consequence of):				i Ir	ntervsi Between
er	200	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disease or injury that initiated events	c	oue to (or es e con	nsequence of): fic consequence of):				i Ir	ntervsi Between
er	Physicianym	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disease or injury that initiated events	c	oue to (or es e con ue to (or es e con ue to (or es e con	nsequence of):	-d; 1	interes	tión disc	ntribute to ti	he causa of deal
by Dhuelcian Medical Examination	by Physician's	disease or condition resulting in death) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disease or injury thet initiated events resulting in deeth) Lest	c	oue to (or es e con ue to (or es e con ue to (or es e con	nsequence of):	-d; 1	interes	tobacco usa co	ntributa to ti	he cause of dear
et Shvelclan Medical Evaning	by Physician's	disease or condition resulting in death) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disease or injury thet initiated events resulting in deeth) Lest	c	oue to (or es e con ue to (or es e con ue to (or es e con	nsequence of):	-d; 1	23b. Did	tobacco usa co	ntribute to ti	the cause of dear bly 4 Unknown to be eutopsy finding able prior to plation of cause
et Shvelclan Medical Evaning	Completed by Physicianym	disease or condition resulting in death) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disease or injury thet initiated events resulting in deeth) Lest	c	oue to (or es e con ue to (or es e con ue to (or es e con	nsequence of):	-d; 1	23b. Did	tobacco usa co	ntributa to ti 3 Probal 24b. Were aveilt comp of de	the causa of dea bly 4 Unknown to getting the causa of dea bly 5 units of the causa of dea bly 6 units of the causa of the causa of the causa of the causa of dea bly 6 units of the causa
et Shvelclan Medical Evaning	be completed by Physician's	disease or condition resulting in death) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disease or Injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Was case referred to medical examiner?	c d d	Due to (or es e con Due to (or es e con	nsequence of): nsequence of): he underlying causa	given in Pert I.	23b. Did 10 24e. Was	tobacco usa co Yes 2 No en autopsy med?	ntributa to ti 3 Probal 24b. Were aveilt comp of de	he cause of dear bly 4 Unknown to patient of cause eith?
To Re Completed by Dhysician Madical Examines	to be completed by Physiciania	disease or condition resulting in death) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disease or Injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No	c	Due to (or es e con use to	nsequence of): nsequence of): nsequence of): he underlying causa gettent 3 DOA	given in Pert I. 26. Place of Da	23b. Did 1 = 24e. Was perfo	tobacco usa co Yes 2 No en autopsy med? Yes 2 No one)	ntribute to ti 3 Probai 24b. Were aveile composite of de	he cause of dea bly 4 Unknown to patient of cause eith?
To Re Completed by Dhueirlan Medical Evenine	to be completed by Physiciania	disease or condition resulting in death) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 20 No 27. Manner of Deeth 5 Pending	d	Due to (or es e con use to	nsequence of): nsequence of): nsequence of): he underlying causa gettent 3 DOA ettent 3 DOA 28c. In	given in Pert I. 26. Place of Da Sther: 4 \(\text{Nursing I} \) ury et ork?	23b. Did 1 = 24e. Was perfo	tobacco usa co Yes 2 No en autopsy yes 2 No	ntribute to ti 3 Probai 24b. Were aveile composite of de	the cause of deal by 4 Unknown to be eutopsy finding eble prior to blation of cause eith?
To Re Completed by Dhysician Madical Examines	to be completed by Physiciania	disease or condition resulting in death) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes Yes Yes Yes 1 Yes Yes	d	Due to (or es e con use to	nsequence of): nsequence of): nsequence of): he underlying causa gettent 3 DOA ettent 3 DOA 28c. In	given in Pert I. 26. Place of Da Other: 4 Nursing I ury et ork? Yes 2 No	23b. Did 1 = 24e. Was perfo	tobacco usa co Yes 2 No en autopsy med? Yes 2 No one) dence 6 Oth now injury occur	ntribute to ti 3 Probe 24b. Were aveilic composed to the composition of the composition	he cause of deal by 4 Unknow e eutopsy finding eble prior to eble prior to estation of cause eth? Yes 2 No
Certification: To Re Completed by Dhysician Madical Examination	certification: To be completed by Physiciany	disease or condition resulting in death) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disease or injury that initiated events resulting in death) Lest Pert II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death Neturei 5 Pending investigati 3 Suicide 6 Could not determine	d	Due to (or es e con use to	nsequence of):	given in Pert I. 26. Place of Da Other: 4 Nursing I ury et ork? Yes 2 No	23b. Did 1 24e. Was perfo	tobacco usa co Yes 2 No en autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street end Numb	ntribute to ti 3 Probe 24b. Were aveilic compored to the component as stellar to the component as stellar to the component to th	he cause of death he cause of d
To Re Completed by Dhysician Madical Examines	descriptions of the completed by Physician's	disease or condition resulting in death) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disease or injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions Pert II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes No 27. Manner of Deeth 1 Neturei S Pending investigeti 3 Suicide 6 Could not determine 29a. Certifler (Check only 2 Medical Exe	Hospitel: 28e. Date of injury (Month, Day) 28e. Plece of Injury building, etc. (Physician: To the best of aminer: On the basis of examples.	Due to (or es e con use to	nsequence of):	given in Pert I. 26. Place of Da Other: 4 Nursing I ury et ork? Yes 2 No	23b. Did 1 24e. Was perfo	tobacco usa co Yes 2 No en autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street end Numb	ntributa to ti 3 Probai 24b. Were aveilibre open of de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the cause of deal by 4 Unknown of cause of deal by 4 Unknown of cause of the cause of deal by 4 Unknown of cause of the cause of deal by 4 Unknown of cause of the cause of deal by 4 Unknown of cause of the cause o
edical Cartification: To Re Completed by Dhysician Realized Examines	descriptions of the completed by Physician's	disease or condition resulting in death) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes Yes Yes 26. Was case referred to medical examiner? 2 Accidant S Pending investiget 3 Suicide G Could not determine 29a. Certifier (Check only one)	Hospitel: 28e. Date of injury (Month, Day) 28e. Plece of Injury building, etc. (Physician: To the best of aminer: On the basis of examples.	Due to (or es e con use to	nsequence of):	26. Place of Da Sther: 4 Nursing l ury et ork? Yes 2 No a	23b. Did 1 24e. Was perfo	tobacco usa co Yes 2 No en autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street end Numb vn, Stete) cause(s) and me data and place,	ntributa to ti 3 Probai 24b. Were aveilibre open of de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the cause of death the ca
edical Cartification: To Re Completed by Dhysician Realized Examines	medical certification: To be completed by Physiciatum	disease or condition resulting in death) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes Yes Yes 26. Was case referred to medical examiner? 2 Accidant S Pending investiget 3 Suicide G Could not determine 29a. Certifier (Check only one)	Hospitel: 1 Inpatient 28e. Date of injury (Month, Day) 100 be ad 28e. Plece of Injury building, etc. 28e. Plece of Injury building, etc. 28e. Plece of Injury building, etc.	pue to (or es e con ue to (or es	nsequence of): nsequence of): nsequence of): he underlying causa generated at the or invastigation, in my 29c. Lice	26. Place of Da other: 4 Nursing I ury et ork? Yes 2 No a tima, data and piece opinion, deeth occur nse number O 1 4 4 2	23b. Did 1 24e. Was perfo	tobacco usa co Yes 2 No en autopsy med? Yes 2 No one) dence 6 Oth how injury occur Street end Numb vn, Stete) cause(s) and ma data and place, 29d. Dete signe	ntribute to til 3 Probal 24b. Were aveile composite (Specify) red per or Rurel Fanner as stetle and due to the difference of the differe	he causa of dear bly 4 Unknown dear autopsy finding able prior to polation of causa eth? Yes 2 No Route Number, ed. na cause(s)

DHMH 16 Rav 6/95

1 (0) Afflica Salls and the state of t

Stat

or restrict Diagram and Diagram Adougle 1	All oopies Ale El	gibic.	
e of Maryland / Department of Health and	Mental Hygiene	96	3153
Certificate of Death	Reg. No.		0,00
	2. Data of Daath		3. Time of the

Physic /Med Exam

1. Decedent's Nema (First, Middla, Last)

Funera Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Manyland Department of Health and Mental hygiene. Important: if Item 27 is marked other than "natural", or Items 23s or 28s-1 show any injury or other traumetic event, in a Medical Exact insertinast be notified at

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physicien and completely filled in by the funeral director, page 2 should be detached for use as the burle-transit Division of Vital Records, P.O. Box 68760,

State Registrar

ian	N	ANCY L	ILLIAN K	CENNY						CTOBER	14, 19	96 [°]	10:40	A.M
ical ner	4a. Facility Nama (If no	ot institution, gi	va street and nu	m <i>ber)</i>				4b. City, To	wn, or Loc	ation of Death	4c. Count	y of Death	1	
	St. Agnes	Hospit	al					Balt:	imore			N/A		
	5. Social Sacurity Num 195-28-634		Sax 1 M 2 F	7. Aga (In yr. 75	s. last birthde Yrs.	Months	r 1 Yaar Days	If Under Hours	Min.	8. Data of Birth (Month, Day, July 27	Year) ,1921	9. Birth Con	nplaca (Stata untry) N.Y.	or Foreign
	Usual Rasidance of De													
_		0b. County			City, Town or								10d. Insida (
cto	Md	Baltin	nore	C	atonsv	rille			_				1 Yac	s 2 No
Dire.	10e. Street and Number	91				10f. Zi	p Coda			10	g. Citizen of	What Cou	untry?	
2	ll Tanglew	ood Roa	ad				212	28			US	A		
by Funeral Director	11. Marital Status 1 Navar Married 3 Widowad 4		12. Was Dec Armed Fo 1 Yas If Yas, Gi Yaar or D	2 No	U,S. 1	3. Was Dece If Yas, spe 1 ☐ Yas	ecify Cub	lispanic Ori an, Maxicar Specify:	gin? (Spec i, Puarto A	ify Yas or No- ican, atc.)		ick, Whita	ican Indian, , atc. hite	
Completed by	(Specify Elamantary/Seconda		Education rada complated) Collaga (18e. De (Gi	cedant's Usi iva kind of w a. DO NOT i	ial Occup ork dona isa ratire	oation during mos d)	t of working	g	6b. Kind of B			
E	Ziamanai y/ 0000ma	ary (O-12)	5+	1-401 34)	Ноп	nemake	r				Own	Home		
To Be C	17. Fathar's Nama (Fir Van Rensse		•							(First, Middla, M hurchil	Middla, Meidan Sumama) Chill			
	19a. Informant's Name	e/Ralationship	(Type, Print)		19b. Ma	19b. Mailing Addrass (Stree			er or Rural	Routa Number,	City or Town	, State, Z	ip Code)	
	Benjamin C	' Kenns	/Hughan	d	11	Tangl	ewoo	d Road	d, Ca	tonsvil	le, Md. 21228		228	
	20a. Method of Dispos	ition		20b.	Place of Dis		ma of			T	Oc. Location - City or To			
	1 SeBurial 2 C 4 Donation 5 (Stata	t. Joh				10	/19 E	llicot	t Ci	ty, Md	
	21. Signature of Funar					22. Nama a	nd Addra	iss of Facilit	y					
1	D X0.0	W	AL	7						ral Hom				
	23a. Part 1. Entar tha	diseasa, or con	nolications that	causad tha da	ath. Do not a	736 Ed	mond	son A	ve B	alto, M	d212	28	Approxima	ita
	shock, or heart fa	ailura. List only	ona causa on a	ach lina.				9,		,,			Interval Be Onset and	etween
	Immadlata Causa (Fin	al	10	-10	· Da		14					į		
	disaasa or condition rasulting in death)		a. Co	Due to	age		FI							
ē				Due to	(or as aucons	sequence of)	:					- 1		
튵			b. ———	Due to	(0. 00 0 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
EX	Sequentially list condit if any, leeding to imma causa. Entar Undarly	tions, adiata		Dua to	(or as a cons	sequance or,						1		
cal	Causa (Disease or inju	iry	C	Due to	or aa a cons	onuesos of								
8	rasulting in death) Las	t		Dua to	OI BE E COIIS	equance on								
3			d											
siclan/Medical Examiner	Part il. Other significat	nt conditions	contributing to d	eath but not re	eultina la the	underlylne	cauca ah	ton in Bort I		23h Did to	pacco use co	antriburto :	to the course	of death'
	Concer	- of	Cole	Salir but not ra	sulling in the	undanying	causa gn	van in Part i		1 \(\text{Ye}				Unknow
Completed by Phy		U								24a. Was ar perform	autopsy red?	a	Vera autopsy vallable prior ompletion of daath?	to
mo										1□ Ya	s 2010] No
O	25. Was casa rafarred	to medical	T					On Pines	of Dooth				U 185 2L	3140
To Be	axaminar?		Hospital:	Inpatient 2	DER/Outpat	ient 3□ D	Oth	ner _		(Check only one e 5 ☐ Reside		har /Casa	dfs a)	
	27. Manner of Death		28e. Deta	of Injury	28b. Tima		28c. Injur			d. Dascribe ho		-	ny)	
iệ.	1 Naturai 5 2 Accidant	Pending invastigation		th, Day Year)	Injun	M		rk? Yas 2□	No					
fica	3 ☐ Sulcida 6	Could not b	00 - 01 - 1	of Injury - At	homa, farm,	street, factor	v. office		28	3f. Location (Str	eet and Num	ber or Ru	ral Routa Nui	mber,
ert	4 Homicide	datamino		ng, atc. (Spec						City or Town	Stata)			
Medical Certification:	29a. Cartifiar 15 (Check only 2 one)	Certifying Pi	hysician: To tha miner: On tha b and man	best of my kn asis of axamin nar stated.	owledge, de ation and/or	ath occurred invastigation	at tha tir	ma, dete an opinion, daa	d piece, er th occurred	d due to the ce	usa(s) end m te and place,	annar as and dua	stated. to the cause((s)
Me	29b. Signatura and title	a of certifiar				29	c. Licans	a number		29	d. Data algne	ed (Month	, Day, Year)	
	> St	0, 1	00	Le Clin	el m	1)	הבה	358	()		200		4 10	0/
	30. Nama and address	of person star	completed save		*	Drine)	J .				Clob	<i>يبد ا</i>	7,17	76
		town.				e, Print)	24	49	1211	V == 110	41	JF	BALT	2
100	STEP Ite		10 BA	NTHOL Bookstar's Store	naturen	1.00	0 T	1 1	wil	KENS	> /<	1	-2/44/	
ite	OC	2279	30 90	a rayas	n-Mand	Wille.								

¥ .

5 81

State of Maryland / Department of Health and Mental Hygiene

If Under 1 Year

10f. Zip Code

Days

21227

1 ☐ Yes 2 XNo Specify.

Months

7. Age (In vrs. last birthday)

Yrs.

10c. City, Town or Location

Arbutus

94

12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Year or Dates:

ITEM#10B PER F.H. FILM#G740 10-22-96 J.A. Certificate of Death 2. Date of Death 3. Time of Death Month LENE

4b. City, Town, or Location of Death

Brooklyn Park

if Under 24 Hrs.

Hours

13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

0C7

8. Date of Birth (Month, Day, Yea March 21,

Year)

4c. County of Death

10g. Citizen of What Country?

U.S.

Specify:

14. Raca - American Indian. Black, White, etc.

Anne Arundel

4.15 1

Birthplace (State or Foreign Country)

10d. Inside City Limits

Approximate Interval Between Onset and Death

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

1 ☐ Yes 2 No

Virginia

White

Physician /Medical

Funeral

Examiner

Director

Funeral

by

MD

1. Decedent's Name (First, Middle, Last)

5633 Oregon Ave.

1 Never Married 2 Married

3 ₩ Widowed 4 Divorced

4a. Facility Name (If not institution, give street and number,

10b. County BALTIMORE

Patarsco

31. Date filed (Month, Day, Year)

3CT 22 1996

Anne Arundel

1 ₹M 2 □ F

Meridian Nursing Home

KEN

5. Social Security Number

10e. Street end Number

234 14 9789

Usuel Residence of Deceden

Director 28a-f show "natural", or itama 23a or 28a-f show death filed within 72 hours after

antal Hygiene. Led other than "netural c avant, the Manical permit. Pages 1 and 2 should be file Department of Heath and Mental Hy Important: If flem 27 is marked other any injury or other traumatic avant since.

21215-0020

Baltimore, Maryland

Physician /Medical Examiner

Box 68760, 8 Division of Vital Records, P.O. 90 The law this Affac Attending death. if or Attend after death Director: A

Completed 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Social Security Adm. Department of Census 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Mary Risler William D. Keene 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 203 Springdale Ave. Severna Park, MD 21146 Don Wilkins (uncle) 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 M Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Catonsville, MD 10/16/96 Metro Crematory 22. Name and Address of Facility 21. Signature of Funeral Service Licensee Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 rameroush mus plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, yone cause on each line. Immediate Cause (Finel disease or condition resulting in death) BILATERAL PNEUMONIA (MRSA) Due to (or as e consequence of) DEHYDRATION Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or as a consequence of). Physician/Medical Due to (or as e consequenca of): 05/00 DIGGNERATIUG Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? COPD 1 Yss 2 No 3 Probably 4 Unknown ğ ANGKILA Completed 24a. Was an autopsy performed 1 Yes 2 No Be 25. Was case referred to medical examiner? 28. Place of Death (Check only one) Hospital: To 1 Yes 2 100 Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 1 Natural 5 Pending investigation 2 Accident 1 Yes 2 No 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, end due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of cartifie 29c. License number 29d. Date signed (Month, Day, Year) aloner mame and address of person who completed cause of death (Item 23a) (Type, Print)

-Balto. Kld 21223

State Registrar

DHMH 16 Rev 6/95

the Hospital of hin 24 hours at the Funeral D

WAR ANT W.

40

The second secon

State of Maryland / Department of Health and Mental Hygiene 96 31533

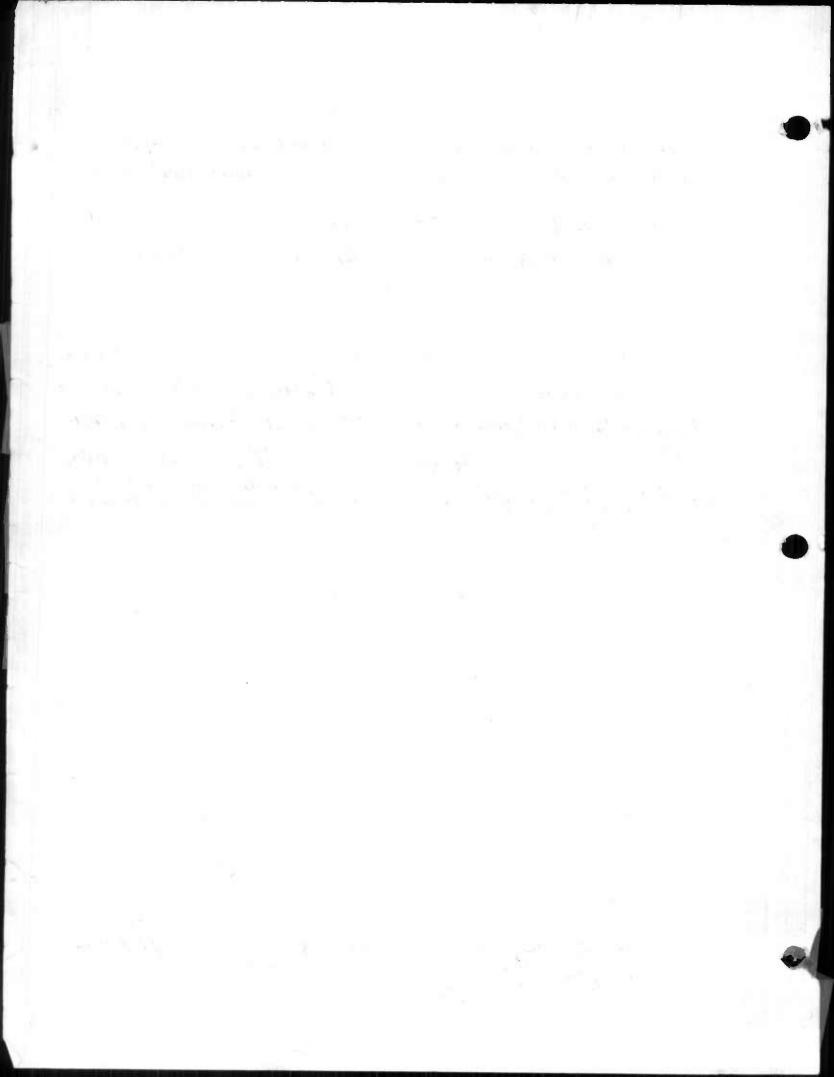
Physician					Ce	rtificate o	f Death	R	eg. No.	0	01000	
		Decedant's Name (First, Middle, La.						2. Date of Death Month Day Year 3.			3. Time of Death	
/Medica			Joseph	Kı	nox	Sr.		October		1996	8:59 A.	
Examine	er	4a. Facility Name (If not institution, giv						Location of Death	4c. Count	y of Deeth		
		1527 Marshal					Baltim			N/A		
Funerai Director		5. Social Security Number 6. Sex 1 M 2 F 7. Age (In yrs. last birthday) 46 Yrs. Houra Houra						^{Year)} 1950	Col	nplace (State or Foreig intry) Cyland		
23s or 28s-f show		10a. Stete 10b. County		10c. City,	Town or Lo	ocation			-		10d. Inside City Limits	
	tor	Maryland Baltimo	re	Owi	ings N	Mills					1 ☐ Yes 2 🕱 No	
	le le	10e. Street and Number 10f. Zip Code						1	10g. Citizen of What Country?			
									U.	s.		
	by Funeral	11. Meritai Status 1 ☑ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever in U. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes:			Was Decedent of Hispanic Origin? (Sill Yes, specify Cuban, Mexican, Puerton 1 ☐ Yas 2 ☒No Specify:				ick, Whita	icen indian, , etc. Thite	
		15. Decedent's Ed	fucation		16a. Deced	dent's Usual Occ	upation		16b. Kind of B			
a Med	Completed	(Specify only highest gra	de completed) College (1-4or 5+)		(Give kind of work done during most of working life. DO NOT use retired)			orking				
other the	ပ္ပြဲ	7th			Tru	ack Driv			Self		oyed	
0 0	Be	17. Fether's Name (First, Middle, Last)					18. Mother's Na	ıma (First, Middle, I				
matice	2		ohn Knox						nknown			
Tage		19a. Intormant's Name/Relationship (1) Jinx Anderson /	ype, Print) Friend					lural Route Number				
or other tr	-	20a. Method of Disposition	rriend	20h Dia		sition (Neme of	ountain Co			-	Md. 21117	
0 10		1 ☐ Burial 2 XCremation 3 ☐		cen	netery, crer	netory or other p		Date	20c. Location			
any injury once.	-	4 Donation 5 Other (Specify		Met		ematory,		10/22/96	Baltir	nore,	Maryland	
any injury or once.		21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Gonce Funeral Home P.A.										
	1	4001 Ritchie Highway Baltimore, Md. 21225										
ician edical	1	23a Part1. Entar tha dishara of companions shock, or heart falls the only of the companions of the com						c or respiratory arre	est,		Approximete Interval Between Onset end Death	
miner	4	disease or condition resulting in death)	a. Metasta		as a conseq		cer			i ·	two years	
-	190			0 10) 01 90	is a conseq	dance orj.						
orana Grana	Examine	Sequantially list conditions,	b	ua to (or a	is a consaq	uence of):						
		Sequantially list conditions, if any, leading to immediata ceusa. Enter Undarlying Cause (Olsease or injury										
s the buria	Olo	Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of):										
Se as the bu	Me											
										1		
B 1	18	Part tt. Other aignificant conditions co	entributing to death but	not resulti	ng in the ur	nderlying cause (given in Pert I.	23b. Dld to	bacco use co	ntribute 1	to the cause of death	
detac		1 Yes 2 No 3 Prob							bably 4 Onknow			
52 2	5							04 111		7.41. 14	loso outons #: #:	
shoul shoul	010							24a. Was ar perform		a\	Vere autopsy findings veilable prior to completion of cause	
ge 2	1								1	of	death?	
To the Funeral Director: After this certificate has been a completely filled in by the funeral director, page 2 should Medical Certification: To Be Completed		05.144						1□ Ye	s 20 No	1	Yes 2 No	
		25. Was case referred to medical examiner?	Hospital:				Whor	ath (Check only one	9)			
	1 Inpatient 2 EH/Outpatient 3 DOA 4 Nursing Homa 5 Residence 6 Other (Spec									fy)		
	2	1 Natural 5 Pending 2 Accident Investigation	28a. Data of Injury (Month, Day)	Year)	tnjury	28c. inj W	ork? □Yes 2□No	_00. D0001100 110	a injury occur	. 50		
	2	3 ☐ Suicide 6 ☐ Could not be	286. Place of injury	28e. Place of injury - At homa, tarm, street, factory, office 28t. L					28t. Location (Street and Number or Rural Route Number,			
		4 Homicide	building, etc. (Specify)							· · · · · · · · · · · · · · · · · · ·		
		29a. Certifier (Check only one) Certifying Phy	sician: To the best of a iner: On the basis of a end manner state	xamination	edga, death n and/or inv	occurrad at the estigetion, in my	time, date and piace opinion, death occi	a, and due to the ca urred at the time, da	usa(s) and ma ite end place,	anner as s and due t	stated. o the cause(s)	
M M		29b. Signature and title of certifier 29c. License number 29d. Dete signed						d (Month,	(Month, Day, Year)			
		NZ558 October 12, 19							1994			
2	3	30. Name end address of person who co	ompleted ceuse of dea	th (Item 23	3a) (Tvna F	2-2-03				, , , ,	1.10	
10		1/	Jer 110 7:		Hopk	ins Ho	spital. ?	Saltimore	MD			
THE OWNER OF THE OWNER,							1					

Registrar

g no en la companya de la companya della companya della companya de la companya della companya d

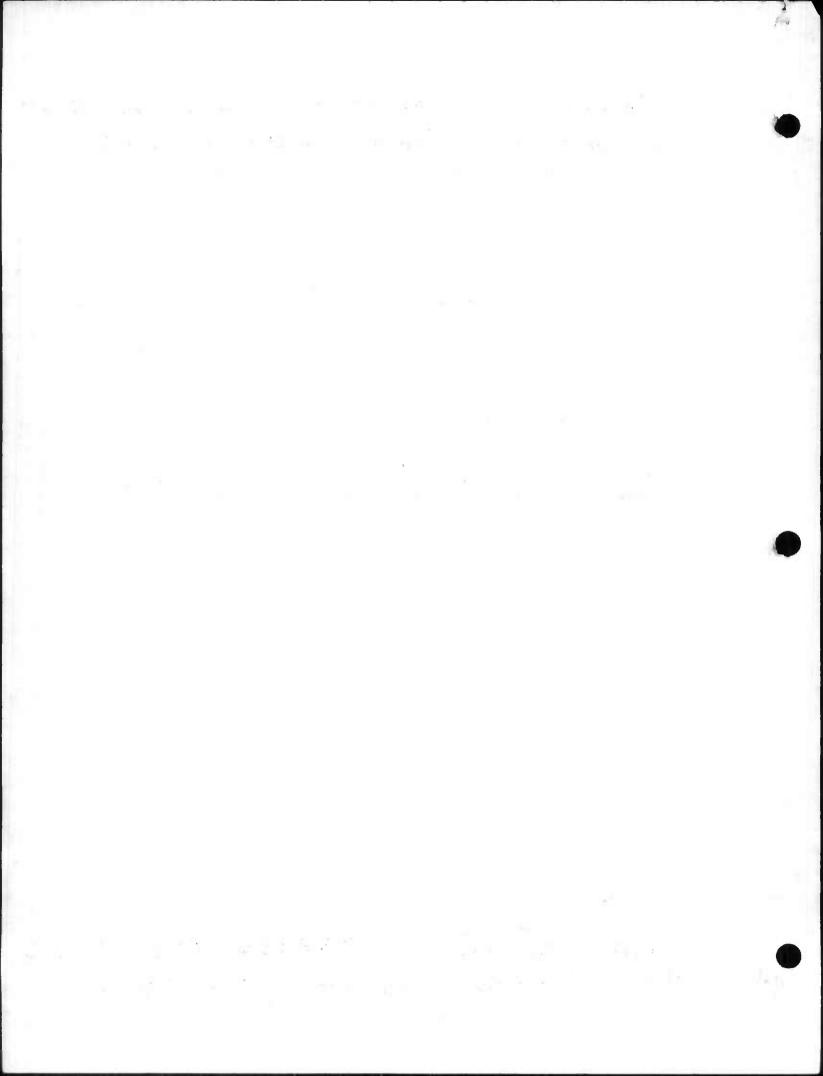
State of Maryland / Department of Health and Mental Hygiene

Physic		1. Decedent's Name (First, Middle, Last) ANTHONY MINENTO	2. Dete of Dee Month	Dev	3. Time of Death					
/Medi Exami			Location of Deeth	, ,						
Exami	iei	CHORCH Home + HOSPITAL BACT	o. City	N	A					
, Funeral Director		5. Sociel Security Number 6. Sex 1 Months 6. Sex 7. Ade (In yrs. last birthday) 1 Under 1 Yeer 1 Under 24 Hr 4 Hours 4 Hr 4 Hours 4 Hr 4 Hours 4 Hr		1732	Birthpiece (State or Foreign Country)					
pue *		Usuel Residence of Decedent 10a. Stete 10b. County , 10c. City, Town or Location			10d. Inside City Limits					
the Marylar 28a-f show	to	MD. N/A Brito, City			1€Yes 2□No					
or 28a	Jirec	10e. Street end Number 10f. Zip Code		10g. Citizen of W	/het Country?					
ath wi	ral	27 N. EAST AUE 2/224	(C)() (U,S	- American Indien,					
Nore, Maryland 21215-0020 ges 1 end 2 should be filed within 72 hours after death with the Maryland it of Health end Mental Hygiene. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Mental Examiner must be noticed.	by Funeral Director	11. Maritei Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 12. Wes Decedent of Hispenic Origin? If Yes, specify Cuben, Mexican, Pue 1	sto Rican, etc.)		k, White, etc.					
15-0020 n 72 hours at "natural", or		15. Decedent's Education 16e. Decedent's Usual Occupation	nakina	16b. Kind of Bu	siness/Industry					
215 ithin 7	Completed	(Specify only highest grade completed) [Give kind of work done during most of w life. DO NOT use retired) [Give kind of work done during most of w life. DO NOT use retired)	Orking	More	T D. D.					
id 2121 filed within Hygiene. other than ant, the Me		17. Fether's Neme (First, Middle, Lest) 18. Mother's N	eme (First, Middle,		T Refin					
ylanc ould be fi Mental H arked off	Be C	O +11	ERINE	7)	MISAND					
Maryland d 2 should be file th end Mental Hy 7 is marked oth traumatic evant	2	19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or I								
1 end 2. Health end 2. Health end 27 is other trans		ROSANNA WILLIAMS (NIÈCE) 1006 STILES S	T. BA		zez md.					
Baltimore, Neemit. Peges 1 end Department of Health Important: If item 27 Inv Inlury or other tr		20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place)	10/Date	20c. Location -	City or Town, Stete					
Peges ment of mt: If it		4 Donetion 5 Other (Specify)	121/96	DAC	To. MD.					
Baltim pemit. Peg Department important: h any injury o		21. Signature of Funeral Service Libersee 22. Name end Address of Fecility DELLA NOCE+S	ions Fo	NERDE	Hone					
W 405 e 0	3	Imal Well Nove # 322 S, HiGH			2/202 Md. Approximate					
Physician		nter the disease, or complications thet ceused the death. Do not enter the mode of dying, such as card for heart feilure. List only one ceuse on each line.	lec or respiretory e	rest,	Intervel Between Onset end Death					
/Medical		Immediate Cause (Finel disease or condition resulting in death) e. 5 EP S 1 5								
Examiner		Due to (or es e consequence of):								
ted nsit	Examiner	b. Dreumonia			i					
60, be executed ician end burial-transit	Exa	Sequentielly list conditions, Due to (or es e consequence of): if eny, leeding to immediate Constitution								
68760, ficate be executed physician end is the burial-transit	edicai	Ceuse (Disease or Injury that initiated events Due to (or es e consequence of):								
Box 68 leath certifica ettending ph										
Box feath cert ettendin d for use	Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did	23b. Did tobacco use contribute to the cause of death?						
P.O. that the ded by the detached	hys			1 Yee 2 No 3 Probably 4						
S, Figure digned	by P	CERFBROVASCULAR								
I Records, P.O. Box (The law requires that the death certifue has been signed by the ettending page 2 should be detached for use a	Completed	ACCIDENT		en eutopsy ormed?	24b. Were autopsy findings available prior to completion of cause of deeth?					
Re law	dmo	HYPER TEYSION	10	Yes 2DM5	1 ☐ Yes 2 ☑ No					
Vital Rec	Be Co	25. Wes cese referred to medical 26. Place of D	Deeth (Check only							
f Vita yelcien: s certific director,	To B	exeminer?	g Home 5 Resi		er (Specify)					
ng Phr fter thi	edicai Certification: 1	27. Menner of Deeth 1. Meturel 5 Pending (Month, Dey Year) 2 Accident Injury 28b. Time of Injury Work? 1 Pending (Month, Dey Year) 1 Pending (Month, Dey Year) 1 Pending (Month, Dey Year)	28d. Describe	how injury occur	red					
Divisio Hospital or Attendi 24 hours after death. Funaral Director: A	rtifica	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, efc. (Specify)	28f. Location (City or To	Street end Numb wn, Stete)	per or Rural Route Number,					
Div To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	aj Ce	29e. Certifler (Check only (Ch	ace, end due to the	ceuse(s) end me	ennar as steted.					
he Ho in 24 he Fu	edio	one) end menner steted.	comed at the time,							
To With To moo	Σ	29b. Signeture end title of certifier 29c. License number		1	d (Month, Day, Year)					
		30. Neme and eddress of persop who completed cause of deeth (Item 23a) (Type, Print) 345	-	001.	18/1996					
P		30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	2.7.							
C	tate	31. Dete filed (Month, Day, Year)								
Regis		DCT 22 1996								

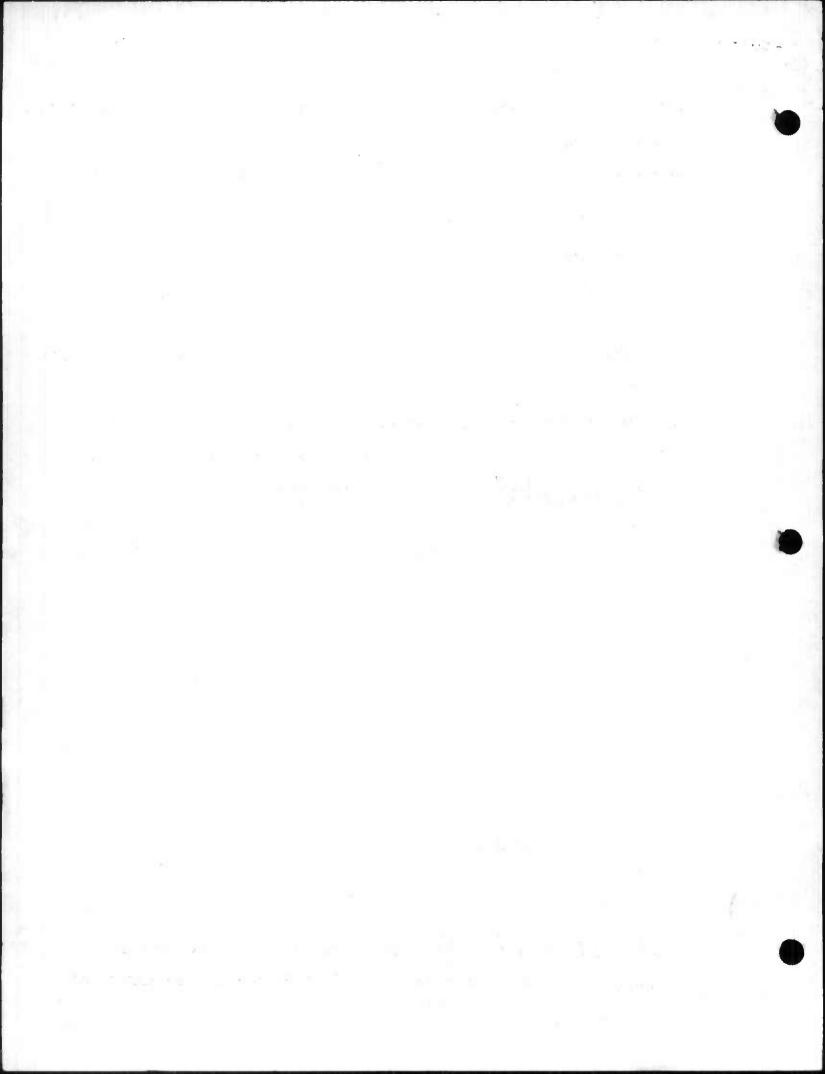


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cert	ificate of	Death		Reg. No.	0 010	, 0 0	
Physicia	, n	1. Decedent's Name (First, Middle, Las.	1)	1. 4			2. Dete of De Month	eth Dey	Yeer 3. Time of	of Death	
/Medic	-	Hosie,		Ma	-+ luc		Octob	ev 17,1	996 8:1	3PM	
Examin	er	4e. Facility Name (If not institution, give	street end number)	0	(4b. City, Town, or		0	of Deeth		
The state of the s		Harbor H	OSpifal	cen.	If Under 1 Year		move	The same of	40		
Funeral Director			7. Age (In yrs.		Months Deys		8. Dete of Bir (Month, De OCT 14	th by, Year) ,1915	9. Birthplace (State County) MARYLA		
pu		Usuei Residence of Decedent 10e. Stete 10b. County	10c. Ci	ty, Town or Loca	ation				10d. Inside (City Limits	
f sho	20	MD. N/A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IMORE				B 2 □ No	
5-0020 72 hours effer deeth with the Maryland natural", or items 23a or 28a-f show alest Examinat must be notified at	Director	10e. Street and Number			10f. Zip Code	LIMUKE		10g. Citizen of V	AA		
	0	299 MORRIS HIL	I AVENUE			21060			S.A.		
	Funeral	11. Maritel Stetus	12. Wes Decedent Ever in L Armed Forces? 2 / 1	J <u>.S</u> . , , 13. W	es Decedent of I	Hispanic Origin? (Seen, Mexican, Puerl	pecify Yes or No		- American Indian,		
5-0020 72 hours efter netural; or its	þ	3 ☐ Wildowed 4 ☐ Divorced If Yes, Give Yeer or Detes: 10 / 30 / 4 5				o Hican, etc.)	Specify	k, White, etc. BLACK			
5-C	etec	15. Decedent's Edu (Specify only highest grad	ucation le completed)	16a. Decede	nt's Usuel Occup	petion during most of wor	rkina	16b. Kind of Bu	siness/Industry	1	
2121 ed within ygiene. er than "	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	life. DO NOT use retired)					amper		
121 lied wit tygiene mr. the	S	12TH 17. Fether's Neme (First, Middle, Last)			SIEELWC		no /First Afidello	11000	STEEL		
Maryland d2 should be file th and Mental Hy 7 is marked othe traumatic event	Be							, Melden Surnem	6/		
Taryla 2 should and Mer is mark surnatic	2	WALTER MATLOCK 19e. Informent's Neme/Reletionship (T)	vne Print)	19h Melling	Address (Street	RII tend Number or Ru	LA DIX		State 7in Code)		
Ma nd 2 s of in r trau		MARY J. MATLOC			10RRIS					21066	
re, s 1 er f Hee	-	20e. Method of Disposition	20b. I	Pleca of Disposi	ition (Name of story or other ple		Dete Dete	20c. Location -	I.E., MD. City or Town, Stata	21060	
Baltimore, semit. Pages 1 e. Separtment of Hee mportant: if them: nay injury or otherans.	1	2 Buriei 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetlon 5 ☐ Other (Specify,	temover from Stete		ILL CEM		3/96	CIEN	BURNIE,	N:D	
Baltin permit. Pa Departmen important any injury once.	-	21. Signature of Funeral Servica Licens				ess of Fecility CA				DD.	
Department of the property of		Hand)	3 5	B 10-11					E, MD. 2	1215	
		23a. Part 1 Enter the disease, or compehock, or heert feilure. List only o	lications that caused the dee						Approxime	ete	
Physician	1	errock, or floor foliate. Lispority o	a a couse on each inte.						Interval Be Onset end	Deeth	
/Medical		Immediete Cause (Finei diseese or condition	Assus	tole					20	unin	
5		resulting in deeth)	e. Assys	or es e consequ	ence of):	\				min	
po #	al le		cardia.	ic f	suve.	58			30	mn	
60, be executed ician and buriel-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (or as a consequ	ence of):				1.		
68760, ficate be early physician	a la	cause, Enter Underlying Cause (Diseese or Injury thet initiated events	c. /cena	T	ailu	re			15	ear	
Box 6876(deeth certificate be e attending physicia d for use as the bur	b d	resulting in deeth) Lest					1.		11	0 . /	
Box seth cert attending for use a	2		o Meta	Stub	, C	rosta	te c	ance	1 19	ear	
BOX	Physician	Part II. Other significant conditions co	ntributing to death but not res	sulting In the unc	fedvino cause oi	ven in Port I	23h Did	tobacco use cor	tribute to the cause	of death?	
O e t y	hya	Emphysema					1'⊈'Yee 2□ No 3□ Probably 4□ Unknown				
	by										
Records, P.O. he law requires that the has been signed by the lage 2 should be detach.	8					24a. Wes an eutopsy performed?		24b. Wera autopsy available prior	findings		
Recc e law re has be ge 2 sh	ple	· · · · · · · · · · · · · · · · · · ·					Politi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	completion of of deeth?	causa	
	Completed						1 🗆	Yes 280 No	1 □ Yes 2	d No	
Vital I		25. Wes case referred to medical axeminer?					eth (Check only	one)			
hys his	2	1 ☐ Yes 2 No Hospitel: 1 ☐ Inpatient 2 SER/Outpetlent 3 ☐ DOA Other: 4 ☐ Nursing H						Home 5 ☐ Residence 6 ☐ Other (Specify)			
Affer funer	0	27. Menner of Death 1 SK eturel 5 □ Pending	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju		28d. Describe how injury occurred				
80 10 10 10	Certification:	2 Accident Investigation M 1 Yes 2 No									
O THE	TT-	28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)					281. Location (Street and Number or Rural Route Number, City or Town, State)				
D-8 2 2		29e. Certifier 15 Certifying Phys	elclan: To the best of my kno	wladna daath r	occurred at the ti	me date and place	and due to the	cauce(s) and ma	nnor so stoled		
To the Howithin 24 ho	Medical	(Check only 2 Medical Exami	ner: On the basis of examine end menner steted.	tion end/or inve	stigetion, in my	opinion, deeth occu	rred et the time,	dete and plece, a	and due to the ceuse(s)	
To the H within 24 To the Fi	Σ	29b. Signeture and title of certifier	0 - ~		29c. Licens	se number		29d. Dete signed	(Month, Day, Year)		
		Bohurle	Sem)	DI	3895	56	Orto	281171	991	
		30. Name and address of person who co	ompleted cause of deeth (Iter	n 23e) (Type, P	rint)					116	
1+1		i) 38956 October 17, 1996 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Edward Seidel MD, Energen Hend, Hobor Hopill. 31. Dete filed (Month Day, Year) 32. Registrate-Riggature									
Stat	-	31. Dete filed (Month, Day, Year)	32. Registrar's Gigna		0			7			
Registra	ır	OCT 2 2 1996	Tura was Hason-	The same							



State Registrar



	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
i	the /	90 8		0
	9	P		9
	ainec	hour		1
	reta	50		5
•	ly be	page		pe
	E	tor.		125
	900	direc		E
	9	le le		all le
	death	fund		жап
	ffer	the	oval	le:
	ITS 3	6	rem	Po
	100	pel	1, 0,	E
ļ	in 24	aly fill	ation	th.
	with	plete	Степ	rent
	patri	COL	rial.	C 81
	ээха	and	20	Tat L
	pe	cian	or to	Jan
	cate	Hysi	nd a	or to
	ertifi	ing p	gien	e e
	ath c	tendi	al Hy	0
	e de	he at	Ment	jury,
	at th	9	and	y in
	s th	ned	alth	38
	quire	n Sig	He	0WI
	W rec	Deer	M. 0	48
	- B	has	Dep	1 23
	N.	scate	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	Nen
	ICIA	ertif	the	0
	HYS	his c	with	ked.
	NG P	her ti	ath	Tar
	NO	1. A!	of de	60
	NTE	E C	afte	28
	DR A	SIREC	OURS	E
	AL	A	22	=
	SPLI	NER	hin	불
	유	3	Will	M
	품	뿚	filed	8
	2	2	3	프

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT (OF HEAD	LTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) ANNA						2. DATE OF DEATH	MY	YEAR	3. TIME OF DE	EATH	
				GOMERY	ί.		OCTOBER		996	3:40	Рм	
	014 00 6516	5. SEX 6. AGE (1	In yrs. last birthday)	IF UNDER 1 1		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI Country	PLACE (State or	Foreign	
	9a. FACILITY NAME (If not institution, give stree		1 YRS.					1904		ryland		
R	Berlin Nursing		ation	Ber1		CATION OF DE	of DEATH OC. COUNTY OF DEATH WOrcester					
5	RESIDENCE OF DECEDENT	w residential						WOL	cest	er		
IRE	Mary land Word	ester		Y, TOWN OR	LOCATION					10d. INSIDE CI LIMITS?	TY	
FUNERAL DIRECTOR	Maryland Word	ester	Be	rlin	10f, ZIP	2005		T		1 YES 2	-	
ERA		065 Ocean P	inec			21811		244		HAT COUNTRY	7	
5		2. WAS DECEDENT EVER IN	U.S. ARMED	13. WA			IIC ORIGIN? (Specify Yes	-	S.A	- American in	dian.	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		It y	res, specify		n, Puerto Ricen, atc.)		Black, Specifi	White, etc.		
	15. DECEDENT'S EDUCAT		N	-						White	2	
ETE	(Specify only highest grade cor	mpleted)	(Give kind of life. Do NOT us	work done dun	UPATION ing most of a	working	16b. KIND OF BU	SINESS/INDL	JSTRY			
17	10th	College (1-4 or 5+)	Payro1		rk		Furni	ture (Compa	anv		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18.	MOTHER'S NA	ME (First, Middle, Maiden			7		
BE (arles Imho	ff			Ros	se	(unkno	own)			
0	19a. INFORMANT'S NAME (Type/Print)	a / dametet -	196. MAILING	ADDRESS (S	Street and Nu		Route Number, City or Tow					
	Irene C. Scheper:			_			Ocean Pine				1811	
	110 Burial 2 Cremation 3 Ramova 4 Donation 6 Other (Specify)	of from State 20b.	PLACE AND DATE (otopy, cromotory, or o edar Hil	ther place)	ON (Name of			CATION — C				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	dal nii			DRESS OF FA	10/19 Ba:	Ltimor	ce, I	Marylan	nd	
	Many The	George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225										
	23. PART I. Enter the diseases of gon	nplications that caused	the deeth. Do r	1 400	I Rit	tchie I	Wy. Balt	imore	, Md	. 2122 Approxi		
	shock, or heart failure. Lis	t only one ceuse on es	ich line.		ì					Interval	Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentisity list conditions, Due 10 (OR AS A CONSEQUENCE OF): Due 10 (OR AS A CONSEQUENCE OF):											
		DUE TO JOR AS A	CONSEQUENCE O	F):			and	111		ge	7	
ON	Sequentisity list conditions, b	DUE TO (OR AS A	CONSEQUENCE OF	C	100	e				mg	2	
ÄŢ	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS A	CONSEQUENCE OF	-):	/					1		
H	CAUSE (Disease Dr Injury C that initisted events	DUE TO (OR AS A	CONSEQUENCE OF	F):						-		
CERTIFICATION	resulting in deeth) LAST											
AL C	PART II. Other/significent conditions of	contracting to death bu	it not resulting	n the unde	riving csu	se given in	Part I. / 24s. WAS AN	AUTOPSY	24b 1	WERE AUTOPSY	EMPHAGE	
S	Keund	Funt	mi	mb	ALD	me	PERFOR	RMED?		AVAILABLE PRIO	R TO	
MEDIC	Prob. P	New mo		1			1 VES 2	V NO		OF DEATH?	1 NO	
	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF	DEATH YE	S D NO	D D U	NCERTAIN	10			1 1123 120	, 110	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	6. PLACE OF DEAT									
IXSI	1 TES 2 X NO	☐ Inpatient 2 ☐ ER/Outpa	_		Home 5	Residence	8 Other (Specify)					
	27. MANNER OF DEATH 1 X Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b, TIM	E OF 28 URY	WORK?		26d, DESCRIBE HOW I	NJURY OCCU	JRED			
BY	2 Accident Investigation 3 Suicide	28a. PLACE OF INJURY	- At home, ferm, a	treat, factory	t VES	2 NO	28t. LOCATION (Street a	and Alumbas a	a Down I Do	a a line		
	4 Homicide 8 Could not be detarmined	building, atc. (Specif	fy)	,	,		City or Town, State)	ina Number o	r nurer no	ute Number,		
29s. CERTIFIER (Check only (Ch												
COMPLETED	one) 2 MEDICAL EXAMINER: C	On the beals of examination	and/or investigatio	n, in my opini	ion, death o	occured at the	lime, data and place, an	d due to the	cause(a)	and manner as	stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER		,			LICENSE NUM				Month, Day, Yea		
TO BE	7000	~/	/			D0202		10	1	1461		
FI	30. NAME AND ADDRESS OF PERSON WHO CO FEDERICO G. ARTH		TH (ITEM 27) (Type,		70 101	ERLIN	MD 21811	/,10	61.1	-4400		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		A TIME	D.	PULL	rm 71011	410	-041	-4400		
	OCT 22 1996 Sul	Lavidson Band										

State of Maryland / Department of Health and Mental Hygiene

ITEM#1 PER PHYSICIAN FILM#G740 10-22-96 J.A. Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death **Physician** Month HARVEY -VITTIM AN 6:057 10 96 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Battomore Bult Cit NUMING Home ONC Green If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number If Undar 1 Yaar 6 Sav 7. Aga (In yrs. last birthday) Birthpiaca (State or Foreign Country) **Funeral 1€**M 2□ F Months Days Yrs Director 241-30-3152 NOV 1919 NC Usual Rasidance of Decadant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Important: if them 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in Medical Expenses. 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Director XXYas 2 No N/A BALTO. 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1724 NORMAL AVE 21213 Funeral usa 12. Was Dacedant Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married l⊠Yas 2 No lfYas, Giva Yaar or Datas: 1 Yas 2 Toto Completed by Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highest grada completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Eiementary/Secondary (0-12) College (1-4or 5+) 8TH N/A LABORER STEEL CO 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumame) Be DAVID H MOORE LINORA MOORE 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) MALETHA MOORE 1724 NORMAAL AVE BALTO MD 21213 20a. Mathod of Disposition 20b. Piace of Disposition (Name of cemetery, crematory or other place) Data 20c. Location - City or Town, State OCT 19 t Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 Donation 5 Other (Specify) ARBUTUS MEM PK 1996 ARBUTUS, MD 21. Signatura of Funeral Sarvice Licensus 22. Nama and Addrass of Facility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD21213 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. intarval Between Onset and Death **Physician** /Medical Immediate Causa (Final disaasa or condition rasulting in daeth) Examiner Due to (or as a consequence of) Examiner voltate The law requires that the death certificate be executed Sequantially list conditions, if any, leeding to immadiata causa. Entar Undarlying Causa (Disaasa or Injury thet Initiated avants rasulting in daath) Last burial-tran Dua to (or as a consequance of): Division of Vital Records, P.O. Box 68760, physiclan Physician/Medicai the Dua to (or as a consequence of) for use as attending Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown ģ page 2 should be Completed 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? After this certificate has been 1 Yas 2 No 1 Yas 2 NO or Attending Physician: Be 25. Was casa rafarrad to medical axaminar? 26. Placa of Death (Check only one) Othar: Certification: To 1 Yas 200 No 1 Inpatlant 2 ER/Outpatiant 3 DOA Wursing Homa 5 ☐ Rasidance 8 ☐ Other (Specify) 27. Manner of Death Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 5 Panding Investigation Natural To the Hospital or Attenum.
within 24 hours after death.
To the Funeral Director: At completely filled in by the fi death. 1 Yas 2 Accident 6 Could not be datermined 3 Suicida 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida The Certifying Physician: To the best of my knowladga, death occurred at the time, date and piace, and due to the causa(s) and mannar as stated.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29a. Cartifiar (Check only one) 29b. Signature and ti Attendance 29c. Licansa number 29d. Data signed (Month, Day, Year) wo of person who completed cause of death (Item 23e) (Type, Print) ple Court Pd Suite 203 hwARB_MO 4000 31, Data filad (Month, Dey, Yeer) DCT 22 1996 32. Registrer's Signatura State Registrar

li e

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Amuel October 18 6:00 Pm 4a. Facility Name (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day Year) NOV. 15, 1911 l'enter Baltimore Lchri 51 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foraign 1⊠M 2□ F Country Maryland Yrs. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. fnside City Limits N/A Baltimore City 1X Yes 2 □ No 10f. Zip Code 10g. Citizen of What Country? 5404 Remmell Avenue 21206 U.S.A. 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ñ No If Yes, Give Year or Dates: Wes Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - Amaricen Indian, Black, White, etc. 1 Nevar Married 2 Married 1 ☐ Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Business/Industry (Specify only highest grade complated) Eiementery/Secondary (0-12) College (1-4or 5+) Mechanic Auto 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Unknown Unknown Crimi Magri Rosalie 19a. Intormant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert Magri / Son 2019 Mt. Horve Road, Street, Maryland 21154 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 XCremation 3 ☐ Ramovel from State 10/22/96 Beltsville, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Crematory 21. Signature of Funeral Service License. 22. Name and Address of Facility John C. Miller, Inc. 23e. Part. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock of heart failure. List only one cause on each line. 6415 Belair Road, Baltimore, Maryland 21206 Approximate fnterval Between Onset and Death metastatic Lung Cancer 3 months

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Funeral

Director

28a-f show

6 items 23s

6

"natural".

al Hygiene.

. Pages 1 and 2 should be fill thent of Health and Mental H. Lant: If Itam 27 Is marked out

permit. Pages 1 and 2 shoul Department of Health and Milmportant: If Itam 27 is mark any Injury or other traumati

must be notified at

the Medical Examiner

traumatic

Director

by

Completed

Be

with the Maryland

filed within 72 hours after death

21215-0020

Baltimore, Maryland

Division of Vital Records, P.O. Box 68760.

The law requires that the death certificate be

signed by

tal or Attending Physician: Tra after death.

al Director: After this certificatied in by the funeral director, pa

M hours

Completed by

Be

10

Certification:

Medical

5. Sociel Security Number

213-10-9212

10e. Street and Number

6th Grade

20a. Mathod of Disposition

Frank

10a State

Maryland

Examiner Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Physician/Medical

Immediate Cause (Final disease or condition resulting In deeth)

	Due to (or as a consequence ot):	•
b		
	Due to (or es a consequence of):	
c		
	Due to (or as a consequence of):	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Artery disease

23t	Did tobac	co uss co	ntributs to the c	euse of death?
	1 🗆 Yes	3 No	3 Probably	4 Unknown
240	Wasana	utOnev.	24b. Were eut	onsy tindinas

. Was an autopsy performed?	24b. Were eutopsy tindings available prior to completion of cause of death?

25.	. Was case referred to exeminer?	medicel
	1 Yes 2 No	
27.	. Manner of Deeth	

26. Piace of Death (Check only one) Other: 4□ Nursing Home 5□ Residence 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Inju

	1-1-
6 Othar (Specify)	Hospice
y occurred	

1 ☐ Yes 2 ☐ No

5 Pending investigation Accident 6 Could not be 3 ☐ Suicide 4 Homicide

MA 1 Yas 2 No 28e. Place of Injury - At home, term, street, factory, office building, etc. (Specify)

Location (Street and Number or Rural Routa Number, City or Town, State)

1 Yes 2 No

29a. Certifier 29b. Signature and tit

1 Netural

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and mannar as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end piece, end due to the ceuse(s) end manner steted. 29c. Licensa number

29d. Data signed (Month, Day, Year)

State

6701 N. Chalos Street Batto

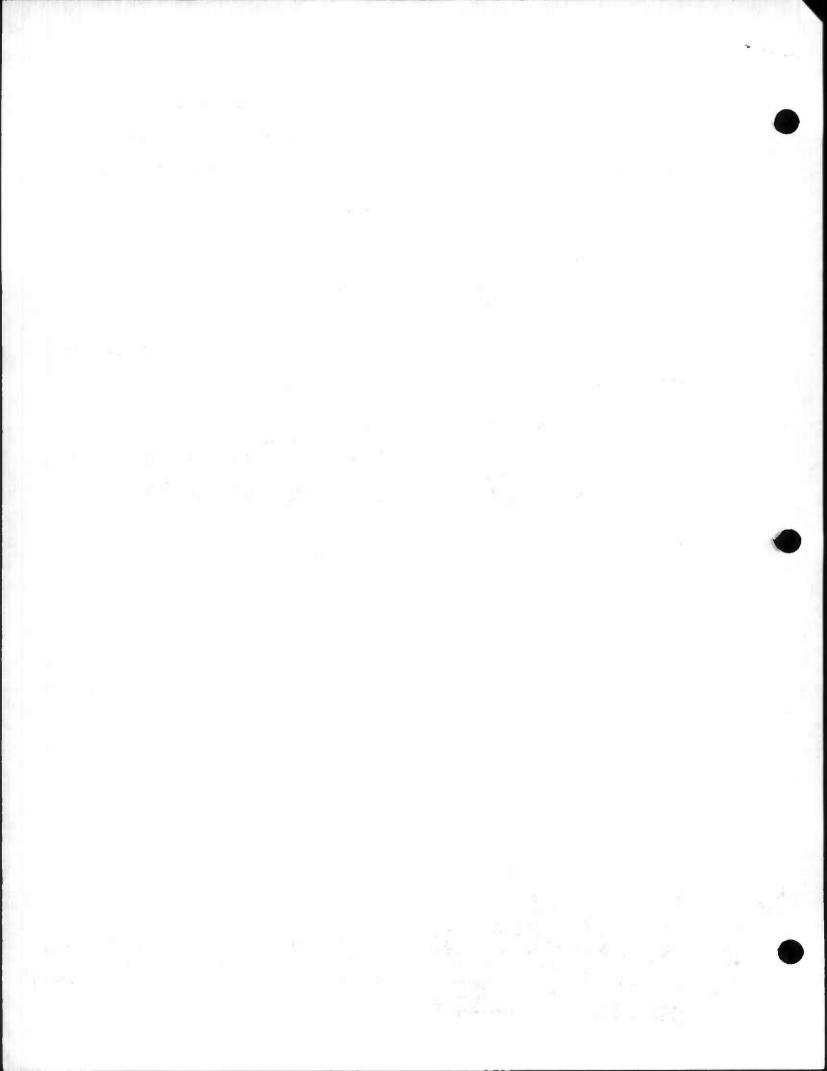
Registrar

State of Maryland / Department of Health and Mental Hygiene 96

31540

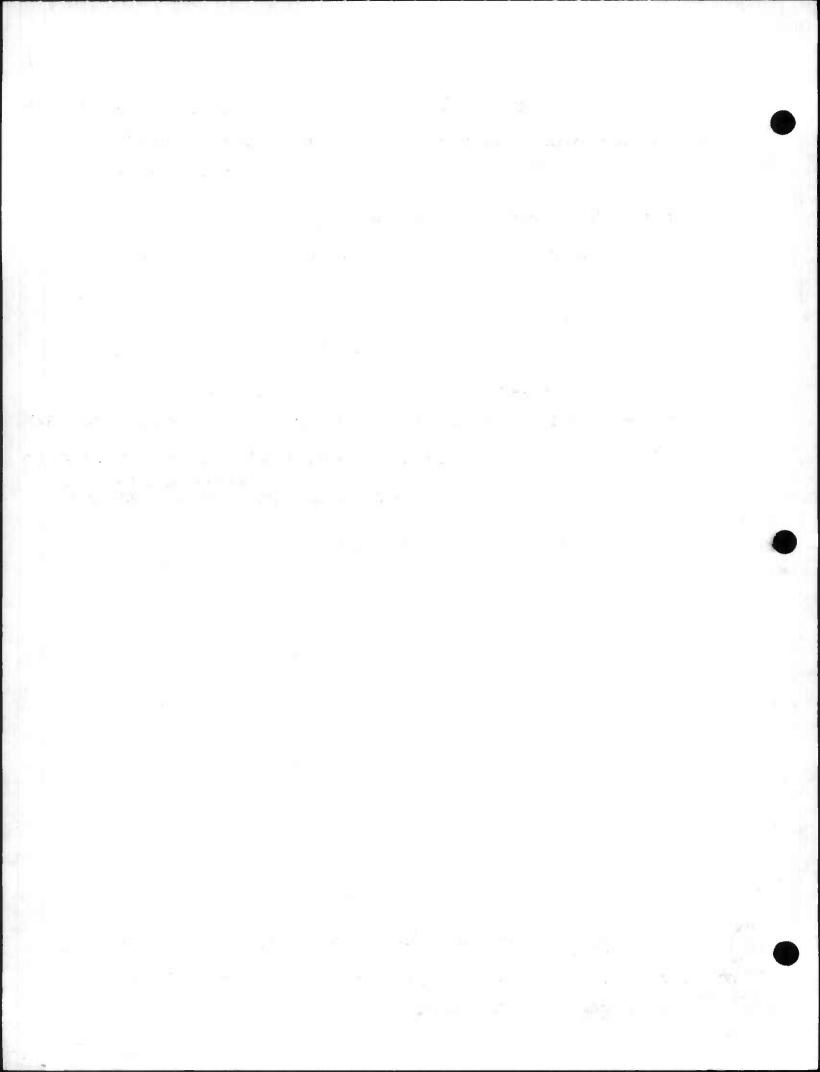
						Certifica	te of	Death		Reg. No.		010	70
	Dhusia		1. Decedent's Nema (First, Middle, Last)						2. Dete of De	eth	Vone	3. Tima of I	Death
ı	Physic /Medi		Ruth Menter	1					October	18^{9}	1996	11:00	PM
	Exami		4a. Facility Neme (If not institution, giva s 422 Greenlow Road	straat and number)				4b. City, Town, Catons	or Location of Deeth ville		y of Deeth timor	e	
	Funeral Director		5. Sociel Security Number 6. Sax 220–14–9727	M OFFIC		rs. If Und	ar 1 Year B Days		Hrs. 8. Dete of Bin Min. (Month, Da August	y, Yeer) 0, 1926	9. Birthin Coul Mary La	olece (Steta or ntry) and	Foreign
	Manyiand a-f show	tor	10a. Stete 10b. County Maryland Baltimore	10c. C		or Location Catonsvil	lle			10d. Inside City Limits 1 ☐ Yas 2 1 No			
	th with the 23a or 28	ai Director	10e. Street end Number 422. Greenlow Road			10f. Z	228		10g. Citizen of Whet Country? U.S.A.				
Maryland 21215-0020	is 1 and 2 should be filed within 72 hours after death with the Manyland of Heelth and Mentel hygiene. Item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examinet must be notified at	by Funeral	11. Maritel Status 1 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	Wes Decedent Ever in I Armed Forces? □ Yes 2 ☑ No If Yes, Give Yaar or Dates:	J,S.	13. Was Dece If Yas, sp 1 Yes			7 (Specify Yes or No uerto Rican, atc.)	Bla	ce - Americ ick, While, fy: White	etc.	
5-0	72 hc	Completed	15. Decedent's Educ (Specify only highest grade	eation completed)	16a. I	Decedent's Us (Give kind of w	uel Occu	petion during most of	working	16b. Kind of B	usiness/in	dustry	-
121	within ane. then	idu	Elementary/Secondery (0-12)	College (1-4or 5+)	_	okkeeper	use retire	during most of od)		Town & Co	ourst-sour	Apartma	at a
9	Hygie Ither ont, II		17. Father's Neme (First, Middle, Lest)		100	Meeper		18. Mother's	Neme (First, Middle,			Apar uller	its
au	Mentel Hyginerked other	To Be	Arthur Hammer						Goetzke				
ary	2 should and Mer is marke	-	19e. Informent's Neme/Reletionship (Typ	pe, Print)	19b.	Meiling Addres	ss (Street	end Number o	r Rural Route Numbe	er, City or Town	, Steta, Ziç	Code)	
	1 end 2 Heelth a em 27 is		Donald Menten Husband	i	42	22 Greenl	ow Ro	ad Catons	sville, Mary	land 2122	28		
Itimore,			20e. Method of Disposition 1 X Buriel 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	amoval from State	cematery	Disposition (Ne r, crematory or Park Ceme	othar pla			20c. Location Baltimore			
Balt	permit. Page Department of Important: If any injury or once.		21. Signeture of Fugerel Service License	1) the		Witzke	Funer	ass of Fecility al Home (of Catonsville Catonsvill	le. Inc.			
,	Physician /Medical Examiner	er	23a. Pert1. Enter tha disease, or complic shock, or heert feilure. List only one timmediete Cause (Finel disease or condition resulting in deeth)	METAS	STAT	on anter the mo) Pri	AST		rest,	4	Approximete Intervel Betwo	een eath
68760,	ertificate be executed ling physician end e es the burial-transit	Medical Examin	Sequentielly list conditions, if eny, leading to immediate cause. Enter Undertying Ceuse (Disease or injury that inkiteted events resulting in death) Lest Due to (or es e consequence of):										
Box 6	death certific e ettending pl ed for use es t		d.										
0.	the dea y the et ached fo	Physician	Pert It. Other eignificent conditions conti	ributing to death but not re-	sulting in	the underlying	cause gi	ven in Pert I.	23b. Dld 1	obacco uae co	ntribute to	the cause of	death?
<u>.</u>	ss thet gned b	by							10	Yes 2 No	3 Prol	bebly 4□U	nknown
Records,	e law requi has been s ge 2 should	Completed							perfo	en eutopsy med?	co of	ere eutopsy fin allable prior to mpletion of cau death?	usa
Vital		Be Co	25. Wes case referred to medical					OR Diseased	1 U		11	□Yas 2⊡N	0
	Physician: this certific ral director,	0	exeminer?	ospitel:	ER/Out	palient 3 D	OA Ott	100	g Homa 5 Resid		ner (Snecil	vl	
ISION O	Affer a fune	ation: T	27. Menner of Deeth 1. Neturel 5 Pending 2 Academ investigation	28e. Dete of tnjury (Month, Day Year)	28b. Tir		28c. tnju Wo		28d. Describe h			<i>''</i>	
SINIS	pite of Alle our after de erel Director filled in by the	Certification:	3 Suicide 6 Gould not be differmined	28e. Plece of Injury - At h building, etc. (Speci	ome, fem	n, street, fecto	ry, office		28f. Location (S City or Ton	Street end Numb m, Stete)	per or Rura	l Route Numbe	91,
-	To the Negli within 24 hold To the Funer completely fills	edicai	29a. Certifier 1 Cartifying Physics (Check only one) 2 Metrical Examina	n the besis of examinating manner stated.	owledge, atlon end/	deeth occurred or Investigetion	et the tinn, in my c	me, dete end ple pinion, deeth o	ece, end due to the occurred et the time, o	cause(s) end me date end plece,	enner as si end due to	tated. the ceuse(s)	
	To With	×	29b. Signature and title oscertifier	ASA.	Iles	29	D I	9419	C	29d. Dete signe	Oi	Dey, Year) 1996	2
	10	+	Name and Arthress of person who com	pleted caused small (Ite	n 23e) (T	ype, Print)	oC	AGOTA	JE. BA	THORE	m	212	59
	Sta	te	31. Dete filed (Month, Dey, Year)	S2 Raupa	10.	,					V And		

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 6

Physici		1. Dacadant's Nama (First, Mide	dle, Last)	148				2. Data of Da Month		Van	3. Time of Leath
/Media			Stanle	ey Lee	Mart	in		Octobe	r 18 1	.996	7:14 A.M
Examir		4a. Facility Nama (If not institution	on, giva street and numb	er)			4b. City, Town, or L	ocation of Deet	4c. County	of Death	
		Knollwood Ma					Millersv:		Anne		
uneral rector		5. Social Security Number 275 16 2818	6. Sex 7. 1 ☑ M 2 ☐ F	Age (In yrs. last	Yrs.	If Under 1 Year Months Days	If Undar 24 Hrs. Hours Min.	8. Daia of Bir (Month, Da June 2	8, 1917	9. Birthp Coun MIC	laca (Stata or Foreign fry) higan
ehow ad at	_	Usuel Rasidance of Dacedani 10a. Stata 10b. Count	Í .		own or Loca					1	0d. inside City Limits
28a-f et	Director	•	Arunde1	Pi	asader						1 ☐ Yas 2 🔀 No
23a or	ral Dir	10e. Street and Number 760 - 202 Str	reet			10f. Zip Coda 2112	22		10g. Citizen of V		try?
Examiner or	by Funeral	11. Mariial Status 1 X Never Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorca	If Yas Give	as? ⊠No	If Y	as Dacedant of h 'as, specify Cub	lispenic Orlgin? (Sp an, Maxican, Puarto Specify:	ecify Yes or No Rican, atc.)		a - Amaric k, Whita, i	
than "natural", the Medical Ext	Completed	15. Dacede (Spacify only high: Elamantary/Secondary (0-12) 3rd	ont's Education ast grada completed) Collega (1-4)		(Giva kii lifa. DC	nt's Usuel Occup nd of work dona NOT usa retire	during most of work	ing	16b. Kind of Bu		lustry
d other event, t	BeC	17. Fathar's Nama (First, Middla	ı, Last)		_		16. Mothar's Nam	a (First, Middla			
0 0	ToB		James H.	Martin			Lyc	dia M. V	Workman		
E E		19a. informant's Name/Ralation					and Numbar or Rur	a/ Routa Numb	er, City or Town,	Stata, Zip	Coda)
item 27 other tr		Oliver G. Mar	tin / bro	other		202 St					and 21122
		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 4 □ Donetion 5 □ Other (3)				ion (Nama of tory or othar ple n Memor:	ca) ial Park	Deta 10/21/96	Glen Bu		wn, Stata , Maryland
Department of Important: If any injury or once.		21. Signature of Funaral Service	e Licensaa	onee		lama and Addra	iss of Fecility		Funeral timore,		
sician edical miner	Examiner	23a. Part1. Entar tha disease, o shock, or haart failura. Lis Immediata Ceusa (Final disease or condition rasulting in death)	· Ay	Dua to (or as	ln(eghol Lince of):	o poling	<i>t</i>		à à	Approximata Initiarval Batween Onsat and Death Dowys Teens
physicia s the bur	edical Exa	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated avents	c	Dua to (or as			-			1	
nending physic or use es the b		rasulting in daeth) Last	d								
ure enending physic		rasulting in daeth) Last Pert ii. Other eignificant conditi		n but not resuiiln	g in tha unde	erlying causa giv	van in Part I.	23b. Did	tobacco use cor	ntributa to	the cause of death?
led by the ettending physic detached for use es the b	Physician/M			but not resuliin	g in the undo	erlying causa gh	van in Part I.	23b. Did			
een signed by the ettending hould be detached for use e	by Physician/M			n but not resuitin	g in tha unde	erlying causa glv	van in Part I.	1 🗆		3 Prob	
een signed by the ettending hould be detached for use e	by Physician/M			n but not resuiiln	g in the unde	erlying causa gl	van in Part I.	1 🗆	an autopsy med?	3 Prob	re autopsy findings aliabla prior to noiation of cause
ate has been signed by the ettending page 2 should be detached for use e	Be Completed by Physician/M		ions contributing to death	n but not resuitin	g in tha unde		26. Placa of Deat	1 🗆 24a. Wes perfo	an autopsy med?	3 Prob	iliabla prior to npiation of cause leath?
cerificate has been signed by the ettending rector, page 2 should be detached for use e	To Be Completed by Physician/M	Pert ii. Other eignificant conditions to the conditions of the con	ions contributing to death	atiant 2 ER	Outpatient	3 DOA	26. Placa of Daaties: 4 ☑ Nursing Ho	1 □ 24a. Wes perfo	an autopsy med? /as 2 □No	24b. We ava cor of c	re autopsy findings iliable prior to mpletion of cause leath?
cerificate has been signed by the ettending rector, page 2 should be detached for use e	To Be Completed by Physician/M	25. Was casa referred to medica axaminer? 1	al Hospital: 1 Inpa	atiant 2 ER/	Outpatient b. Tima of tnjury	3 DOA Oth 28c. Injur Wor	26. Placa of Daatier: 4 ☐ Wursing Ho y at k? Yes 2 ☐ No	24a. Wes perfo	an autopsy med? /as 2 LNo ana) danca 6 Other now injury occurry	24b. We ave cor of c	re autopsy findings lilabla prior to mplation of cause leath?
cerificate has been signed by the ettending rector, page 2 should be detached for use e	Certification: To Be Completed by Physician/M	25. Was casa referred to medica axaminer? 1	al Hospital: 1 Inperior (Month, Inot be mined)	atiant 2 ER	Outpatient b. Tima of tnjury , ferm, straal	3 DOA Oth 28c. Injur Wor M 1 1	26. Placa of Daaties: 4 □ Nursing Ho y at k? Yes 2 □ No	24a. Wes perfo	an autopsy med? (as 2 No na) danca 6 Other now injury occurred. Street and Number North, State)	24b. We ave cor of c	re autopsy findings illabla prior to mpiation of cause leath? Yes 2 No
cerificate has been signed by the ettending rector, page 2 should be detached for use e	edical Certification: To Be Completed by Physician/M	25. Was casa referred to medica axaminer? 1	Hospital: 1 Inpa 26e. Data of in (Month, in ingitation not be nined 28e. Piece of building, ng Physician: To the basis and manner	atiant 2 ER/ njury Day Year) 28 Injury - At home atc. (Specify)	Outpatient b. Tima of trijury , ferm, straat	3 DOA Oth 28c. Injur Wor M 1 I, factory, office	26. Placa of Deather: 4 Norsing Ho yat k? Yes 2 No	24a. Wesperfo	an autopsy med? (as 2 1 No ona) danca 6 Other own injury occurred, Street and Number, Stata) causa(s) and ma	24b. We ave cor of c	re autopsy findings lilabla prior to mpiation of cause leath? Yes 2 No
The Fundral Director: Affer this certificate has been signed by the ettending infinitely filled in by the funeral director, page 2 should be detached for use e	Certification: To Be Completed by Physician/M	25. Was casa referred to medical axaminer? 1	Hospital: 1 Inpension of the prince of building, and Physician: To the basis and manner ar	atiant 2 ER/ njury Day Year) 28/ Injury - At home atc. (Specify) st of my knowled of axamination stated.	Outpatient b. Tima of tnjury , ferm, straat dge, deeth or and/or inves	3 DOA Oth 28c. Injur Wor M 1 D I, factory, office courred at tha tilr tigetion, in my of	26. Placa of Daatier: 4 Nursing Ho y at k? Yes 2 No	24a. Wes perfo	an autopsy med? (as 2 No na) danca 6 Other now injury occurr Street and Number nown, Stata) causa(s) and ma data and piece, a	24b. Wee ava cor of o	re autopsy findings illabla prior to mplation of cause leath? If Route Number, If Route Number, It a cause(s)
s certificate has been signed by the ettending director, page 2 should be detached for use e	Medical Certification: To Be Completed by Physician/M	25. Was casa referred to medica axaminer? 1	Hospital: 1 Inperior (Month, ing Physician: To the basis and manner ar	atiant 2 ER/ njury Day Year) 28/ Injury - At home atc. (Specify) st of my knowled of axamination stated.	Outpatient b. Tima of tnjury , ferm, straat dge, deeth or and/or inves	3 DOA Oth 28c. Injur Wor M 1 D I, factory, office courred at tha tilr tigetion, in my of	26. Placa of Daatier: 4 Nursing Ho y at k? Yes 2 No	24a. Wes perfo	an autopsy med? (as 2 No na) danca 6 Other now injury occurr Street and Number nown, Stata) causa(s) and ma data and piece, a	24b. Wee ava cor of o	re autopsy findings illabla prior to mplation of cause leath? If Route Number, If Route Number, It a cause(s)



State of Maryland / Department of Health and Mental Hygiene

th and Mental Hygiene 96 3 1542

					,	Cert	ificate of	Death		Reg. No.		
			1. Decedent's Nama (First, Middle, Last,						2. Data of De Month	ath Dav	Vene	3. Tima of Death
	Physic		Christine Elizabet	h Marek					October		Year 996	1:25 P.M
	/Medi Examir		4a. Facility Nama (If not institution, give)	-		4b. City, Town, or				
	Exami		St. Mary's Nursing	Center				Leonardt	own	5	St. Ma	arv's
-	Funeral		5. Social Security Number 6. Sec		ga (In yrs. last		If Undar 1 Yae	r If Undar 24 Hrs.				place (Stata or Foraig
	Director		212-74-6204	M 2⊠F	88	Yrs.	Months Deys	Hours Min.	July 5,		Baltin	nore, Maryla
	anylend ahow	-	10a. Stata 10b. County			Town or Loca					1	0d. Inside City Limits
	Ne M	Director	Maryland St. Mary	7'S	Le	onard						111111-011
	\$ 0 th		10e. Street and Number				10f. Zip Code			10g. Citizan of	What Coun	itry?
	23a kh	- E	42525 Riverwinds I	rive			206	50		United	l Stat	tes
21215-0020	4 within 72 hours after death with the Marylend iene. I then "naturel", or flems 23a or 28e-f show the Mexical Examiner must be notified as the Mexical Examiner must be notified as	by Funeral	11. Maritei Stetus 1 Navar Married 2 Married 3 X Widowed 4 Divorced	12. Wes Decedent Armed Forces' 1 ☐ Yas 2 ☑ If Yas, Giva Year or Datas:	? No		es Decedant of Yes, specify Cu ☐ Yas 2점 No	Hispanic Origin? (S ban, Mexican, Puerl Specify:	pecify Yas or No to Rican, etc.)	- 14. Red Bla Specif	ce - Americ ck, Whita, b: Wh	
Ģ	2 ho	Pe	15. Decedant's Edu	cetion	1	16a. Decede	nt's Usuel Occu	upation		16b. Kind of B	usinass/ind	dustry
212		Completed	(Specify only highast grade		F . \	(Giva ki lifa. D(nd of work done O NOT use retir	upation a <i>during</i> mo <i>st of woi</i> ed)	rking			
21.	filed within Hygiene. ther then ent, the Me	E	Elementary/Secondary (0-12)	Collaga (1-4or	5+)	Home	emaker			N/A		
0	高 大 章 年		17. Fathar's Nama (First, Middla, Last)				0	18. Mother's Nar	ne (First, Middle,		na)	
Maryland	Mental Merked o	o Be	Vincent James Kozi	lik				Anna		/ samless of		
2	d 2 should the and Meni	70	19a. Informent's Name/Ralationship (Ty			10h Mailina	Addrage /Stree	Anna et and Number or Ru	ural Pouda Numbe	(unkno		Codel
<u>8</u>	d2 in											
	of Heeith Itam 27		William J. Marek,	M.D.					e, Leona	20c. Location		yland 206
Ö	20 0 7		1 XBurlel 2 Cramation 3 R	amoval from Stata			tion (Name of atory or other pl					
E	Part		4 ☐ Donation 5 ☐ Othar (Specify)		Ceda	ar Hil	1 Cemet	ery	10/24/96	Baltim	ore,	Maryland
baltimore,	permit. Pag Department Important: If any Injury o		21. Signeture of Funaral Sarvice License	musur	hi-	4	Nama and Add	rass of Facility (hie Highw	Sonce Fu	neral H timore,	-	
			23a, Part1, Enter the disease or compli	cetions that causa	d the deeth. [_		MG.	Approximata
			23a. Part1. Entar tha disaase or compli shock, or heart failura. List only or	na causa on aach l	lina.	a o mor armar	ina moda or aj	, mg, 3001 00 001012	λ		1	Intarval Batween Onset end Death
	Physician /Medicai		Immediata Causa (Final	0	0		1		1 -			1.01
	Examiner		disease or condition resulting in daath)	_ Ca	rai	OQU	emm?	wytar	luse			ms.
		Ļ	resulting at outday	11	Due to (or as	s a/conseque	energioths.	11	1/1		10	0
_	D #	i e		14	40 C	00	ecal	11.100	emi	8	0	4045
	and tran	Examiner	Sequentially list conditions,	1/	Due to (or as	s a conseque	ence of):	70/	-7	>		66
Š	yan yan		Sequentially list conditions, if any, leading to immediata ceusa. Entar Underlying Causa (Disaase or injury	(100	was	rus t	troone	100			9(1)
68/60,	death certificate be executed e attending physician and of for use as the burial-transit	Medical	that initiated evants rasulting in death) Lest		Que to (et/as	a conseque	ence un:	17	7	-	1	41
	as t	Jed	Tasuning in coatily cost	1	14h)	A18	tals	2100	11		16	100
DOX	eath cer attendir I for use	lan/N	•		LVIVE	- W	gove	100				TX
٥	satte d for	Cia	Part II. Other significant conditions con	tellection to double b	name to the first of the first	on to the cond	andreas a second of	tion to Marie I	SSN DIA	telianne van en		the cause of death
j.	y the	Physic	Part II. Orinor augminication dorinations con	tributing to death t	DUE NOT TEBUIER	ig in ine und	enying cause g	even in Part I.		1	- V	A STATE OF THE PARTY OF THE PAR
7	that deta		TALA	MADO	OVX	1			10	Yes 252No	3 Prot	bably 4 Unknow
Records,	requires sen sign hould be	d by	0.0	740					de Wee	an automore	245 96	ere autopsy findings
0	v require been si should	Completed		U					perfo	an autopsy rmed?	ave	allable prior to impletion of cause
5	2 s 2	d								1772		death?
ב		5							101	Yes 2000	10	Yes 20 No
	iclan: The	0	25. Was cesa refarred to medical					26. Place of Dec	ath (Check only o	one)	-	
>	Physician: this certific ral director,	0	axaminar? 1 ☐ Yas 2 No	lospital: 1 🗆 Inpati	ient 2 TFB	VOutpatient	3⊡ DOA O	there and	iome 5□Resid		ner (Specifi	ut.
	£ 5 6	T I	27. Mannar of Death	28a. Date of Inju (Month, Da		b. Time of	28c. Inj		*	how injury occur		
5	After After fune	tlor	1 Avaidant 5 Pending investigation	(Month, Di	ay Year)	Injury	M 15	ork? ⊒Yes 2□No	Preparation of the Control	ACCO 204204-20204-2		
20	Attendi r death ector: A by the fi	Certification	3 ☐ Suicide 6 ☐ Could not be	28a. Place of In	iun. At home	form etros			28f Location /	Street and Mumi	her or Rum	al Routa Number,
DIVISION	or Atten after deat Director: In by the	Ē	4 ☐ Homicida datarmined		tc. (Specify)	a, 161111, Strate	at, factory, office	•	City or To	wn, State)	Der Or Flura	riodia rumber,
-	spital ours a ours a filled		W 0.00									
_	A TO	edical	29a. Certifier 1/2 Certifying Phys 2 Medicei Examir	ician: To the best per: On the besis of	of my knowlad of axaminetion	dge, death of and/or inva	stigation. In my	tima, data and place opinion, daeth occur	e, and dua to tha	causa(s) and m	annar as si	tated. tha ceusa(s)
0	the side		one)	and manner si	interior.					x pievo,		
4	2 2 2	Σ	29b. Signature and title of pertifier	11/2	1	- 11/	29c. Licer	nse number	10	29d. Date signe	ed (Month,	Day, Year)
-			1 ARM	wan	102	101	11.0	0641	9	10-	-21-	-76
	. (30. Name and address of person who co	mount cause of	death (Itam 23	a) (Type P	rim)	00 11	1	, -	V.1	10
	U		I Patrick Jarbo	AM D.				Marylan	d 20650			

DHMH 16 Rev 6/95

State Registrar

State of Maryland / Department of Health and Mental Hygiene

						Ce	ertificate d	of Death	h	1	Reg. No.		
	Physic	ian	Decedent's Neme (First, Midd		Orada					2. Defe of De Month	eth Dey	Yeer	3. Time of Deeth
	/Medi		Marian	Agnes	Owi	ngs				10	17	96	2:30 AM
	Exami	ner	4e. Fecility Neme (If not institution	on, give street end nu	umber)			4b. City, 7	Town, or L	ocation of Deeth	4c. County	of Death	
			St. Joseph Me	edical Cen	ter			Tov	vson		Balt	imore	1
	Funeral		5. Sociel Security Number	6. Sex	7. Age (In y	rs. last birthde	Months De		er 24 Hrs. Min.	8. Dete of Birt (Month, De	h V Vanri	9. Birth	piece (Stete or Foreign
	Director		218-38-3609	1□M 217 F	54	Yrs.	Months	ys Hours	WIIII.	Dec. 26	.1941		land
	70		Usuel Residence of Decedent								/		
	ylan		10a. Stete 10b. Count	У	10c.	City, Town or I	ocation					1	10d. inside City Limits
	Ma T	tor	Maryland Balt:	imore		W	hite Mar	sh					1 ☐ Yes 2 🗷 No
	5 5 E	Director	10e, Street end Number				10f. Zip Cod	9			10g. Citizen of	What Cour	nfrv?
	with w	ā	5715 Station	Road				162			U.S		,
	be filed within 72 hours after death with the Maryland that Hyglene. Id other than "nature!", or flems 23s or 25s-f show event, the Medical Examiner must be notified as	Funeral			cedent Ever in	110 42			2-1-1-2 (Ca	nooife. Van au Na			can indian.
	Herr Mer	S	11. Meritei Stafus	Armed F	orces?	10,5.	. Wes Decedent if Yes, specify C	uban, Mexic	an, Puerto	Rican, etc.)	Ble	ck, White,	
20	s aft	by F	1 Never Merried 2 Me 3 Widowed 4 Divorca	if Yes, G	2 No ive		1 ☐ Yes 2 🗓 I	No Specif	y:		Specif	y:Whit	
8	nour I	P			Detes:								
Ŋ	72	Completed	15. Decede (Specify only high	nt's Educetion est grade completed))	16a. Dec	edent's Usuei Oc e kind of work do DO NOT use re	cupetion ne <i>during m</i> e	ost of work	king	16b. Kind of B	usiness/In	dusfry
7	filed within Hyglene. ther than ent, the Max	dr.	Elementery/Secondery (0-12)	Coilege	(1-4or 5+)	life.					O II		
3	filed within Hyglene. other than ent, the Men	S	12th grade				Homemak				Own H		
Maryland 21215-0020	d oth	Be	17. Fether's Neme (First, Middle	, Last)				18. Mot	her's Nem	ne (First, Middle,	Meiden Sumer	ne)	
1	should b	10	Benjamin	Risso				Id	la	Start	t		
and a			19a. Informant's Neme/Reletion	ship (Type, Print)		19b. Mei	ling Address (Str	eet end Num	ber or Ru	ral Route Numbe	er, City or Town	, State, Zic	Code)
	nd 2 sitth ar 27 is r trau		Lee Owings	(husband))	5715	Station	Road	, Whi	te Mars	h, MD	21162	2
Baltimore,	of Health a litem 27 is other tran		20e. Method of Disposition		201	Pleca of Dist	osiflon /Neme of		-	Dete	20c. Location	- City or To	own, State
9	Pages nent of mt: If its iry or o		1 ☐ Burial 2 X Cremetion		Stete		ount Cre		07 1	0/10/06	Doltim	020	Maryland
₽	mit. Pa vartmen oortant: Injury		4 Donetion 5 Other (10/19/90	Daltin	ore,	Maryland
33	permit. Page Department of important: If any Injury or once.		21. Signature of Funeral Service	Licensee	11		22. Neme end Ad chimunel			lomes. T	nc.		
	70 = 4 0		1/1-	1 61	-		705 Bela					1236	
			23a Parti Enter the disease, of the ck, or heart feilure. Lis	or complications that	caused the de								Approximate
V.	Physician		and the state of t	t only one couse on	oodi iiile.							1	Interval Between Onset and Deeth
	/Medical		Immediete Cause (Finel	Resp	oirator	y Insu	fficiend	y					
	Examiner		disease or condition resulting in death)	θ		100		_				1	
	11 11 11 11	ē				o (or es a conse						i	
	ted nsit	Examiner		b. Cong			dema, ma	rked,	Left	Lung		i	
_	and and	xai	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury			(or es e conse							
68760,	be e ician buris		cause. Enter Underlying Cause (Disease or Injury	c. Card	cinoma,	right	lung wi	th me	tasta	ses and	occlus	ion	
87	certificate be executed iding physician and ise as the burial-transit	VMedical	that initieted events resulting in death) Lasf	of r	1eura	or as a conse	quence of):						
9	certific Iding p	Me										ì	
Box		an		d									
	death	Physician	Pert II. Other significant conditi	ons contributing to d	leath but not i	resulting In the	underlying cause	given in Per	t I.	23b. Dld (lobacco uss co	ntributs to	o the cause of death?
Ö	that the de ed by the a detached i	hy				_				10	Yss 2 No	3□ Pro	bably 4X Unknow
S, P	ned e de	by P											220,
Ö	requires ween sign hould be									24e. Wes	an autopsy	24b. W	ere autopsy findings
<u></u>	v requin	ete									med?	00	vallable prior to empletion of ceuse
ě	2 50	Completed										of	death?
	Dage Dag	S								152	res 2□No	14	Yes 2 No
of Vital Record	yelclen: s certific director,	Be	25. Wes case referred to medical examiner?	al				26. Ple	ca of Dee	th (Check only o	ne)		750
2	Physician: this certific rai director,	To	1 ☐ Yes 2 No	Hospitei:	Inpatient 2	☐ ER/Outpafic	enf 3 DOA	Other: 4 1	Nursing Ho	ome 5 Resid	dence 6 Oth	ner (Specif	fy)
			27. Menner of Deeth	28e. Dete	of injury	28b. Time	of 28c. l	njury et Vork?		28d. Describe I	now injury occur	rred	
Division	Attending or death.	Certification:	1 ☑Neturai 5 ☐ Pendi 2 ☐ Accident invest	ng (Mor	nth, Dey Year,) Injury		Vonk7	□No				
S	Attender death	fice	3 Sulcide 6 Could		e of injury - A	thome ferm s	treet, fectory, offi	Ce Ce		28f. Location (\$	Street end Num	ber or Rura	al Route Number,
\leq		PL	4 ☐ Homicide	mined 200. Fleck	ling, etc. (Spe	cify)	, , , , , , , , , , , , , , , , , ,			City or Tov			
-	oral Dir filled in		29e. Certifier 1X Certifyl	ng Dhuclaian To "	a bast of - '	manule de la d	th nances to the	a dies c of t	and of	and don't see			Anto d
	Funda (e)	edicai	(Check only 2 Medical	ng Physician: To the Examiner: On the b	pasis of exami	inetion end/or i	tn occurred et the nvestigetion, in m	y opinion, de	end piece, eeth occur	red et the time,	cause(s) and m date end piece,	anner as s and due to	teled. o the ceuse(s)
-	To the Fun To the Fun completely	Med	one)	end men	ner steted.	7							
_	2 6 8	=	29b. Signeture end title of certific		5	Q_	29¢. Lic	ense numbe			29d. Dete signe		Dey, Year)
			///	7	1	1	M	06194			10/1	.8/96	
	1		30. Name end eddress of persor	who completed cau	se of deeth (i	tern 23e) (Type	, Print)						-
	0		Reynaldo Orjy	ela-Gomez	, M.D.	St. Jo	seph Me	dical	Cente	er, 7620	York R	d, T	owson 2120
	Sta	ite	31. Dete filed (Month, Day, Year) Pa 32.F	Regisfrar's Slo	neture							
	Registi	-	OCT 22 1996	1 102 1 114	son-Ran	delle							
			4.0	V									

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. ITEM: 14. PER F'.H. F'ILM G-740 State of Maryland / Department of Health and Mental Hygiene 10/29/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month Vace **Physician** 96 MILDRED H. PERKINS 512 10 17 /Medical 4e. Facility Nama (If not institution, give street and number) 4b. Cify, Town, or Location of Deeth 4c. County of Death Examiner BALTIMORE UNIVERSITY OF MARYLAND BALTIMORE CITY If Under 1 If Under 24 Hrs. Hours Min. 9. Birthplaca (State or Foreign Country) 7. Aga (In yrs, last birthday) 5. Social Security Number **Funeral** 1 M 2 F 224-34-9589 Usual Rasidance of Dacedant Yre Director aya irginia with the Maryland 10a. Stata 10b. County permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene.

Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 10c. City. Town or Location 10d. Inside City Limits Maryland Yes 2 No more Director 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 2106 21 Wood 216 Funeral 12. Was Decedent Evar in U.S. Armed Forcas? Wes Decedant of Hispanic Orlgin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Bleck, White, etc. AFRICAN 1 Nevar Marriad 2 Merried 1 ☐ Yas 2 D No If Yas, Giva Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: Completed 18a. Decedant's Usuel Occupation (Give kind of work done during most of working life, DO NOT use retired) 16b. Kind of Business/Industr 15. Decedant's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) CAROLA (1-4or 5+) omemake 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumame) Be CO mar 19a. Informant's Name/Raiationship (Type, 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Tox State, Zip Code) Monro 2121 Mr.James 2001 to, 20b. Place of Disposition (Name of cemetery, crematory or other play 20a. Mathod of Disposition Date City or Town, Stata 20c. Location 1 Burial 2 Cremation 3 Ramoval from Stata d. on DUG 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signeture of Funeral Sarvice Licanses 22. Nama and Addrass of Facili ی در -10. 21215 222 REDRYGAVE isa, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, it. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medical tmmediata Causa (Final diseasa or condition rasuiting in death) CARDIOGENIC SHOCK 2 HOURS Examiner Dua to (or as a consequence of): Examiner ISCHEMIA MYDCARDIAL 2 Hours physician and the burial-transit requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Entar Undarfying Causa (Disaase or injury that initiated evants rasulting in death) Lasi Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, HEMORRHAGE Physician/Medical Due to (or as a consequence of): 88 980 ò detached i Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Completed page 2 has certificate 1 Yas 2 No Hospital or Attending Physician: director, 25. Was casa raterred to medical axaminar? 28. Placa of Death (Check only one) Be Other: 4 ☐ Nursing Homa 5 ☐ Rasidanca 8 ☐ Other (Specify) 1 Yas 2 No 2 1 inpatiant 2 ER/Outpatient 3 DOA this funeral 27. Mannar of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred After 1 Natural 5 Pending death. 1 ☐ Yas 2 ☐ No invastigation 2 Accidant efter deati Director: 6 Could not be datamined 3 Suicida Location (Street and Number or Rural Route Number, City or Town, State) 28a. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 24 hours 29a. Cartiflar (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical completely To the I within 2 29b. Signature and titla of cartifiar 29d. Date signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

State Registrar

BRIAN MCGRATH UNIV.

31. Data filed (Month, Day, Year)

OCT 22 1996 Julia de

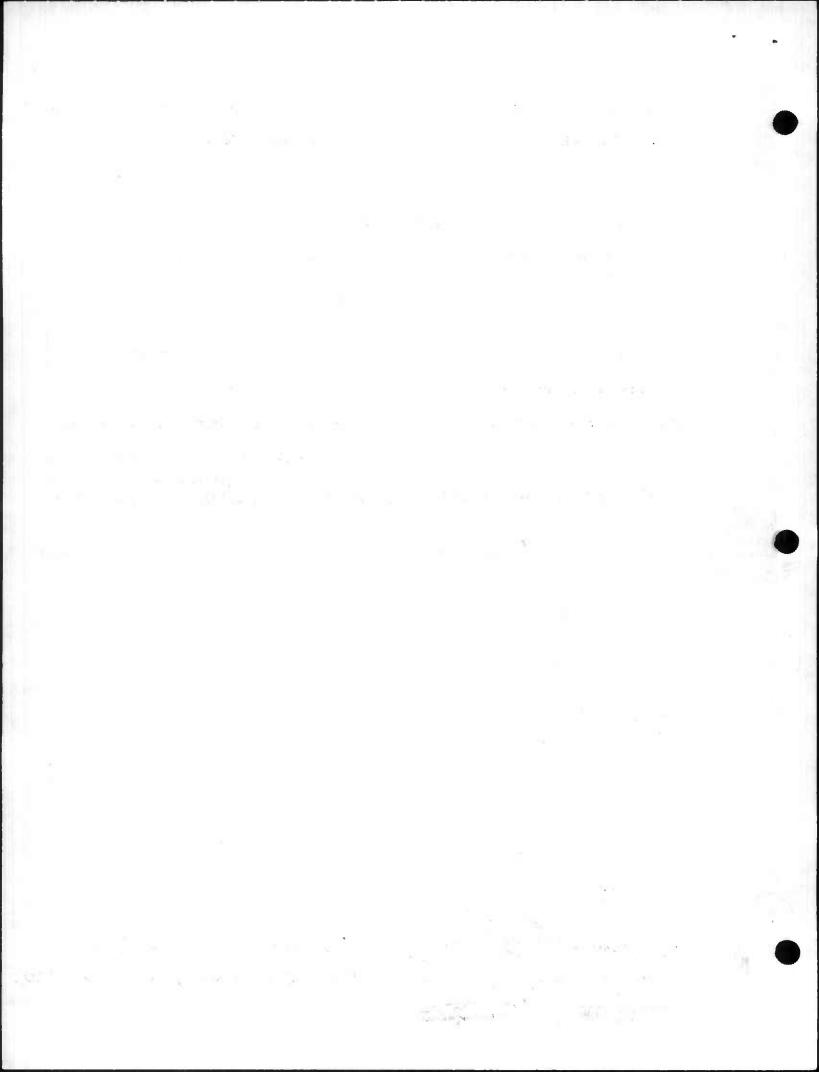
UNIVERSITY OF MARTIAND 22 S. GREENE ST. BALTIMORE, MD 132. Aggistra's Signatura Fulla Sevidson-Randelle

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3. Time of Deeth **Physician** Month Charlotte May Peyton 19,1996 October 10:30 A.M. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County ot Death Examiner City 4410 Shamrock Avenue N/A Baltimore If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** Birthplece (State or Foreign Country) Deys Months 1□ M 2□ F 217-07-5403 Yes Director 75 Maryland Usual Residence of Decedent the Marylend show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or items 23s or 28s-f show Director 1 Yes 2 □ No Maryland Baltimore City N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4410 Shamrock Avenue 21206 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Race - American Indian, Bleck, White, etc. filed within 72 hours efter 1 Never Merried 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give ↑ Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No þ Specify: 3 ☐ Widowed 4 ☐ Divorced should be more and Mentel Hyglena.
Smarked other than "natural" "natural" White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Home Maker 11th Grade Own Home 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be family and Mentel I Clarence S. Meredith Mary E. Cart 19e. Intorment's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) or other train Lyal H. Peyton - Husband 4410 Shamrock Avenue, Baltimore Maryland -21206 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State Dete W Burial 2 ☐ Cremation 3 ☐ Removal trom State permit. Page Department of Important: If any Injury or Moreland Memorial Park Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 10/22 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility 6415 Belair Road John C. Miller, Inc. Baltimore, Maryland-21206 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, or heart tailure. List only one cause on each line. **Physician** /Medical tmmediate Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed buriel-transi Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last pue Due to (or as e consequence ot): Division of Vital Records, P.O. Box 68760 Physician/Medicai the Due to (or es a consequence ot): signed by the ettending p Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24e. Wea an eutopsy performed? certificate 1 Yes 2 No or Attending Physicien: funeral director, Be 25. Was cese reterred to medical examiner? 26. Piece of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of Injury 28c. Injury et Work? NA 28d. Describe how injury occurred After 5 Pending investigation NA NA 1 ☐ Yes 2 ☐ No NA Inours after death uneral Director: / 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, tarm, street, tactory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 Homicide To the Hospital . within 2 hours a. To the Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and place in the control of the cause of the control of the cause of the c Medicai 29a. Certifier 29b. Signature and Ne of certifie 29c. License number ed cause of death (Item 23e) (Type, Print) 5444 Belair Rd. Baltmore 21206 30. Name ap OSEMAR 31. Dete tiled (Month, Dey, Yeer) State

DHMH 16 Ray 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death October **Physician** Pinkney almadge. 96 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Liberty Medical Center Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Devs Hours Min. (Month, Day, Year) 7. Age (in yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 10XM 2□ F Months Deys 220-03-6532 Yrs. Director May 20,1909 Maryland Usual Rasidance of Dacedeni the Maryland 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Medical Examinating must be notified at Maryland 1 Yas 2 No Director Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3401 Powhattan Avenue 21216 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? 1√ Yas 2 No If Yas, Give 13. Was Decedant of Hispenic Origin? (Specify Yas or No-lf Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14 Race - American Indian permit. Peges 1 and 2 should be filled within 72 hours after to Department of Heelth and Mentel Hyglene. Important: If Itam 27 is marked other than "natural", or itam eny injury or other trauman. Biack, Whita, atc. 1 Naver Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify Specif Black à 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Physician Self-Employed 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumame) Be Louis Pinkney Flossie Hall 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) Cecilia Pinknev 3401 Powhattan Avenue Balt. Md. 21216 20b. Placa of Disposition (Nama of cematary, cramatory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Metro Crematory 10/21 Baltimore, Maryland 22. Nema and Addrass of Facility Nutter Funeral Homes Inc. 21. Signeture of Funaral Sarvice Licensaa 2501 Gwynn Falls PKY Baltimore, Md. 21216 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line, Approximate Intarval Between Onset and Death **Physician** /Medical Immedieta Causa (Final disaasa or condition resulting in deeth) Examiner The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediata causa. Entar Underlying Cause (Disaesa or Injury that initieted avants resulting in death) Last pue Division of Vital Records, P.O. Box 68760, physician Physician/Medical the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 8 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24a. Was an autopay performad? page 2 1 ☐ Yas certificate To the Hoteland of Attending Physician: within 24 hours after death.

To the Funeral Pirector: After this certifica completely fified in by the funeral director; p Be 25. Was casa retarred to medical examinar? 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Medical Certification: To 27. Manner of Death 28c. Injury et Work? 28b. Tima of 28d. Dascribe how injury occurred 5 Panding Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Placa of Injury - At homa, tarm, streat, factory, offica building, atc. (Specify) 4 Homicide 29e. Certiflar Certifying Physician: To the best of my knowledge, daeth occurred at tha time, dete and placa, and dua to the cause(s) and manner as stated.

Medical Examiner: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and mennar atlated. 29b. Signetura and title of contifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) daath (Itam 23a) (Type, Print) 30. Nama and addrass of parson who complated caus ty Hedical Cen Zrebeet, N.

DHMH 16 Rev 6/95

Registrar

31. Data filed (Month, Dey, Year) OCT 22 1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death LOUISE L. PATTERSON Day 19:10 **Physician** 1235 AM OCTOBER 1996 /Medicai 4a. Facility Name (If not institution, give street and number)

JOHNS HOPKINS MED CENTER 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 4240 EASTERN BALTIMORE BAUTIMORE BALTIMORE, MD AVE. Hours Min. 8. Dete of Birth (Month, Dey, Year) Feb. 3, 1921 If Under 1 Year Months Deys 5. Sociel Security Number 7. Age (In yrs. last birthdey) **Funeral** Birthplace (State or Foreign Country) 1□M 2√F Director 220-01-5467 Kentucky Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location show 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 26a-f shov traumatic event, the Medical Examinat must be notified at Md. Baltimore Director Essex 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 108 N. Marlyn Ave. 21221 USA Funeral filed within 72 hours efter death 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien. Bleck, White, etc. 1 ☐ Yes 2 No if Yes, Give 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2X No þ Specify: White 3 Widowed 4 □ Divorced Yeer or Dates: Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent'a Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within 7 Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "ru any injury or other traumatic event, the Media once. Elementery/Secondary (0-12) College (1-4or 5+) Housewife 10 yrs 17. Fether's Name (First, Middle, Last) Home Maryland 18. Mother's Name (First, Middle, Maiden Sumame) Be Joseph Akers Lula Williams 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sarah Poling 108 N. Marlyn Ave. Balto. Md. 21221 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other piaca) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cem. 10 - 22Baltimore 22. Name and Address of Facility Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd.

ter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, heart failure. List only one cause on each line. 7110 Sollers Point Rd. Approximate Interval Between Onset and Deeth **Physician** /Medicai Immediate Cause (Finel disease or condition resulting in death) days METABOLIC ENCEPHALOPATHY **Examiner** Due to (or as a consequence of): Examiner 1 DAY ACUTE RENAL FAILURE or Attending Physician: The law requires thet the deeth certificate be executed buriel-tran Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequenca of): pue HYPER aLYCEMIA DAYS Box 68760. physician Physician/Medical the Due to (or as e consequence of): HYPER NATREMIA DAYS signed by the et d be deteched fo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? (L) BRACHIAL ARTERY EMBOLI, (R) HILAR LUNG MASS. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peed ATRIAL PIBRILLATION OF NEW ONSET, HYPOCALCEMIA certificate hes RHAB DO MYOLYSIS 1□ Yes 2 No 1 ☐ Yes 2 No 25. Was case referred to medical examiner?

1 Yes 2 X No Be 26. Placa of Death (Check only one) Hospitet: 1 Manpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this 27. Menner of Death Certification: 28b. Time of injury 28a. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28c. Injury at Work? After 1 Neturel 2 Accident 5 Pending fin 24 hours after death. The Funeral Director: Al mpletely filled in by the fu death. Investigation 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homictde Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

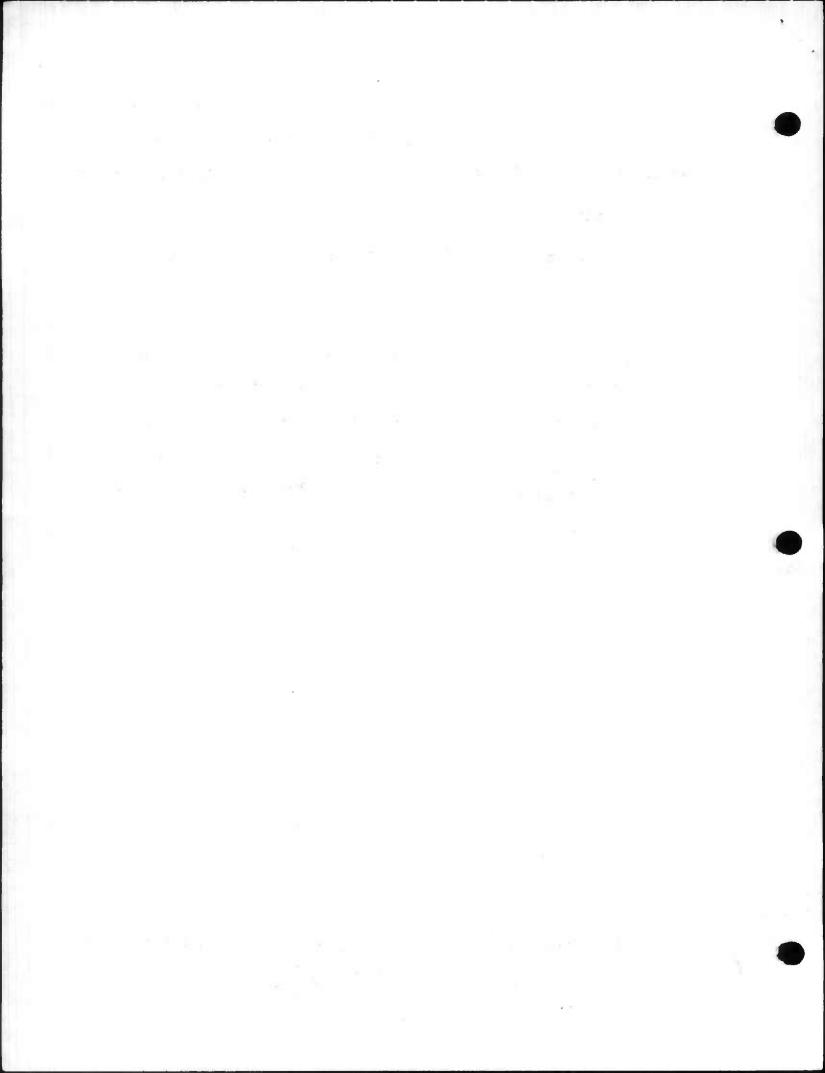
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29a. Certifier Medical To the How windin 24 h To the Fur completely (Check only one) 29b. Signeture end title of cartifler 29c. License number 29d. Dete signed (Month, Day, Year) Carlon Houle 4D Octo BER 19, 1996 96008 30. Name and address of person who completed cause of death (flem 23a) (Type Print) VIEW HED CENTER CUROLYN HOUK H.D. JOHNS HOP KINS BAYVIEW HED CENTER 4240 FASTERN AVE. BATTKONE, CAROLYN BALTIMONE, HOZIZZY 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

DHMH-16 Rev 6/95

Registrar

OCT 22 1996

relia Lavidson Randoll

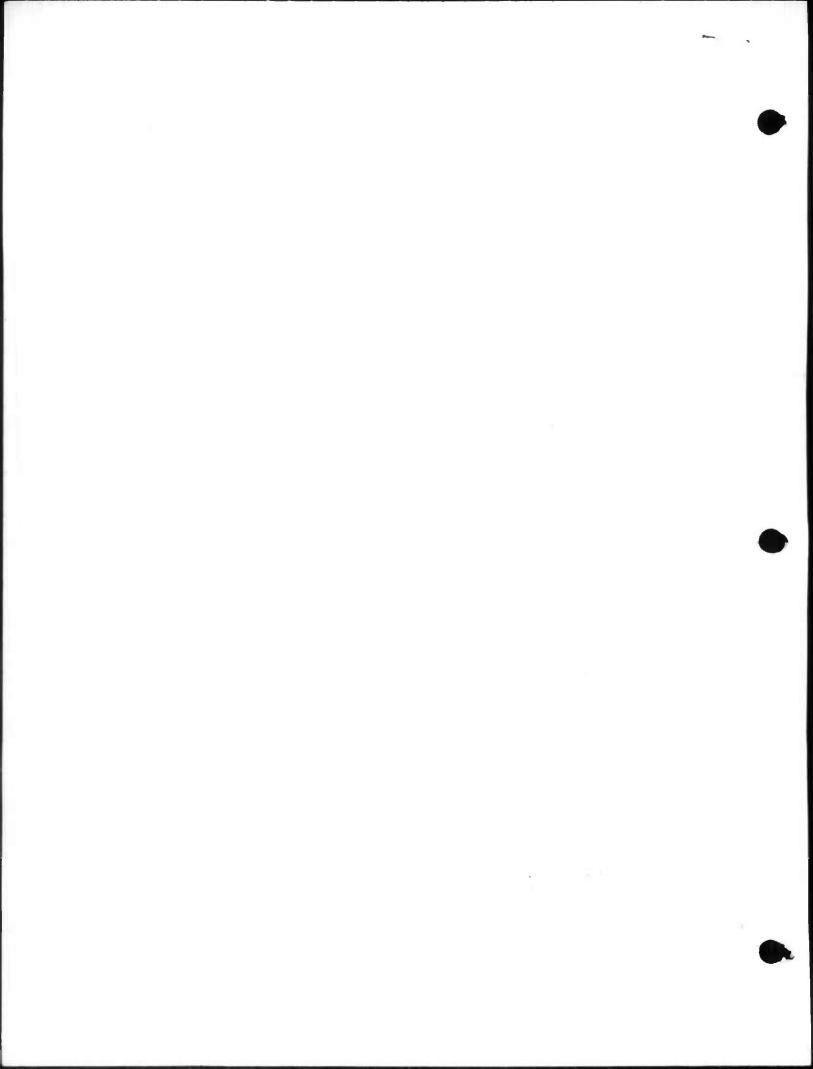


State of Maryland / Department of Health and Mental Hygiene 96 3 | 548

					Certificate	of Death	R	leg. No.	01040
	1114		Decedent's Name (First, Middle, Last)				2. Dete of Dee		3. Time of Death
	Physic		Joseph Andrew	Pitruszella	24		October	Dey Year	9:45 pm.
	/Medi Exami		4e. Feclify Name (If not institution, give street			4b. City, Town, or L		4c. County of Dea	
7	LAGIIII	IICI	0.1	SPITAL		BALTIMO	PE	13/1	
н	Francis	_	5. Sociel Security Number 6. Sex	7. Age (In yrs. las	st birthday) If Under 1 Y	eer If Under 24 Hrs.		9 Bir	thpiece (State or Foreign
	Funeral Director		214-16-9929 1XM Usuel Residence of Decedent			eys Hours Min.	8. Dete of Birth (Month, Day MAY 5,	1921 C	MD.
	land w		10a. State 10b. County	10c. City,	Town or Location				10d. Inside City Limits
	death with the Maryland ms 23e or 28e-f show cross be nothing at	to	MD. N/A	BA	LTIMORE				1 Yes 2 No
	1 the	ē	10e. Street end Number	10/4	10f. Zip Coo	de	1	Og. Citizen of What C	ountry?
	3a o	Funeral Director	922 S. KENUS	OOD AVE		21224		0.5.	A.
	death	Jera	11. Meritel Stetus 12. V	Ves Decedent Ever in U,S.		of Hispanic Origin? (Sp Cuban, Mexican, Puerto	acify Yes or No-	14. Race - Am	erican Indien,
5-0020	after or its	by Fur	1 Never Merried 2 Merried	rmed Forces? ☐ Yes 2 No Yes, Give Year or Detes:	1 Yes 2D		Rican, etc.)	Specify:	te, etc. OHITE
0		Completed	15. Decedent's Education	n	18a. Decedent's Usuel O	ocupation		16b. Kind of Business	
215		ble	(Specify only highest grade cor Elementery/Secondery (0-12)	college (1-4or 5+)	life. DO NOT use re	one during most of work stired)	ang		
2121	2 should be filed within and Mental Hyglene. Is marked other than aumatic event, the Mental than an aumatic event, the Mental than the Mental	E O	12	2	ACCOUR	JANT		STATE .	OF MD.
p	d Hygid other	Bec	17. Father's Neme (First, Middle, Last)			18. Mother's Nam	e (First, Middle,	Melden Sumame)	
Maryland	Mental Mental Brited o	ToE	JOSEDH A. PITRI	UZZELLA		IREN	E Mic	LER	
ary	2 should and Mer is marks aumatic	-	19e. Informent's Neme/Reletionship (Type, I		19b. Melling Address (St	reet end Number or Rui	ral Route Number	r, City or Town, State,	Zip Code)
Σ	and 2 paith a n 27 is		RICHARD PITRUZ	ZELLA	207 Mil	LER STONE	cotr.	ABINGTON	MD. 21009
6	f Health Item 27 I		20e. Method of Disposition	20b. Pled	e of Disposition (Neme of			20c. Location - City or	
Baltimore	00-7		1 Burial 2 ☐ Cremetion 3 ☐ Remo 4 ☐ Donetion 5 ☐ Other (Specify)	vei tront State	netery, cremetory or other		ret - 23 -	BACT OF	MD.
=			21. Signeture of Funeral Service Licensee	1. 0.4	STANISLAU 22. Neme end A	44		BALTO CO	
Ba	permit. Departrimporta		I komon)	Sparke h	SKARD	AFH. E		LUDSON ST	
			23a. Pert1. Enter the disease, or complication shock, or heart failure. List only one can	ns that caused the deeth.	Do not enter the mode of	dying, such es cardiec			Approximate Interval Between
	Physician								Onset end Deeth
-	_/Medical		Immediate Cause (Final disease or condition	Europaux Bue to (or e	ladden Con	era ma a	or no	lestre	2/2 y Rs
	Examiner		resulting in death) e	Due to (or e	s e consequence of):	warms w	w. v		710-
_		ner							1
	icate be axecuted physician and s the bunal-transit	Examiner	Sequentially list conditions	Due to (or a	s e consequence of):				
ó	ertificate be axecut ding physician and se as the burial-tran		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		Alle Sole Version				
68760,	ysick te bu	edical	Cause (Disease or Injury that initiated events	Due to (or as	s e consequence of):				
89	- D1 65	8	resulting in deeth) Last		,,,				
Box		N/u	d						
	ires that the death cert signed by the attendin d be detached for use	Physician	Part II. Other significant conditions contribu	ting to death but not resulting	no in the underlying cause	a given in Ped I	23h Did to	nhacco use contribut	e to the cause of death?
P.0	the ache	hys		_			1 🗆 Y	L.	robebly 4 Unknown
	that ned to	by P	Cormany A	try Duce	re		131	2000 301	TODEDI) 4 DIKHOWII
Vital Records,	requires that the death or seen signed by the attent should be detached for us		Recurrent &	1	Thombon		24e. Wes a		Were eutopsy findings
00	v requin	Completed	- Me arrens x	las sen	/ krombon	- Left Leg	perfor	med?	svallable prior to completion of cause of death?
Re	8 9 N	E D		,				1 -	
<u>a</u>							1 🗆 Y	es POLNO	1 Yes 2 No
Z.	Physician: The la this certificata ha ral director, page	Be	25. Was case referred to medical exeminer?	ral: V		28. Place of Deel	th (Check only or	ne)	
7		J.	Tes gardo	LNnpatlent 2 LEF	VOutpatient 3□ DOA			ence 8 Other (Spe	ecify)
2	After After funer	on	1 Netural 5 ☐ Pending	a. Dete of Injury 28 (Month, Dey Year)		Injury et Work?	28d. Describe h	ow injury occurred	
Sic	Attending or death. ector: After by the fune	cat	2 Accident investigation 3 Suicide 8 Could not be		М	1 Yes 2 No			
Division	i or Attendii after death. Director: A I in by the fu	Certification:	4 Homicide determined 28	 Plece of Injury - At home building, etc. (Specify) 	e, ferm, street, fectory, off	ice	28f. Location (Si City or Town	treet end Number or R n, Stete)	ural Route Number,
	oftal urs a lied i								
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	(Check only 2 Medical Examiner: (: To the best of my knowle on the basis of examinetion	edge, deeth occurred et the and/or investigetion, in r	e time, dete end piece, ny opinion, deeth occur	end due to the c red at the time, d	auae(s) end manner a lete end piece, and du	s stated. e to the cause(s)
	the the	Med	one) 29b. Signature and title of certifier	and manner stated.					
	5 ± € 5		- Spender of Continer	60	-	cense number	2	9d. Dete algned (Mon	
			Xaipur &	Musas	1	4730		10/20/9	6
4	N		30. Name end eddress of parson who comple	-		Gastery A	, ,		
1	A. A.			ELMA A	10 3023	CASTON A	we Dal	a ma	21224
	Sta	ite	31. Dete filed (Month, Dey, Year)	32 Registrar's Signetur	Danda W.				

: The law requirate has been state Dept. of Pitem 23 short	DING PHYSICIAN After this certific death with the S s marked, or	S 50 -	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ritificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sd, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	S 50 -	CH ATTENDING PHYSIC DIRECTOR: After this ce hours wher death with t Item 28 Is marked,	ires that the death certificate be on	signed by the attending physician a	Health and Mental Hygiene prior to	ws any injury, or other traum

	FOR STATE OF MARYLAND 1 - REGISTRAR C	/ DEPARTM			MENTAL HYGIE		01043			
DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) A. ROBINSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In 1 M 2 F 83) 8a. FACILITY NAME (If not institution, give street and number) SINGL HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	yrs. Moi	UNDER 1 YEAR ITHS DAYS CITY, TOWN O	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DI	2. DATE OF DEATH MONTH 10 9 7. DATE OF BIFTH (Month, Dey, Year) 12-7-19 EATH	DAY/ 96 Y	BIRTHPLACE (State or Foreign Country) OF DEATH 10d. INSIDE CITY			
BY FUNERAL	10e. STATE 10b. COUNTY 10c. CTTY, TOWN OR LOCATION 10c. CTTY, TOWN OR LOCATION 10d. INSIDE LIMITS 10d. INSIDE 10d.									
TO BE COMPLETED	(Specify only highest grade completed) Elementary/Segondary (0-12) 17. FATHER'S NAME (First, Middle, Last) E F G S P S E V G N S 19a_INEORMANT'S NAME (Type/Print) Rev. Theresa Robinson 20a_MBTHOD OF DISPOSITION 20a_MBTHOD OF DISPOSITION		one during modified.) MGKE ORESS (Street a N. Ful-	16. MOTHER'S NA FANN INDICATE OF RURAL ON AUE	ME (First, Middle, Meide 18 EV a. Route Number, City or R Baltime	NS wn, State, Zip Co	de) L 21217			
	23. PART I. Enter the diseases, or complications that caused the deposition of the complete control of the control	a.	22. NAME AN CONTROL OF THE PROPERTY OF THE PRO	nin	h aa cardiac or rea	piratory arreat	nd 21216 Approximate interval Between Onset and Deeth Acu De-			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	IE C EQUENCE OF): 144/	ARDIO	VASCUL	AR DIS	EASE	YEARS YEARS			
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not ASTHMATT & BRONCHITTS DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA			cause given in	PERFO	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIA	28. WAS CASE REFERRED TO MEDICAL EXAMINER?. 1 YES 2 NO 1 Inpattant 2 EX/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
HYS	27. MANNER OF DEATH 286. DATE OF INJURY	3 DOA 4 DOA 4 D	Nursing Hom-	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	RED			
ВУ Р	1 Natural 5 Pending (Month, Day, Ibag) 2 Accident Investigation		INJURY WORK? M 1 YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At houlding, etc. (Specify)	ome, farm, stree	t, fectory, office	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner se stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
TO BE C	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT)			29c. LICENSE NUI D-190	ABER 425	29d. DATE \$1	19/96			
	31. DATE FILED (Month, Day, Year) Julia V. M. D. 2 OCT 2 2 1996 Julia V. Midson-Annual Control of	211 6	v. RoG	urs .	AVE	2/20	9			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 1996 40 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Baltimole 5. Social Security Number 7. Age (In yrs. last birthday)
Yrs. If Under 24 Hrs. 8. Date Birthplace (State or Foreign Country) 219-28-5263 Usuel Residence of Decedent 1 M 2□ F Months Days 3 Pennsylvania 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland 10e. Street and Number 1X Yes 2□ No Imore 10f. Zip Code 10g. Citizen of What Country? 21225 ew to 12. Was Decedent Ever in U,S.
Armed Forces?
1 Yes 2 No
If Yes, Give 11. Marital Stetus Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 2 Married 1 ☐ Yes 2 No Specify 3 Widowed 4 Divorced Specify: e Year or Dates: 16a. Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary Secondary (0-12) Cellege (1-4or 5+) oupervisor Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumarpe) 19e. Informant's Neme/Relationship (Type, Pnnt) 19b. Mailing Address (Street and Number or Rural Route Number, City 20b. Place of Disposition (Name of Md. 21045 Columbia, IVIA, ZIC ate / 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 R 4 Donetion 5 Other (Specify) 3 Removal from State grundel of Funeral Service Licenses 22. Name and Address of Fecility Joseph Li Ryss W. North era Md. 21216 Ave. attions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, a cause on each line. Per LEnter the disease, or complications to shock, or heart fillure. List only one cause Approximate Intervel Betw Onset end Death Immediete Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting In death) Last Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 1 🗆 Yes 2 10 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No Hospitel: 1 Inpatient 1 Yes 2 ER/Outpetient 3 DOA 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Sulcide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and plece, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and manner stated. 29e. Certifier

Examiner Jivision of Vital Records, P.O. Box 68760.

ending Physician: The lew requires thet the death certificate be executed the burial-tran signed by the attending physician d be detached for use as the buria hes certificate After this the 8 To the Ho within 2. In To the Fur completely

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Funeral Director

Completed by

Be 2

21. Sign

Pages 1 and 2 should be filed within 72 hours after death with the Marylar nent of Health and Mental Hygiene.
ant: If Item 27 is marked other than "natural", or Items 23a or 28a-f show ury or other traumatic event, the Madical Examines must be ned at

permit. Pages 1 Department of H Important: If its any injury or ot

Physician

/Medical

Physician/Medical

Completed by

Be

Certification: To

Medical

Baltimore, Maryland 21215-0020

with the Maryland

State

Registrar

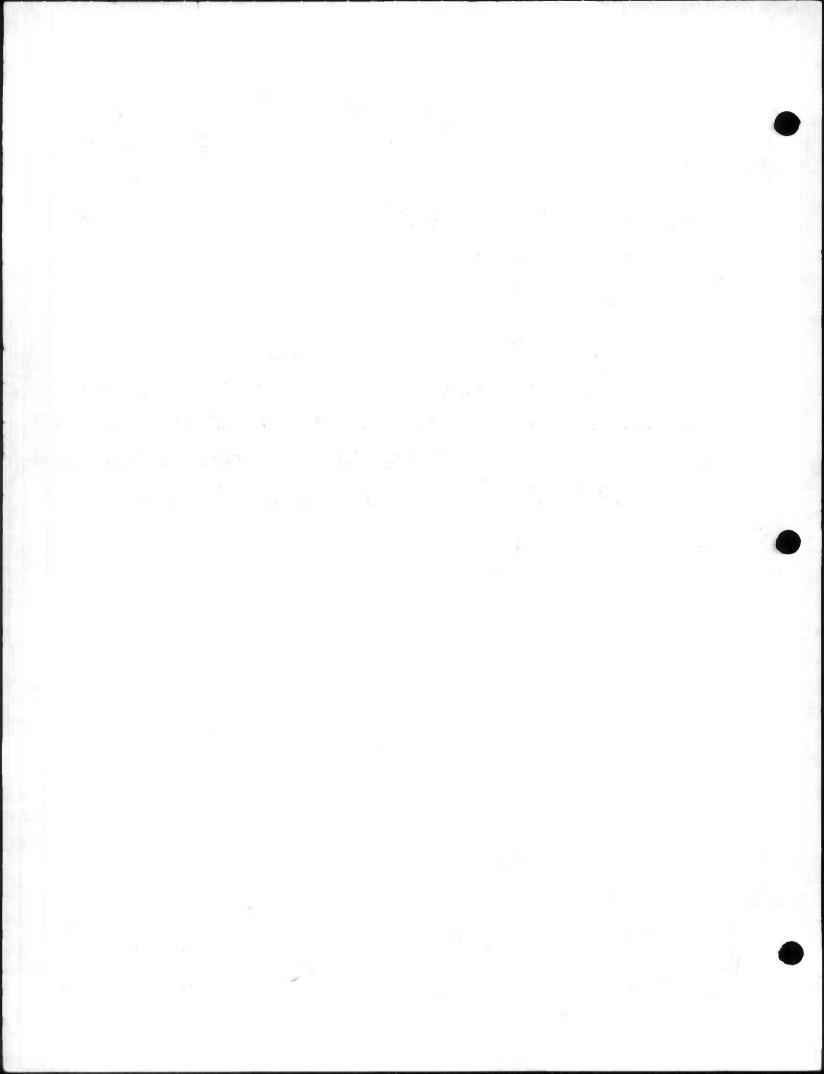
29b. Signetyre and title of certifier

2

29c. License number

29d. Date signed (Month, Day, Year)

address of person who completed cause of deeth (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) 0 32. Registrar's Signature



Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death Month Roeth Margere 5:55 P.M lartha 10 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore County Franklin Woods Nursing Home Rosedale If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey. June 1, 5. Sociel Security Number Birthplece (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthday) 1□M 210 F Maryland 213-03-1532 Yrs. 78 Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits Maryland N/A Yes 2 No Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5915 Glen Oak Avenue 21214 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2∑ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yea or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 □ Never Married 2 □ Merried 1 ☐ Yes 2 No Specify: Specify 3 Widowed 4 □ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) Assembly Line Worker 8th Grade Electrical 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Bartholomew Matthew Lorden Anne Marie Kenan 19e. Informent'a Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 238 Mill Church Road, Arnold, Maryland 21012 Judith M. Banks/Daughter 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete Parkwood Cemetery 4 □ Dogration 5 □ Other (Specify) 10/21/96 Baltimore, Maryland 22. Name and Address of Facility
John C. Miller, Inc. uninta 6415 Belair Road, Baltimore, Maryland 21206 Tomas Approximate Interval Between Onset and Deeth ear Due to (or es a consequence of) Due to (or es e consequence of) Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 100 3 Probably 4 Unknown 24b. Were sutopsy tindings available prior to completion of cause of death? 24a. Wes en autopsy 1 Yes 200 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: If flem 27 is marked other any injury or other traumatic event once.

Physician

-/Medical

Examiner

10a State

Funeral

Director

ms 23a or 28a-f show must be notified at

Нета 23а

traumatic event, the Medical Examiner

Director

Funeral

þ

Completed

the Maryland

death

e filed within 72 hours after all Hygiene.

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Division of Vital Records,

Physician/Medical Examiner þ Completed Be

physician and the burial-transit the death certificate be executed 88 980 ed by the a signed t page 2 certificate has Physician: this funeral After or Attending after des.

I Director: After

30. Name and eddress of person who appleted cause of deeth (Item 23e) (Type, Print)

rankeln

State

31. Dete filed (Month, Dev. Year) OCT 2 2 1996

21. Signature of Funerei Service Licensee 23a. Part I Inter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditiona, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events that initieted events resulting in deeth) Last Part II. Other algoriticant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) 1 Yes 2 No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient Other: 4 Aursing Home 5 Residence 8 Other (Specify) Certification: To 3 DOA 27. Megner of Deeth 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Sulcide 28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 29a. Certifler Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) end menner steted. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

Square 1

Registrar

The second of th

State of Maryland / Department of Health and Mental Hygiene

3 | 552

						Certif	icate of	f Death			Reg. No.						
	Physic		Decedent's Name (First, Middle, Las		F. Roele	ecke				2. Dete of De Month Octobe	eath Day	Year 1996	3. Time of Death 2:36 P.N				
Ť	/Medi		As Foolith Name (March Institution and associated with a										2.30 F.F				
4	Examiı	ner	Washington Adve	entist Hos				Takoma	Parl	ĸ	Monte	gomer	•				
	Funeral Director		220 24 3812	ox 7. Ag	e (in yrs. last birti		Under 1 Yes onths Day		Min.	B. Dete of Bir (Month, De Tune 1	ey, Year)	9. Birthpl Count Ma1	lace (State or Foreign try) ryland				
	Aaryland f show ed at	or	Usual Residence of Decedent 10a. State 10b. County Maryland Anne Art	ınde1	10c. City, Town		on					10	0d. Inside City Limits				
	with the N	Director	10e. Street and Number		Tabad		Of. Zip Code		-		10g. Citizen of 1		try?				
020	72 hours aftar death with the Maryland naturs!', or items 23a or 28s-f show licel Examiner must be notified at	by Funeral	7860 Elizabeth R 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:			Decedent of s, specify Cu Yes 2 2 No	Hispenic Origi ban, Mexican,	in? (Speci Puerto Ri	ify Yes or No ican, etc.)	U • S p- 14. Rec Bia Specifi	e - America ck, White, e					
21215-0020	n 72 hours aftu "naturs!", or i	eted	15. Decedent's Edi (Specify only highest grad	ucation de completed)	18a.	(Give kind	's Usuai Occi of work don	e during most o	of working	7	16b. Kind of B	usin ess/I nd	Justry				
212	d withi	Completed	Elementary/Secondary (0-12) 5th	College (1-4or 5			VOT use retii	erator			Carry	out R	Restaurant				
Maryland	Mental Hygie Mental Hygie arked other artic event, to	Be	17. Father's Name (First, Middle, Lest) ഡ്	illiam O.	Roeleck	.e		18. Mother	,		, <i>Meiden Sumen</i> Thomas	ne)					
2	d 2 should b th and Ments 7 is marked traumatic e	10	19a. Informant's Name/Relationship (T				ddraes (Stra	et and Number			er, City or Town,	State 7in	Code)				
	nd 2 alth a 27 is		Janet L. Roeleck					th Road			ena, Mai						
Baltimore,			20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ I 4 □ Donation 5 □ Other (Specify,		20b. Piace of cemeter) Metro	y, cremeto	ny or other p	,	10,	Date /19/96	20c. Location -		wn, State Maryland				
Balt	permit. Pages Department of Important: If it any injury or once.		21. Signature of Funerel Service Licens	omeso	who			ress of Fecility	G		Funeral timore,						
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	lications that caused one cause on each li	I the deeth. Do no				_				Approximate Intervsi Between				
	Physician /Medical Examiner		tmmediate Cause (Final disease or condition resulting in deeth)	· PRED	PERATI	VE onsequen	CA	ROIAC	A	RRE	ST	1	HINRS MONTHS				
68/60,	icate be assecuted physician and s the burial-transit	sal Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inhitated events	b. SEVE	Due to (or as a co	EF1 onsequen	- VER	TRICU	LAR	ASE	SFUNCT	TON	MONTHS YEARS				
OX PR	ding ding se as	n/Medical	resulting in death) Lest	d	Due to (or as e co	onsequen	ce of):										
	that the death of the detached for us	Physician	Part II. Other significant conditions co	_							tobacco use co		the cause of death?				
S,	8 .5 e	by	STATUS POST	CORONA	RY B	YPAS	SS (REDO)		198 2LE NO	3 100	abiy 4 Onknow				
Hecords,	e law requires has been sign je 2 should be	Completed				_				24e. Wes	s an autopsy omed?	cor	ore autopsy findings allable prior to mpletion of cause deeth?				
_ F	Pag ata	o Be	0	Ф	Ф	Ф								10	Yes 2 No	10	Yes 2□ No
	Physician: this certific ral director,		25. Was case referred to medical examiner?	Hospital:			C	Whor:		Check only							
o uo	After After	-	27. Manner of Deeth 1 2 Naturel 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Dey Year) 28b. Time of Injury at Work? 28c. tnjury at Work?													
DIVISION	P F P C	Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)							l Route Number,							
	the Hospital hin 24 hours the Funeral hpletely filled	edical C	29a. Certifier (Check only one)	sician: To the best of inar: On the basis of and manner sta	examination and	death occ	curred at the gation, in my	time, dete end opinion, death	piace, an	d due to the l et the time,	cause(s) and ma dete and place,	anner as st and due to	ated. the cause(s)				
_	the the complex	Me	29b. Signature end title of certifier		4 0			nse number			29d. Date signe						
c	=) ^		1 Une He	u l	UD		0:	3620	7		Och	ber	18,1990				
	17	-	30. Name and address of person who co	ompleted cause of d		Type, Prin	DEDA /	1 QUE	_	Tak	o Peor	M	D. 20912				
	Sta	te	31. Date filed (Month, Dey, Year)		ar's Signeture_	م ر	1-KU //	FIVE	•	MONIN	H VAISI	7 7]	2. 001.0				

State

Registrar

OCT 2 2 1996

The term of the contract of th

State of Maryland / Department of Health and Mental Hygiene 31553 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** October 21, 1996 GUSTAV ALEXANDER RASCH JR 9:30AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Good Samaritan Hospital Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. January 31, 1924 5. Social Sacurity Number 9. Birthpiace (Stata or Foreign 7. Aga (In yrs. last birthday) **Funeral** 1€M 2□ F Marviand 216-12-3237 72 Yrs. Director Usual Rasidance of Decedant pemit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if itam 27 is merited other than "nature!, or items 23s or 28s-1 show any injury or other traumatic event, the Madical Examiner must be normal ence. 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Tax XXX Director Maryland Baltimore Baltimore 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 21234 8815 Lakewood Road USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1XXX 2 □ No If Yes, Giva Yaar or Datas: WW I I 11 Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Biack, Whita, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2/CXNo þ 3 ☐ Widowed 4 ☐ Divorced WWII White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coilega (1-4or 5+) Utility Engineer 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Gustav Alexander Rasch Sr. 2 Ruth Bierce 19a. Informant's Name/Ralationship (Type, Pnht) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Evelyn B. Rasch 8815 Lakewood Road Baltimore, Maryland 21234 Wife 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from Stata 10/24/96 Pikesville, Maryland Druid Ridge ignatura of Funaral Sarvice/Ligensee 22. Nama and Addrass of Facility Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212 of the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, 23a. Part I. Enter the disease, or complications that cat shock, or heart fallure. List only one cause on each Approximata Intarval Between Onset and Death **Physician** U/E MYOCARDIAL INFARCTION
Dua to (or as a consequence of): Immediata Causa (Final disease or condition rasulting in death) /Medical Examiner Physician/Medical Examiner attending physician and for use as the bunal-transit The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immadiata causa. Entar Underlying Cause (Diseasa or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Part tt. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Dtd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed'i al No 1 ☐ Yas 2 ☐ No 1 Yas Be 25. Was casa refarred to medical 26. Placa of Death (Check only ona) Hospitai: 1 ☐ Inpatient Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 2 No 2/ ER/Outpatient 3 DOA 5 27. Mannar of Death Certification: 28b. Tima of 28d. Dascribe how injury occurred After t or Attending a after deac.

al Director: After 1 Natural 2 Accidant 5 Panding invastigation 1 ☐ Yas 2 ☐ No 8 Could not be datarmined 3 Suicida 28a. Place of injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Funeral I 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical (Check only 29b. Signatura and titla of 29c. Licansa number 29d. Data signed (Month, Day, Year) 0-12849 10-21-96

State Registrar

31. Data filed (Month, Day, Year)

H. GHILADI MD. 7600 32. Registrar's Signatura wia Davidson Ronde De OSLER DI TONSON MI 21204

30. Nama and addrass of person who complated causa of death (itam 23a) (Type, Print)

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

Physician:

State of Maryland / Department of Health and Mental Hygiene

31554

"nettrel", or flows 23s or 284-6 show address Exemples must be notified at the control of the co	235-18-4957 Usual Rasidance of Decedant 10e. Stete 10b. County Maryland Baltimo 10e. Street end Number	URBAN va street and number) Rd . Sax 7. Age (In	RO o yrs. last birthday, 79 Yrs.		4b. City, Town, or Locat Baltimor If Under 24 Hrs. Hours Min.	Data of Birth	Day You Ac. County of Balti	/
Difference 23s or 28s-fehow and Difference 23s or 28s-fehow and Difference 25s or 28s-fehow an	4a. Facility Neme (If not institution, gines 522 Windwood) 5. Social Security Number 6. State 10b. County Maryland Baltimo 10b. Street end Number	va street and number) Rd . Sax 7. Age (In	ı yrs. last birthday,) If Under 1 Yeer	Baltimor	Data of Birth	Balti	imore
al', or frems 23s or 28s-f show and parameter must be notified at option of the parameter o	522 Windwood 5. Social Security Number 235–18–4957 Usual Rasidance of Decedant 10e. Stete 10b. County Maryland Baltimo 10e. Street end Number	Rd. Sax IXIM 2□F		If Under 1 Yeer	Baltimor	Data of Birth	Balti	imore
al, or items 23s or 23s-f show of canding must be notified at of by Funeral Director	5. Social Security Number 235–18–4957 Usual Rasidance of Decedant 10e. Stete 10b. County Maryland Baltimo 10e. Street end Number	Sax 7. Age (In			If Under 24 Hrs. 8. Hours Min.	Data of Birth (Month, Day, Y		
al, or items 23s or 23s-f show of canding must be notified at of by Funeral Director	235-18-4957 Usual Rasidance of Decedant 10e. Stete 10b. County Maryland Baltimo 10e. Street end Number	1XIM 2□ F - 7			Hours Min.	Data of Birth (Month, Day, Y	9.	Birthplace (State or Forei
al, or items 23s or 23s-f show Exactiver must be notified at by Funeral Director	Usual Rasidance of Decedant 10e. Stete 10b. County Maryland Baltimo 10e. Street end Number		79 . Yrs.	Months Days	710015 10111.	Impiniti, Day, i.		Country
ural, or frame 23s or 23s-f show al Exerciser must be notified at ad by Funeral Director	Maryland Baltimo 10e. Street end Number	10			1 J	June 10.	1917 We	est Virginia
ueir, or items 23s or 28s-f show il Examiner must be notified at d by Funeral Director	Maryland Baltimo	10						122022
ural, or items 23a or 28a-f st al Examiner must be notified al Examiner must be notified of by Funeral Director	10e. Street end Number		c. City, Town or L	ocation				10d. Inside City Lim
ural, or items 23a or 28a a Examinar must be not constant of the constant of t	10e. Street end Number	re	Baltimo	ore				1 □ Yas 2000
urel; or items 23e or a Exercitoer must be care by Funeral Di	500 771 1 1 7			10f. Zip Coda		10g	. Citizan of Wha	at Country?
ural, or items 2: al Examinar mus cd by Funera	522 Windwood R	d		2121	2		U.S.A	
ural, or iten a Exercipar d by Fun	11. Marital Status	12. Was Decedant Ever	in II S 13		Hispenic Origin? (Specify	v Vas or No-		American Indian,
LExense de by F	1 □ Nevar Married 2 ◯XMarried	Armed Forces? 1 ☐ Yas 2 No		If Yas, specify Cub	en, Mexican, Puerto Ric	en, atc.)		Whita, atc.
P P P	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva Yaar or Datas:		1 ☐ Yas 2 💢 No	Specify:		Specify:	White
		-2.41-22	100 Dans	death Henri Ocean		140	h Mad of Dools	
nt than "natural, for Medical I	15. Decedant's E (Specify only highast gro	ade compiated)	(Giva	dant's Usual Occu _l I <i>kind of work d</i> ona I DO NOT u <i>se retire</i>	during most of working	16	b. Kind of Busin	ass/Industry
than dmc	Elamantary/Secondary (0-12)	Collega (1-4or 5+)				Th		o. This area
vent, pr	47 February Name (First Middle Land	4	(1111	Enginee			ngineering	3 FIDII
Be ver	17. Fathar's Nama (First, Middle, Last	"			18. Mothar's Nama (F	Irst, Middle, Mei	iden Sumama)	
To E	Jedidiah		Robinso	on	Sarah			Poe
If item 27 is marked other or other traumatic event, To Be C	19a. Informant's Neme/Raletionship (t and Number or Rural R			
er tr	Elizabeth McKay R	dobinson Wife	522	Windwood	Rd. Baltim	ore,Mar	yland 2	.1212
other t	20a. Method of Disposition		Ob. Place of Disponent	osition (Nama of matory or other pla	(ce)	Data 20	c. Location - Cit	ty or Town, Stata
7 2 7	1- Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Othar (Special	☐Ramovai from Stata			em. Gdns. 10	/23/96 Ti	monium.	Maryland
important: It any injury o	21. Signature of Funaral Service Lice			2. Nema and Addra		12,00 11	morra can,	Tide y Land
any ir	MO Lya	1/ 1				1d Home	Inc	
	CLOSE TY.	Brah.		6500	ell-Wiedefe York Rd. 2	1212	THC.	
	23a. Pert1. Enter tha diseese, or com shock, or haart failura. List only	ona cause of each line.	death. Do not en	ter the mode of dyi	ng, such as cardiac or re	sspiratory arrest		Approximate Interval Between
sician		1/1	0	1-				Onset and Death
edical	Immedieta Causa (Final disease or condition	1 midia	Kond	.(./-		lus	m	
miner	resulting In daeth)	Due	to ibr as a conse	ouence of:	y lan	- CA	~	
ě		8 11	, ,	/				
in end riel-transit Examiner	Sequentially list conditions	p. 200	to (or an a conse	number of):	_			
EX E	if any, leading to immadiata	10-1	(0	4441144	Pardes	0	0	
Sicial Pur	Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Disease or Injury that initiated evants	Att 19ni	Solor	relex (aides	12000	a	
physicle is the bu	rasulting in death) Last	Due	to (or as a consec	quence of j:			1	
Se a		Nacen	last.	toers	0			
ed by the attending physician end detached for use as the buriel-transit / Physician/Medical Examir		c) Nie	heter	nes	lelus			
hed hed	Part II. Other significant conditions of	contributing to death but no	t rasulting in tha u	ındariying ceusa gi	ven in Part I.	23b. Did toba	icco usa contri	buts to the cause of dea
Ph Ph	120-10	Rholom	. 11.	encor		1 🗆 Yss	2□ No 3	☐ Probably 4 ☐ Unkn
5.8 5	- Amere	' I DOWNING	41.2	mor				
should should leted						24a. Was an a		 Were sutopsy finding available prior to
page 2 should								completion of cause of death?
page 2						1 ☐ Yas	28 No	1 ☐ Yas 2 ☐ No
rector, par	25. Was casa referred to medical							10 185 20 10
director,	examiner?	Hospital:		Ott	26. Placa of Deeth (C			
T di	1 → Yas 2 □ No	1 LI Inpetient	2 ER/Outpatie	nt 3LI DOA	4 Nursing Homa			(Specify)
on the	27. Mannar of Death 1 ■ Natural 5 ■ Panding	28a. Date of Injury (Month, Day Ye	ar) 28b. Time o	Wo	rk?	d. Describe how	Injury occurred	
at set	2 Accident Invastigatio			M 1]Yas 2□No			
1 A	3 Suicide 6 Could not b 4 Homicide determined	28a. Place of Injury - building, atc. (S)	At homa, farm, st	reat, factory, office	28f.	Location (Street City or Town, S	et and Number (Stete)	or Rural Route Number,
d in by the funeral Certification:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,	
2.80	29e. Certifier 1 Certifying Ph	ysician: To the best of my	knowledge, deet	h occurred et tha ti	ma, date and place, and	due to tha caus	se(s) and mann	er as stated.
edical	(Check only 2 Medical Exar	niner: On the basis of axa	mination and/or In	ivastigation, in my o	opinion, death occurred	at tha tima, deta	and place, and	I dua to the causa(s)
	29b. Signature and title/of certifler	- 1	(294 Licens	se number	29d	Date signed (Month, Day, Year)
Me	1//	-61	-		10-0	1		41
P E S	1/1/4	14 11	10 4000		12020	1 4	1	R M
P E S	Mailes	Wan	ullite	10-	09383		0/201	1/2
P E S	30. Nama and address of person who				09383	/	0/201	210
P E S	30. Nama and address of person who Charles F. 0 Do 31. Data filed (Month, Day, Year)		711 Haml		09383 Rd. Baltimo	ore, Mary	1and 21	210

		State of Maryla	nd / Department of I Certificate of		Mental Hygie)6 :	31555
Dhumin I	1. Decedent's Nema (First, Middle,	Lest)			2. Dete of Death			3. Time of Deeth
Physician _/Medicai	SELEMA	MAE	ROB	INSON				5 7:11
Examiner	4e. Fecility Neme (If not institution, 707 EDGEWOOD 5. Sociel Security Number	STREET	(ast birthday) If Under 1 Year	4b. City, Town, or L BALTIMO If Under 24 Hrs.	RE		I/A	
uneral rector	217-38-9936 Usuel Residence of Decedent	1 M 20 F	rs. lest birthday) If Under 1 Year Months Days		8. Dete of Birth (Month, Day, You JAN 13,	98r) 1932	Country	ca (Stete or Foreig /) MD
How #	10e. Stete 10b. County	10c. C	ity, Town or Location				100	I. Inside City Limit
of other than "natural", or frame 23a or 28a-f show event, the Medical Examines must be notified at Be Completed by Funeral Director	MD N/AS		BALTO.					1 □XYes 2 □ No
finer must be notified	10e. Straat and Number		10f. Zip Code		10g.	Citizen of V	What Country	17
a la	707 EDGEWOOD	ST	21	229		u.s	а	
in e	11. Marital Status	12. Wes Decedent Evar in U Armed Forcas?				14. Rac	e - American	
by Fu	1 Never Marriad 2 Marrie 3 Widowed 4 Divorced		1 ☐ Yes 2 ⊋ No		rican, etc.;		ck, White, etc.	
Completed	15. Decedent's (Specify only highest	Education grade completed)	16e. Decedent's Usuei Occu (Give kind of work done	during most of work	king 16t	o. Kind of Bu	usiness/Indu	stry
E C	Elementery/Secondary (0-12)	Coilege (1-4or 5+) N/A	life. DO NOT use retire	•	Н	OUSEK	EEPII	NG
	17. Fether's Neme (First, Middle, Li		HOUSEKEE		a (First, Middle, Mei	don Cumom	101	
Be						den Sumen	ia)	
5	ELMO JENNING 19e. Informent's Neme/Relationshi		105 11-11: 11-11	SARAH J				
	MARY CRIPPENS	p (Type, Ffint)	19b. Meiling Address (Street					ode)
	20e. Method of Disposition	20h	1521 N. WO:	LF ST E	BALTO, MD			
	1 X Buriei 2 ☐ Cramation 3		cemetery, cremetory or other ple	ca)	CT 23	. Location -	City or Towr	n, Stete
	4 Donation 5 Other (Spe	BA:	LTIMORE NATIO	ONAL CEM	11996 B	ALTO,	MD	
	21. Significate of Funeral Service Li	censed //	22. Name and Addre	ss of FacilityBET	TS FUNE	RAL H	IOME	
	Tother	JUIL	/ 1129 N.					13
	23a Pent1. Enter the diseesa, or coshock, or heert feilure. List or	omplications that caused the dee	th. Do not enter tha mode of dyi	ng, such es cardiac	or raspiretory errest,		A	pproximete
н	Shock, or neer tellure. List of	nly one ceuse on each line.					lr.	iterval Between Inset end Deeth
п	Immediate Cause (Final	λρπεριος	CLEROTIC CARI	TOWN CCII	TAD DICI	בא כי די		
н	disaese or condition resulting in deeth)	е		TOVASCO	LAK DISI	LASE		
ē		Due to (or es e consequence of):				i	
Examiner	Convention the list and divine	b. Duo to //	or es e consequenca of):				i	
EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	00 00 (0	or es e consequenca or):				Ī	
dical	Ceuse (Diseese or injury thet initieted events	C					-	
8	resulting in deeth) Last	Due to (d	or es e consequenca of):				İ	
an/N		d					-	
Physician/Me	Part II. Other significant conditions	contributing to death but not res	sulting in the undarlying cause give	ven in Pert I.	23b. Did tobac	cco use cor	ntributa to th	ne cause of death
by Ph	HYPERTENSIC	N			1 🗆 Yes	2□ No	3 Probab	oly 4X Unknow
Completed					24e. Wes an en performed	utopsy 1?	aveile	autopsy findings ble prior to letion of cause
du							of dea	ath?
S					1□ Yes	2 XNo	1 🗆 Y	es 2□ No
Be	25. Wes case referred to medical exeminer?			26. Plece of Deet	h (Check only one)			
2	1 XYes 2 No	Hospitel: 1 Inpatient 2	ER/Outpatient 3□ DOA Oth	ier: 4 Nursing Ho	me 5 Residence	6 □Othe	er (Specify)	
tion:	27. Menner of Deeth 1	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury World M 1	y et k? Yes 2 □ No	28d. Describe how in	njury occurr	ed	
Certification:	3 Suicida 6 Could not determine		ome, ferm, street, factory, offica		28f. Location (Street City or Town, St	t end Numbe	er or Rural R	oute Number,
	29a. Cartifie 1 Certifying	Physician: To the best of my kno	owiedga, deeth occurred et the tir	ne, dete end pleca,	end due to the cause	e(s) end me	nner as state	ed.
fedical	one) 213-Madical Ex	aminar: On the basis of examine end menner stated.	tion end/or investigation, in my o	pinion, death occurr	ed et the time, dete	and pieca, e	end dua to th	a cause(s)
f	29b. Signature and title of certifier	1 1	29c. Licens	e number	29d.	Date signed	(Month, Da	y, Year)
1	1 Lar	torlell		CME	00	TOBE	R 16.	1996
	30. Name and address of person wh	o completed cause of deeth ven			3.			
		4 4 1 1			- 7	**-	~	
	T. LA FON 1	DCKE MM)	111 Penn St	reet, B	altimore	e, Ma	rylar	nd 2120.

OCT 22 1996 de Paridon Randose

Intrus Pette

State of Maryland / Department of Health and Mental Hygiene 0.5 21556

						Certificate of	Death		Reg. No.) ()	01000
П	Dhuole	ian	Decedant's Name (First, Middle, Last					2. Dete of Dea	ath Day	Year	3. Time of Death
J	Physic /Medi		PERCY F	ObiNSON	V			OCT.	13	1996	00:20
U	Exami		4a. Facility Name (If not institution, giva				4b. City, Town, or I	Location of Death	4c. County	of Death	
L	1 1 2 1		ST. AGNES HO	SPITAL			BALTIM	IORE		N/A	
- 2	Funeral Director		5. Social Security Number 231-20-3148 Usual Residence of Decedent	x 7. Age (/ 7. Age (/ 7. 2 7 2	n yrs. lest bi	rthdey) If Under 1 Year Yrs. Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, De 12 2	h y, Year)		lace (Stete or Foreign try)
	show		10e. State 10b. County	10	Oc. City, Tov	m or Location				10	Od. Inside City Limits
	Man	ţŏ	MD. N/A		BAL	TIMORE					XXYas 2 No
	r 28s	Director	10e. Street and Number			10f. Zip Code		T	10g. Citizan of V	Vhat Count	try?
	38 o		4516 OLD FRED	ERICK ROA	D	212	20		us		
020	s 1 end 2 should be filed within 72 hours after death with the Maryland f Health end Mental Hygiene. If Health end Mental Hygiene. It has narked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinat must be exceeded.	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Dovorced	12. Was Decedent Eve Armed Forcas? 1 ♣ Xes 2 □ No If Yes, Give Yaar or Detes:		13. Wes Dacedant of Hif Yes, specify Cub		pecify Yes or No o Rican, atc.)	14. Rac Blac	a - Amarico	etc.
21215-0020	2 hou	8	15. Decadent's Edu	17	168	. Decedent's Usuel Occur	pation		16b. Kind of Br	siness/Ind	histry
215	n n	Completed	(Specify only highast gred	e completed)		(Giva kind of work done life. DO NOT use retire	during most of wor	king	TOO. THIS OF DE	20111003271110	out y
21	within piene.	E	Elementary/Secondary (0-12)	College (1-4or 5+) - () -		MECHANIC			AU	TO	
	be filed tal Hygi d other	BeC	17. Fether's Name (First, Middle, Lest)			TIDOIMINI DO	18. Mother's Nan	ne (First, Middle,			
Maryland	should be nd Mental marked c	To E	BENJAMIN	ROBI	NSON	SR.	HALL	IE	UN	KNOW	N
lan	2 sho end h is ma		19e. Informant's Name/Reletionship (Ty	rpe, Print)		. Malling Address (Street	end Number or Ru	rel Route Numbe	er, City or Town,	State, Zip	Code)
	end 2 salth n 27 i		BENJAMIN JONES	(NEPHEW)	5	815 GARDEN	DRIVE	CLINTO	N, MD.	207	35
Baltimore,	of He of Her		20a. Method of Disposition	V	20b. Piace o	f Disposition (Neme of ry, cremetory or other ple	ce)	Date	20c. Location -	City or Tox	wn, State
Ĕ	Pages nent of I int: If ite ury or o		1 ☐ Burial 2 ☐ Cramation 3 ☐ P 4 ☐ Donation 5 ☐ Other (Specify)	Arabvai from State	ROS	E LAWN	M.G. 1	0/19	RICHMO	ND .	VA
alt	permit. Pages Department of Important: If is any Injury or once.		21. Signature of Funeral Service License	90 /		22. Name and Addra			S FUNE	RAT.	HOME
m	88558		De la tranca	boto CF	50						D. 21217
	Physician /Medical Examiner	ler	Immediate Cause (Final disease or condition resulting in death)			consequence of):	ngnt	Lung			Onsat and Death
-	sxecuted n and al-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	Due	to (or as a	consequence of):					136
68760,	ortificate be executed ing physician and e as the burial-fransit	edical	Ceuse (Disease or Injury thet initiated events resulting in deeth) Last	Due	to (or as e	consequenca of):					
Box	anding use	M/ul		l							
ω	death e atte	icia	Pert il. Other elgnificant conditione con	tributing to death but no	ot resulting l	n the underlying cause of	en in Pert i	23h Did t	obacco use cor	atribute to	the cause of death?
P.O.	es that the death ce igned by the attend be detached for us.	hys					on in total.		/es 2□ No	3 Prob	Law rate of the Table
s,	as the gned	by	VIVAMIN 1012	and rolal	e Ne	nciency					
Division of Vital Records,	aw requir s been s 2 should	Completed by Physician/	Malnudition			,		24a. Was o	en eutopsy med?	ava	re eutopsy findings llable prior to apletion of ceuse leath?
2	ystcian: The lav s certificate has director, page 2	mo.						1 D Y	es 2 No	10	Yes 2 No
Ita	lan: ortifica	Be	25. Was cese refarred to medical axaminer?				26. Plece of Dee	th (Check only o	ne)		
>	5 00	2	1 Yes 2 No	ospitel: 1 Inpatient	2 ER/O	stpatient 3 DOA Oth	er: 4 Nursing H	ome 5 🗆 Resid	ence 6 Oth	er (Specify,)
sion	tending Ph leath. tor: After th the funeral	Certification:	27. Manner of Deeth 1 Neturei 5 Pending 2 Accident Investigation	28e. Date of injury (Month, Dey Ye	28b.	Time of njury	yat k? Yes 2 □ No	28d. Describe h	ow injury occurr	ed	
N N	or At	Certifi	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Placa of injury - building, etc. (S	At home, fa	rm, street, factory, office		28f. Location (S City or Tow		er or Rurel	Route Number,
	the Hospital in 24 hours the Funeral E	ledical	29e. Certifier (Check only one) 1 ☐ Certifying Phys 2 ☐ Medical Examir	Ician: To the best of mer: On the basis of exa and manner stated.	y knowledge imlneti <i>on</i> an	dor investigation, in my o	ne, dete and place, pinion, death occur	end due to the orred et the time, o	cause(s) end me dete and pleca, a	nner es sta and due to	ated. the cause(s)
	To the Methin To the Fomple	Z	29b. Signatura and title of certifiar			29c. Licans			29d. Date signed		
	M	1	MUCOCIN	\circ		1040	1243	(Octobe	1810	1996
	111	1	30. Name end eddress of person who co	mpleted cause of deeth	(item 23a)	(Type, Print)					
	-		JWCOOKIZMD			d #108 C	nonth	le MN	21,55	R	
	Sta	te	31. Date filed (Month, Dey, Year)	9 32 Registrer's	Signeture						

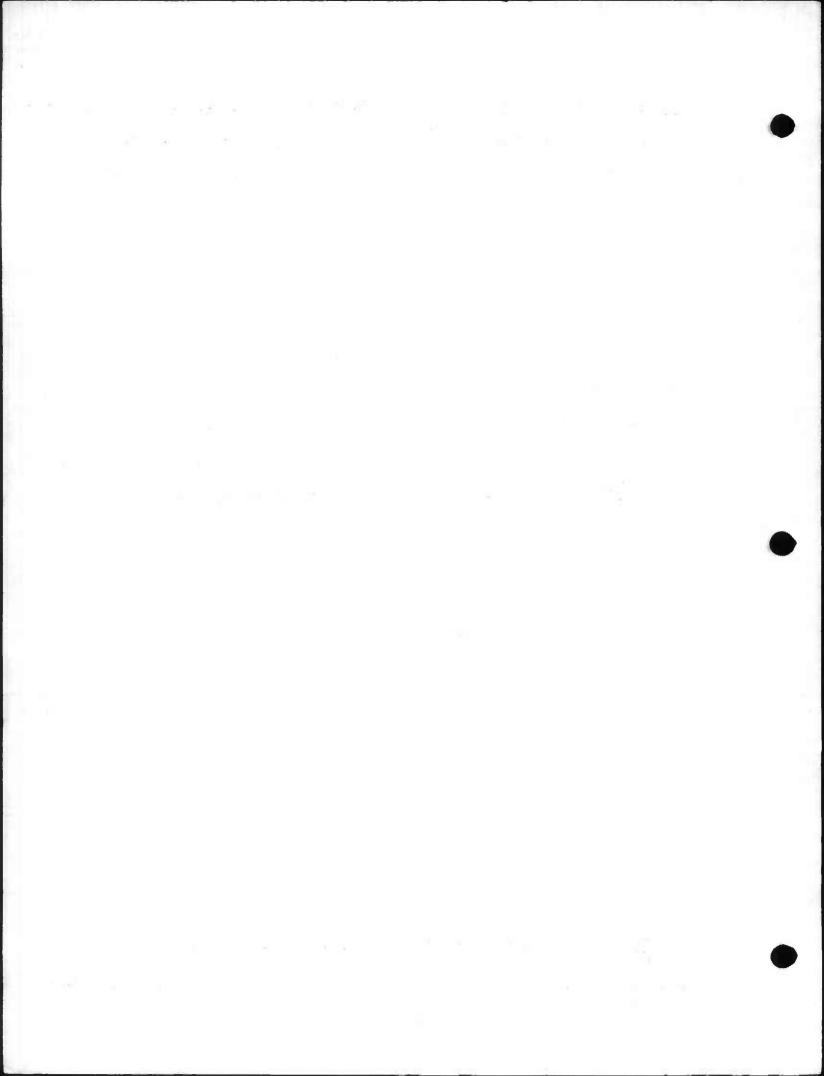
DHMH 16 Rev 6/95

5.5 s.K. 5.5 sec. restoria de la companya de la compa

State of Maryland / Department of Health and Mental Hygiene 96

Dhyaiai				OG	rtificate of	Dealli		Reg. N	o.		
		1. Decedent's Neme (First, Middle, L	ast)				2. Dete o	Deeth			3. Time of Deetf
Physicia /Medic		Wilbert	G		Spe	ars	Month		еу 1	Year 496	615 ATV
Examin		4e. Fecility Neme (If not institution, gi	ve street end number)	_			wn, or Location of D	1	c. County		
Examini	Ξ'	Good Samari		Q		Ralt	imore		NI	A	
-			Sex 7. Age (In yrs.		If Under 1 Yee		*	Birth		•	lace (State or Fore
Funeral Director			10 M 2□F 66	Yrs.	Months Deys	Hours	Min. (Month	Birth Day, Yea		Coun	try)
mector :		Usuel Residence of Decedent	21 00				01 2	21 30) 1	Mary	land
ž.,,		10e. Stete 10b. County	10c. Ci	ty, Town or Lo	ocation					10	0d. Inside City Lim
e a	5	3 -2 0									1 √Yes 2 □
T S	ct	Maryland NA	និង	ltimo				1			Λ
2 2	Director	10e. Street end Number			10f. Zip Code				Itizen of W	Vhet Coun	try?
23.8	<u>a</u>	3201 Elmley	Avenue		21213			US	SA		
rai", or items 23a or 28a-i show Examiner must be notified at	Funeral	11. Meritel Stetus	12. Wes Decedent Ever in L Armed Forces?	I,S. 13.	Was Decedent of	Hispanic Orig	gin? (Specify Yes of Puerto Rican, etc.	No-		- America	
or for		1 Never Merried 2 Merried	1 ☐ Yes 2 No				, rueito nican, etc.	'		k, White,	
-3	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes 2 ☐ X	Specify:			Specify	Bla	CK
"netural", edical Exp	Completed	15. Decedent's E	ducetion	16a. Dece	dent's Usuel Occu	pation		16b.	Kind of Bu	siness/Ind	lustry
3	ole	(Specify only highest gi		(Give	dent's Usuel Occu kind of work done DO NOT use retin	eduring most	of working				Liquor
The Me	E	Elementery/Secondery (0-12)	College (1-4or 5+)		e Sales				ompai		
other vent, ti		17. Father's Neme (First, Middle, Las	1)	Rout	.c bare.	1	r's Name (First, Mid				
D >	Be	John D. Spear	•				ce hodne		W Suman	9)	
metic e	2										
tem 27 la marked othe other traumatic event,		19e. Informent's Neme/Reletionship		19b. Meilir			r or Rural Route Nu				
other tr		Consuella Spea	rs	320	I EIM.	rey A	venue l	Balto) . M	1. 2	1213
		20e. Method of Disposition		Plece of Dispo	osition (Name of metory or other pi	ece)	Date	20c. l	Location -	City or To	wn, Stete
y or		1 ☐ Buriai 2 ☐ Cremetion 3 [4 ☐ Donetion 5 ☐ Other (Speci	THemover from Stete			-	10/16	106 1	0 1 4	i m o 20	20000
any injury		21. Signeture of Funeral Service Lice			norial		Unity	90 1	oalt.	THOL	e, Mary
any injury or		211611) /								
		We FU	ulla	10)8 W. No	ortn .	Avenue,	ва	Lto.	nd.	21201
- 16		23a. Pert1. Enter the disease, or con shock, or heart teilure. List only	one cause an each line	th. Do not ent	ter the mode of dy	ring, such es	cerdiec or respirato	ry arrest,			Approximate interval Between
sician			U								Onset and Deeth
dical		Immediate Cause (Final	Congosti	up He	art Fa	10110	0			1	1-dans
niner		disease or condition resulting in deeth)	e. Consesti				~				working.
	6						⊢ Λ.			1	month
nsit	盲		b. End Stage	Caro	momy	epro	any				, , , , ,
	Examiner	Sequentielly list conditions, if eny, leeding to immediate	Due to (or es e consec	quence of):		0 - 11				111111
as the burlal-transit	la la	cause. Enter Underlying Cause (Diseese or Injury	· Athenoscle	MATICI	Cardiol	ascu	vay Dise	post	,	İ	gercos
the the	Medical	thet initiated events resulting in deeth) Lest	Due to (d	r es e conseq	quence of):	4 .		- 1			
9 9	Me		· Diabetes	Welli	tus ou	nd hu	yperten	500	4	į	your
		L									
Si us	100		d				9				
ed for us	sicis	Pert II. Other significant conditions								tributs to	the cause of dear
ached for us	hysick	Pert ii. Other significant conditions					23b. (Oid tobacc	o use con		
ached for us	y Physician	Pert ii. Other significant conditions					23b. (o use con		the cause of dear
be detached for us	þ	Pert ii. Other significant conditions					23b. (Oid tobacc	o use con	3 ☐ Prob	bebly 4 Unknown
be detached for us	þ	Pert II. Other significant conditions					23b. (Old tobacc	o use con	3 Prob	The autopsy finding allable prior to appletion of cause
2 should be detached for us	þ	Pert ii. Other significant conditions					23b. (Oid tobacc	o use con	3 Prob	ebly 4 Unknown autopsy finding
2 should be detached for us	þ	Pert ii. Other significant conditions					23b. I	Oid tobacc	o use con	3 Prob	The autopsy finding allable prior to appletion of cause
s been signed by the attend 2 should be detached for us	Completed by	25. Wes case reterred to medical				iven in Pert i.	23b. I	Did tobacc	o use con 2□ No opsy	3 Prob	ore autopsy finding allable prior to appletion of cause death?
rector, page 2 should be detached for us	Be Completed by		contributing to death but not res	ulting In the u	inderlying cause g	28. Plece	23b. 1 24a. v	Oid tobacc Ves an suterformed? Yes Yes	o use con 2□ No opsy	3 Prob	ore surtopsy finding allable prior to appletion of cause leath?] Yes 2 No
director, pege 2 should be detached for us	To Be Completed by	25. Wes case reterred to medical examiner? 1 ☐ Yes 2 ☑ No 27. Manngr of Deeth	Hospitel: 1 Impetient 2	ER/Outpatier	inderlying cause g	28. Plece	23b. l	Oid tobacc	o use correction to use corre	24b. We ava cor of c	ore surtopsy finding allable prior to appletion of cause leath?] Yes 2 No
director, page 2 should be detached for us	To Be Completed by	25. Wes case reterred to medical examiner? 1 ☐ Yes 2 ☑ No 27. Manner of Deeth 1 ☑ Neturel 5 ☐ Pending	Hospitel: 1 Inpatient 2	ER/Outpatien	inderlying cause g	28. Plece	23b. I 24a. V P of Deeth (Check or rsing Home 5 F 28d. Descr	Oid tobacc	o use correction to use corre	24b. We ava cor of c	ore surtopsy finding allable prior to appletion of cause leath?] Yes 2 No
director, pege 2 should be detached for us	To Be Completed by	25. Wes case reterred to medical examiner? 1 ☐ Yes 2 ☑ No 27. Manner of Deeth 1 ☑ Neturel 5 ☐ Pending investigetic 2 ☐ Accident investigetic 3 ☐ Suicide 6 ☐ Could not 1	Hospitel: 1 Impatient 2 28a. Dete of injury (Month, Dey Year)	ER/Outpatier 28b. Time of	nt 3 DOA O	28. Plece ther: 4 Nu	23b. I 24a. V p 1 of Deeth (Check or rsing Home 5 🗆 F 28d. Descr	Old tobacc Ves an suterformed? Yes Yes Yes Hyone) Lesidence	2 No 2 No 2 No 2 No	3 Prob 24b. We ave corror of c	ore sutopsy finding allable prior to appletion of cause death? I Yes 22 No
director, page 2 should be detached for us	To Be Completed by	25. Wes case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pending investigation	Hospitel: 1 Impatient 2 28a. Dete of injury (Month, Dey Year)	ER/Outpatier 28b. Time of injury	nt 3 DOA O	28. Plece ther: 4 Nu	23b. I 24a. V of Deeth (Check or rsing Home 5 P 28d. Descr	Old tobacc Ves an suterformed? Yes Yes Yes Hyone) Lesidence	o use core 2 No No Opsy 6 Otherury occurr	3 Prob 24b. We ave corror of c	ore surtopsy finding allable prior to appletion of cause leath?] Yes 2 No
director, page 2 should be detached for us	Certification: To Be Completed by	25. Wes case reterred to medical examiner? 1	Hospitel: 1 Inpatient 2 28a. Dete of injury (Month, Dey Year) 28e. Plece of injury - At he building, etc. (Special	ER/Outpatier 28b. Time of injury ome, ferm, str	nt 3 DOA Of 28c. Inj. W. M. 1[28. Plece ther: 4 Nur ury et ork? Yes 2 1	23b. I 24a. V of Deeth (Check or rsing Home 5 F P 28d. Descr	Ves an suterformed? Yes Yes Yes Yes Yes Yes Yes Ye	o use core 2 No No 6 Otherury occurre	3 Prob 24b. We ave cor of c 1 C ar (Specify ed	pebly 4 Unknown are sutopsy finding allable prior to appletion of cause teeth? Yes 2 No
director, page 2 should be detached for us	Certification: To Be Completed by	25. Wes case reterred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pending investigetic investigetic determined 4 Homicide	Hospitel: 1 Impatient 2 28a. Dete of injury (Month, Dey Year) 28a. Plece of injury - At he building, etc. (Special systems: To the best of my knoth)	ER/Outpatier 28b. Time of injury ome, ferm, str	nt 3 DOA Of 28c. Inju. M 1[reet, tectory, office	28. Plece ther: 4 Null lary et ork? Yes 2 1	23b. I 24a. V rsing Home 5 F 28d. Descr No 28t. Localit. City or	Ves an sutterformed? Yes Yes Yes Yes Yes Yes Yes Ye	2 No opsy 2 No opsy 6 Otherury occurre end Numbrie)	24b. We ave cor of c	ore sutopsy finding allable prior to mpletion of cause deeth? Jes 22 No
ies filled in by the funeral director, page 2 should be detached for us	edical Certification: To Be Completed by	25. Wes case reterred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pending investigetic investigetic determined 4 Homicide	Hospitel: 1 Inpatient 2 28a. Dete of injury (Month, Dey Year) 28e. Plece of injury - At he building, etc. (Special	ER/Outpatier 28b. Time of injury ome, ferm, str	nt 3 DOA Of 28c. Inju. M 1[reet, tectory, office	28. Plece ther: 4 Null lary et ork? Yes 2 1	23b. I 24a. V rsing Home 5 F 28d. Descr No 28t. Localit. City or	Ves an sutterformed? Yes Yes Yes Yes Yes Yes Yes Ye	2 No opsy 2 No opsy 6 Otherury occurre end Numbrie)	24b. We ave cor of c	ore sutopsy finding allable prior to mpletion of cause deeth? Jes 22 No
director, page 2 should be detached for us	Certification: To Be Completed by	25. Wes case reterred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pending investigetic investigetic determined 2 Accident 3 Suicide 4 Homicide Homicide Certifying Picture (Check only)	Hospitel: 28a. Dete of injury (Month, Dey Year) 28e. Plece of injury - At h building, etc. (Specia	ER/Outpatier 28b. Time of injury ome, ferm, str	nt 3 DOA Of 28c. Inju. M 1[reet, tectory, office th occurred et the too	28. Plece ther: 4 Null lary et ork? Yes 2 1	23b. I 24a. V rsing Home 5 F 28d. Descr No 28t. Localit. City or	Ves an sut erformed? Yes Yes Yes Yes Yes Town, Sta The ceuse(me, date er	2 No opsy 2 No opsy 6 Otherury occurre end Numbrie)	3 Prob 24b. We ave corror of control of con	pebly 4 Junkning and the second of the secon
director, page 2 should be detached for us	edical Certification: To Be Completed by	25. Wes case reterred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pending investigation of Could not 1 determined. 3 Suicide 6 Could not 1 determined. 29e. Certifler (Check only one)	Hospitel: 28a. Dete of injury (Month, Dey Year) 28e. Plece of injury - At h building, etc. (Specia	ER/Outpatier 28b. Time of injury ome, ferm, str	nt 3 DOA Of 28c. Inju. M 1[reel, tectory, office h occurred et the t vestigation, in my	28. Plece ther: 4 Null ry et ork? Yes 2 Plece time, dete enc opinion, deet	23b. I 24a. V p 1 of Deeth (Check or rsing Home 5 F 28d. Descr No 28t. Location City or diplece, end due to his occurred et the time.	Ves an sut erformed? Yes an sut erformed? Yes an sut erformed? Yes an sut erformed? Yes an sut erformed? (Yes an sut erformed? (Yes an sut erformed? (Street erformed) o use correction opsy 2 No 6 Other ury occurrent open Number Nu	3 Prob 24b. We ave corrol of a	ore sutopsy finding allable prior to mpletion of cause leeth? Jes 2 No Route Number, ated. the cause(s)	
ies filled in by the funeral director, page 2 should be detached for us	Medical Certification: To Be Completed by	25. Wes case reterred to medical examiner? 1	Hospitel: 1 Impetient 2 28a. Determiner: On the basis of examiner and menner steted.	ER/Outpatier 28b. Time of injury ome, ferm, str	nt 3 DOA Of 28c. Inju. M 15 reet, tectory, office the occurred et the twestigation, in my	28. Plece ther: 4 Null Null Null Null Null Null Null Nu	23b. I 24a. V p 1 of Deeth (Check or rsing Home 5 F 28d. Descr No 28t. Location City or diplece, end due to his occurred et the time.	Ves an sut erformed? Yes an sut erformed? Yes an sut erformed? Yes an sut erformed? Yes an sut erformed? (Yes an sut erformed? (Yes an sut erformed? (Street erformed) o use correction opsy 2 No 6 Other ury occurrent open Number Nu	3 Prob 24b. We ave corrol of a	pebly 4 Junkning and the second of the secon	
fely filled in by the funeral director, page 2 should be detached for us	Medical Certification: To Be Completed by	25. Wes case reterred to medical examiner? 1	Hospitel: 1 Impetient 2 28a. Dete of injury (Month, Dey Year) 28a. Plece of injury - At he building, etc. (Special mysician: To the best of examine end menner steted.	ER/Outpatier 28b. Time of injury ome, ferm, str y) wiedge, deeth	nt 3 DOA Of 28c. Inju. M 1[reet, tectory, office h occurred et the t vestigation, in my	28. Plece ther: 4 Null ury et ork? Yes 2 1	23b. I 24a. V 24a. V 25 of Deeth (Check or raing Home 5 F) 28d. Descrive City or deplace, and due to the occurred at the tile of the company of the comp	Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed?	o use correction opsy 2 No 6 Other ury occurrent open Number (e) s) end mand plece, series signed	24b. We ave cor of a cor (Specify ed	pebly 4 Junkning of the supplemental of the su
is certificate has been signed by the attenc director, page 2 should be detached for us	Medical Certification: To Be Completed by	25. Wes case reterred to medical examiner? 1	Hospitel: 1 Impetient 2 28a. Dete of injury (Month, Dey Year) 28a. Plece of injury - At he building, etc. (Special mysician: To the best of examine end menner steted.	ER/Outpatier 28b. Time of injury ome, ferm, str y) weldge, deeth	nt 3 DOA Of 28c. Inju. M 1[reet, tectory, office h occurred et the t vestigation, in my	28. Plece ther: 4 Null ury et ork? Yes 2 1	23b. I 24a. V p 1 of Deeth (Check or rsing Home 5 F 28d. Descr No 28t. Location City or diplece, end due to his occurred et the time.	Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed? Ves an sut erformed?	o use correction opsy 2 No 6 Other ury occurrent open Number (e) s) end mand plece, series signed	24b. We ave cor of a cor (Specify ed	pebly 4 Junkning of the supplemental of the su

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene 0.5

			orato or maryian		cate of Death		g. No.	0 0	1330
Physi /Med		1. Dacadent's Nema (First, Middla, Las		Schenc	K	2. Data of Deeth	15, 199	Year 11	Time of Death 59 AM
Exam Funera Directo	al l	4a. Facility Nama (If not Institution, give Mary 2006) 5. Social Sactivity Number 6. St 218-42-8060 Usual Rasidence of Decadent	estreet and number) ENERAL H IX. 7. Aga (In yrs 54		4b. City, Town, o Ball Mill Inder 1 Yaar It Under 24 Hr ths Days Hours Mil		4c. County of 11/A	9. Birthplaca	(Stata or Foreigr
nyland how		10a. Stata 10b. County	10c. C	ity, Town or Location	1				nsida City Limits
Sa-fs	Director	MARYLAND N/A			ORE CITY			1,	XXas 2□No
with 8		10e. Street and Number	AVE DOTVE		f. Zip Coda	10	g. Citizan of W		
2 Should be filed within 72 hours after death with the Maryland and Mental Hygiens filed with 72 hours after death with the Maryland is marked other than "naturel", or items 23s or 28s-f show numbic event, the Medical Examinat must be notified at	by Funeral	727 DRUID PARK 11. Marital Status 11. Marriad 2 Marriad 3 Widowed 4 Divorced	12. Was Decadent Evar In L Armed Forces? 1 ☐ Yes 2 ②No If Yas, Giva Yaar or Datas:		21217 Dacedeant of Hispenic Origin? (specify Cuban, Maxican, Pue as 2XXX Specify:	(Specify Yes or No- into Rican, etc.)		- Amarican Inc., White, etc.	
d within 72 hours af giene. Ir than "naturel", or	Completed	15. Decadant's Edi (Specify only highast grad Elamentary/Secondary (0-12) 9th grade	ucation fa complatad) Collaga (1-4or 5+)	16a. Decedant's (Giva kind o lifa. DO No GOLF CAI	Usual Occupation of work dona during most of w OT usa ratired) DY		6b. Kind of Bus		-541
nd 2 should be filed the end Mental Hygi 27 is marked other traumetic event,	To Be C	17. Fathar's Nama (First, Middla, Last) Oakley Schenck			Daisy	ama (First, Middle, M Stewart			
75.5		19a. Informant's Name/Ralationship (T			drass (Street and Number or F				
of Hea		20a. Mathod of Disposition **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	20b.	Place of Disposition comatary, cramatory		Data 2	, Mary I Oc. Location - C BALTIMO	City or Town, S	Stata
permit. Page Department of Important: If any Injury or		21. Signature of Funeral Service Licens	ec O O	22. Nan		ILLIAM C. 206 W. NO			ITY F/H
by the detached for use es the burief-transit	1	Immediata Causa (Final disaasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants rasulting in death) Last	c	or as a consequence	a of):				at and Death
net the death ce d by the attendi	by Physician/	Part II. Other eignificant conditions con ACUR AICON	ntributing to death but not res	sulting In the undarfy	ing cause given In Pert I.	1 ☐ Yee	autopsy □	3 Probably	topsy findings
The law requate has been page 2 shoul	Completed					perform	N. H	completi of death	ion of causa ?
ysician: The s cartificata director, pag	Be C	25. Was casa rafarrad to medical examinar?			26. Placa of Da	aath (Chack only ona			
Physician: this cartific iral director,	٠ <u>۲</u>	1 Yas 2 No	lospital: 1 Minpatiant 2 2 28a. Data of Injury	ER/Outpetient 3E		Homa 5 Rasidan			
or Attending after death. Director: After in by the fune	Certification:	1 Natural 5 Panding invastigation 3 Sulcide 4 Homlcida 5 Could not be detarmined	(Month, Day Year) 28e. Place of Injury - At houilding, atc. (Spacif	28b. Tima of Injury M oma, farm, street, fa	28c. Injury at Work? 1 Yas 2 No	28d. Describe how 28f. Location (Stre City or Town,	et and Numbe		ta Number,
Hospita Fhours Funeral	edical Ce	29a. Cartifiar (Check only one) 1 Certifying Physical Examination (Check only one)	sician: To the best of my kno ner: On the basis of examine and menner stated.	owledga, daath occur ation and/or invastiga	rred at tha tima, data and plac tition, in my opinion, daath occ	ea, and due to the cau curred at the time, dat	ise(s) and man e and pleca, ar	nar as statad. nd dua to tha c	ausa(s)
To the To the comple	Me	29b. Signature and title of certifiar	PG Y-		29c. Licansa number 89 285	/	Data signed $0/15$	196	(ear)
)		30. Name and addrass of person who co	mpleted color bijublik (Itan	n 23a) (Type, Print)	eyhnd Gre	neral.	HOSP	ital	!
St	ate	COT 0 0 1006	"dren- Gandall	2					

State of Maryland / Department of Health and Mental Hygiene

559 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month 10 **Physician** 96er 8:25AM Dorothy Seabrook /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Gensis Elder Care Loch Raven Baltimore Baltimore 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. lest birthday) **Funeral** 9. Birthpiace (Stete or Foreign 1 M XXF Deys 216-36-4324 75 MARYLAND Yrs. Director Usual Residence of Decedent 10e. Stete Show 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f st of cal Examiner must be notified Director 1 Yes 2\0\0 MARYLAND BALTIMORE CO. TOWSON 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? filed within 72 hours efter death with 8720 EMGE ROAD U.S.A. 21234 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Detes: 11. Maritei Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: BLACK 3 Widowed 4 Divorced Be Completed the Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) DOMESTIC ASSISTANCE i. Pages 1 and 2 should be filed will timent of Health and Mental Hygien tant: if them 27 is marked other the jury or other traumatic event, and 8th grade PRIVATE 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) OSCAR FERGUSON LILLIE MAE BRISCOE 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zlp Code) Marlene Felton/Sister 1324 Maple Avenue, Baltimore, Maryland 21221 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State XX Burial 2 Cremetion 3 Removal from Stete permit. Page Department of Important: If any Injury or once. BALTIMORE CEMETERY 10/24 BALTIMORE MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Europi 22. Name and Address of Fecility WILLIAM C. BROWN COMMUNITY F/H Mallew 1206 W. NORTH AVENUE e, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, List only one cause on each line. **Physician** /Medical Immediate Cause (Final diseese or condition resulting in death) **Examiner** Due to (or es e consequence of):
MC abkula Paleru desert Physician/Medical Examiner The lew requires that the deeth certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest buriel-trar Division of Vital Records, P.O. Box 68760. the Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Culevio schentic Cardo Wosular 1 Yes 20 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilable prior to Completed 24e. Wes en eutopsy performed? completion of cause of death? After this certificate hes 1 Yes 1 ☐ Yes 2 ☐ No Héspitat or Attending Physician:
 Anours'after death.
 Funeral Director: After this certificalete's "lied in by the funeral director; it 25. Wes cese referred to friedical Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yes 2 No Other: Suursing Home 5 Residence 6 Other (Specify) 27. Mannar of Doeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Natural 5 Pending Investigation 1 Yes 2 No 2 Applient 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Medicai 29e. Certifier 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examinerion end/or investigation, in my opinion, deeth occurred at the time, dete and piece, end due to the cause(s) end menner stated. (Check only one) To the I within 2.
To the F complete 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) mww D08358 10/21/96 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Gracito V. Patricio, M.D.P.A., 703 S. Clinton Street, Baltimore, Md. 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture Lulia Lavidson Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 31560

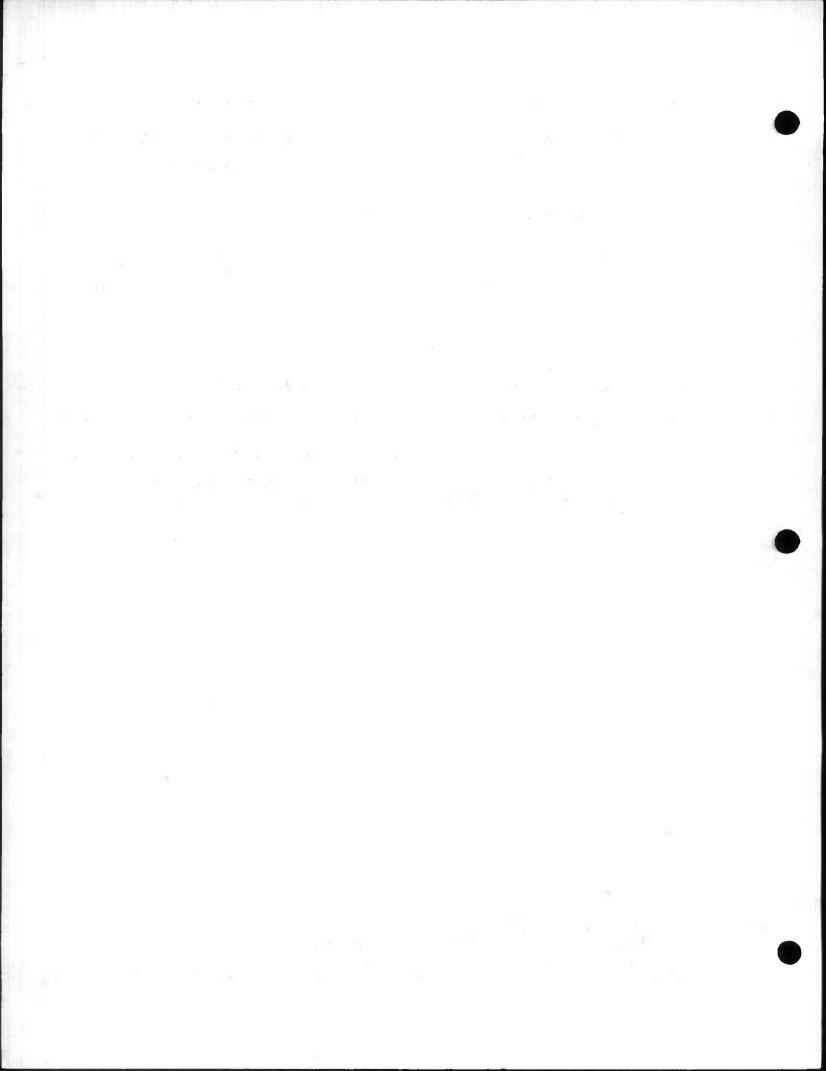
The state of the state and Number 100. Else					Certific	ate of Death	F	leg. No.	0 01000
Examination Filtrend Direction THE JOHNS HOPEXINS HOPE	Dhye	ioian	Decedent's Name (First, Middla, Last)			2. Data of Dea	ith	
Examiner THE JOINS IOPERINS INDEXTINS IOPERINS					Steven	5	OCTOBER	19, 19	
Social Social								4c. County of	Death
The State of the S								N/	A
The State 10c. Conty 10c. C			212-34-6378		4 a Montt		Ain. Month, Day	Year) 3 3	Country)
The support of the	Maryland -f show	jo		10c. C	City, Town or Location	CTV			10d. Insida City Limits
The support of the	the roth	200	10e. Street and Number	17	10f.	Zip Code		l0g. Citizan of Wha	at Country?
The support of the	s 23 a o		424 N. CALVER					US	A
Secretary Secr	- p 52		12 Never Married 2 Married	Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Give	If Yes, s		(Specify Yas of No- uarto Rican, etc.)	Black, \	
Secretary Secr	Pour Pour			242-1-72-24	100 Boodswill			1	NHILE
17. Fampus, Name (First, Motion, Last) 19. Market State 19. Mother's Name (First, Motion, Last) 19. Market State 19.	15 in 72	Set	(Specify only highest grad	e completed)	(Give kind of	sual Occupation work done during most of Fuse retired)	working	18b. Kjind of Busin	ess/Industry
17. Fampus, Name (First, Motion, Last) 19. Market State 19. Mother's Name (First, Motion, Last) 19. Market State 19.	212 with iene.	E	Elementary/Secondary (0-12)	College (1-4or 5+)				Cando	su a l
The informative harmoniferation with properties of the properties	High the		17. Fether's Name (First, Middle, Last)		77.15.674				0/1-
Control of Control o	lar lar	0	PAULY STEI	IFNS		MAG	SHA L	lilliam	5
Control of Control o	ary shot and N				19b. Mailing Addre				
Control of Control o	md 2 and 2 27 is 27 is r tra	9	MILTON STEVE	US (BROTHER	1924 A	1 13 .			
Control of Control o	S 1 a ffem from other		20a. Method of Disposition	20b.	Placa of Disposition (/				
Physician Modical Examiner Ph	2 # 8 B						10/22	D. T	7.1
Physician Modical Examiner Ph	alti mit. partm oorta	#		00					
Physician Medical Examiner Ph	n aaes	ă	1a IN	-00 Ben	DEL	CH NOCET	ST. BAC	10. 2/20:	2 7110
Physician Medical Examinor Sequence of conditions are consequenced of the conditions of contributing in death Last Conditions			a. Party Enter the disease or compli	cetions that caused the dea					
Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Due to (or as a consequence of): a. Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 1 Yes 2 No 3 Probably 4 Unknown or death of cause of death or completion or cause of death or completion of cause of death or completion or cause of death or completion or cause of death or completion or cause of death or completion or cause of death or completion or cause of death or completion or cause of death or completion or cause of death or completion or cause of death or completion or cause of death or completion or cause of death or cause of death or cause of death or cause of death or cause of death or cause of death or cause of death or cause of death or cause of death or cause of death or c	/Medica	al er	disease or condition	. V	lal w	buction			
Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death 1 Yee 2 No 3 Probably 4 Unknown 24a. Was an europsy performed? 24b. Was an europsy performed? 24b. Was earlier prior to cause of death? 1 Yes 2 No 1 Yes 2 Yes Ye	D, executed in and rial-transit	Examine	Sequentially list conditions, If any, leading to immediate cause. Enter Underlying		or as a consequence of	disease	N N		15 years
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown of the cause of death of the cause o	X 68/6 ertificate be ling physicia e as the bu	Σ.	Cause (Disease or injury that initiated avents rasuiting in death) Last		or as a consequance o	f):			
24a. Was an eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 Mo 25c. Was case referred to medical swamher? 1 Yes 2 Mo 27c. Manner of Deeth (Check only one) 28c. Place of Death (Check only one) 27c. Manner of Deeth (Month, Day Year) 28c. Injury at work? 28c. Injury at work? 28d. Location (Street and Number or Rural Route Number, City or Town, Stete) 28d. Location (Street and Number or Rural Route Number, City or Town, Stete) 28d. Certifier (Check only one) 29d. Certifier (Check only one) 29d. Certifier (Check only one) 29d. Signature and stitle of pertifier 29d. Signature and stitle of pertifier 29d. Date signed (Month, Day, Year)	ath c ath c	an							
24a. Was an eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 Mo 25c. Was case referred to medical swamher? 1 Yes 2 Mo 27c. Manner of Deeth (Check only one) 28c. Place of Death (Check only one) 27c. Manner of Deeth (Month, Day Year) 28c. Injury at work? 28c. Injury at work? 28d. Location (Street and Number or Rural Route Number, City or Town, Stete) 28d. Location (Street and Number or Rural Route Number, City or Town, Stete) 28d. Certifier (Check only one) 29d. Certifier (Check only one) 29d. Certifier (Check only one) 29d. Signature and stitle of pertifier 29d. Signature and stitle of pertifier 29d. Date signed (Month, Day, Year)	the de	ysic	Part II. Other significant conditions con	tributing to death but not res	sulting in the underlying	g causa given In Part I.	23b. Did to	bacco use contril	bute to the cause of death'
25. Was case referred to medical examiner? 1	S, F.						1 U Y	es 2□ No 35	Probably 4 Unknow
25. Was case referred to medical examiner? 1	v require	leted					24a. Was a perform	n eutopsy 2 ned?	available prior to completion of cause
28. Place of Death (Check only one) State	TO TO TO TO TO TO TO TO TO TO TO TO TO T	d d							
27. Manner of Deeth Shatural 2 Accident 3 Suicida 4 Homicide 5 Pending Invastigation 5 Security 5 Pending Invastigation 5 Pending Invastigation 5 Pending Invastigation 6 Could not be determined 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28f. Location (Street and Number or Rural Route Number or	ficate Y. Pa		25 Was some referred to madical					7-	1 □ Yas 2 □ No
27. Manner of Deeth Shatural 2 Accident 3 Suicida 4 Homicide 5 Pending Invastigation 5 Security 5 Pending Invastigation 5 Pending Invastigation 5 Pending Invastigation 6 Could not be determined 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28f. Location (Street and Number or Rural Route Number or	Section Continued in Section 1		examiner?	ospital:		Othor			
28e. Place of Injury - At home, farm, straet, factory, office 3 Suicida 4 Homicide 3 Suicida 4 Homicide 3 Suicida 4 Homicide 4 Homicide 5 29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and menner es steled. (Check only one) 29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to tha cause(s) and manner stated. 29b. Signature and title of certifier 29b. Signature and title of certifier 3 Suicida 4 Homicide 4 Homicide 5 29a. Certifier (Check only one) 6 29a. Certifier (Check only one) 6 29a. Certifier (Check only one) 7 29a. Certifier (Ch	5 £ 5 0		1 1 1 1 1 2 2 1 2 1 1 0	1 Sunpatient 2L		DOA 4 Nursin			Specify)
28e. Place of Injury - At home, farm, straet, factory, office 3 Suicida 4 Homicide 3 Suicida 4 Homicide 3 Suicida 4 Homicide 4 Homicide 5 29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and menner es steled. (Check only one) 29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to tha cause(s) and manner stated. 29b. Signature and title of certifier 29b. Signature and title of certifier 3 Suicida 4 Homicide 4 Homicide 5 29a. Certifier (Check only one) 6 29a. Certifier (Check only one) 6 29a. Certifier (Check only one) 7 29a. Certifier (Ch	After fune	tion	Natural 5 ☐ Pending	(Month, Day Year)	tnjury		200. Describe no	w injury occurred	
29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated. 29b. Signature and title of certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated. 29c. License number 29d. Date signed (Month, Day, Year)	or green lifter deal lifter deal	ertifica	3 ☐ Suicida 6 ☐ Could not be	28e. Place of Injury - At h building, etc. (Specia	ome, farm, straet, fact				nr Rural Route Number,
29b. Signature and talle of certifier 29c. License number 29c. License number 29d. Date signed (Month, Day, Year) 29c. License number 29d. Date signed (Month, Day, Year) 29c. License number 29d. Date signed (Month, Day, Year) 29c. License number 29d. Date signed (Month, Day, Year)	Hospital 4 hours funeral		2 Medical Examin	Iclan: To the best of my knower; On the basis of examina	owledge, death occurre	ed et the time, date and pla	ece, end due to the co	suse(s) and menne	or es steted,
30. Name and suddens of person who completed cause of death (Item 23a) (Type, Print) State 31. Date fined (Moral Part Year) 1006 32. Registrate Signature 32. Registrate Signature	the the nplet	Ped	1	and manner stated.					
State 32 And State	5 × 00	-	290. Signature and title of certifier						
State 32 And State			July 20	(ngm)		KES-00	0	ctober	19,1996
State 32 And State			30. Name and faddress of person who con	molerate cause of death (Iter	m 23a) (Type, Print)				
State 32 And State			seffery think	toung	600 Mar	th wolfe.	St, Baltiv	were M.	D
			DCT 22 199	6 32 Redistrans Sign	atura C				

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decadent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** Eleanor D. Shaw 10/19/96 6:45AM /Medicai 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 2108 Arlonne Dr. Catonsville Baltimore H Under 24 Hrs. 8. Date of Birth Min. 0 9/28/1917 5. Social Security Number If Undar 1 Yaar 7. Age (In vrs. last birthday) **Funeral** 1□M 20 F Months Days 79 144-07-6849 Director Usual Residence of Decedent with the Maryland 10b County 10c. City. Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 Yas 2 No Director MD. Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2108 Arlonne Ave. 21228 U.S.A. death v Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yes ZZNo 14. Raca - American Indian, Black, White, etc. Was Decedant of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 72 hours aftar 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 ☑ No Specify: P 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Hygiena. Elementary/Secondary (0-12) Collega (1-4or 5+) permit. Pagas 1 and 2 should be filed with Department of Health and Mental Hygien Important: If Item 27 Is marked other the any Injury or other traumatic acceptance. 12 Home Maker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Be Lo Martin Joseph Downey Marion Devine 19a, Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Richard W. Shaw/Husband 2108 Arlonne Dr. Catonsville, MD. 21228 20a. Method of Disposition

X Burial 2 □ Cremation 3 □ Removal from State 20b. Placa of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, Stata New Cathedral Cem. 10/21 Baltimore, MD. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Sterling Ashton Funeral Home, Inc. 21. Signature - Fundral Service Lice 736 Edmondson Ave. Balto., MD. 21228 he the causad the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, Approximate interval Between Onset and Death **Physician** /Medical tmmediata Cause (Final Conun disease or condition resulting in death) Examiner Due for as a consequenca of): Examiner -transit that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated evants rasulting in death) Last and Due to (or as a consequanca of): P.O. Box 68760. attanding physician for usa as the buria Physician/Medical tha Due to (or as a consequenca of): the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by the 15√es 2 No 3 Probably 4 Unknown Division of Vital Records, þ The law requires should 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed page 2 has cartificata 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attanding Physician: funaral director. 25. Was case rafarrad to medical axaminer? Be 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. injury at Work? Affar Matural 5 Panding s aftar death. Investigation 1 Yes 2 No 2 Accident 8 Could not be detarmined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) in by 4 Homicida pelli Funeral L Hospital 29a. Certifier 🔀 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, date and place, and due to tha cause(s) end mannar as stated. Medical plately (Check only one) 2 Medicat Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and granner stated. within Z 29b. Signature and titla of confifier 29c. License number 29d. Data signed (Month, Day, Year) 2 10-21-56 134457 30. Name and address of person who apmpleted calls of death (Item 23a) (Type, Print) Francis P. Kerry yo, T. Feller K. suiteroa Commellas Zizza commend -402 32 Registrar's Signature 31. Data filed (Month, Day, Year) State

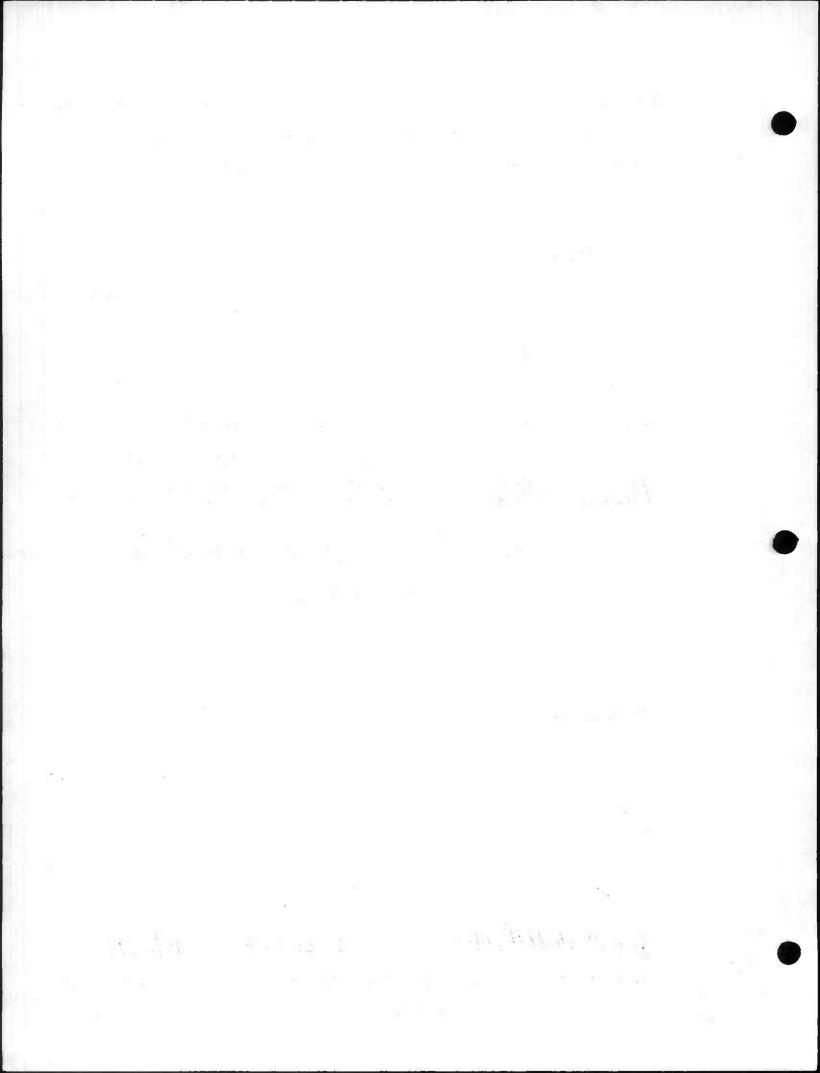
DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene 96 31562

						Cen	tificate	of	Death			Reg. No.			, 1006
Physic		1. Decedent's Name (First, Mid Janice S.		r							2. Date of D	O Day	13 Y	^a 96	3. Time of Deeth 9:15p.1
/Med Exami		4a. Facility Name (If not instituti 120 Starhil		i number)	/Ua-	\			_		ocation of Dea	-	County of i		7:17p.
Funera		5. Social Security Number 216305741	6. Sex 1 M 2 ₩		(Hore of the first	7.67	If Under 1 Y		Balti Hours		8. Date of B	irth	alti		e ace (Stete or Foreigny)
Director		Usual Residence of Decedent	^		,,	15.					0/20/	171/	l l	Mar	yland
Maryland H show	tor	MD. Ball	y .timore		10c. City, Town		ation	2						10	od. Insida City Limits
h the	Director	10e. Street end Number					10f. Zip Co	de				10g. Citla	zen of Wha	at Count	ry?
th will		120 Starhill	Lane				2122	8.8				U.	S.A.		
within 72 hours after death with the Maryland iona. iona. than "natural", or items 23a or 28a-f show the Madral Evaning must be notified at	by Funeral	11. Maritei Status 1 Never Married 2 Ma 3 Widowed 4 Divorce	mied 1 TY	d Forces? es 2 ☐N	Ever in U,S.		/as Deceden Yes, specify ☐ Yes 2 🔀		dispanic Orlgan, Maxican Specify:	in? (Sp , Puerto	ecify Yas or N Rican, etc.)		14. Race - A Black, N Specify:	Whita, a	tc.
72 ho	ted	15. Decede	nt's Education	n ell	16a. [Decede	ent's Usuei O)ccu _l	petion			16b. Kir	nd of Busin	ess/Indi	ustry
filed within 7 Hygiena. rther than "r	Completed	Eiementery/Secondery (0-12)	colleg	<i>ed)</i> je (1-4or 5-	+)		ind of work of O NOT use r aker	tone etire	during most d)	of work	ing	Ow	n Ho	me	
be filed tal Hygid d other event, in	Be	17. Fethar's Name (First, Middle	, Last)						18. Mothe	r's Nem	e (First, Middl	e, Maiden	Sumeme)		
should be nd Mental marked o	TOE	LeRoy Hall S	Shriner						Gla	dys	Town	shen	d Sh	rin	er
d 2 should th and Mer 7 is marke traumatic		19a. Informant's Name/Relation	ship (Type, Print)		19b. I	Mailing	Address (S	treet	end Numbe	r or Rur	e/ Route Num	ber, City or	Town, Ste	te, Zip (Code)
s 1 and 2 if Health a frem 27 la		Joan Pitroff	/ Daugh	nter					l Lan	e C	atons	T			
pemit. Pages 1 and Department of Healtl Important: If Item 27 any Injury or other 1 once.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (om Stata	20b. Piace of I cametery.	creme	etory or othe	r pte	,	у	Date . 0 / 1 6		esvi		, MD.
permit. Pages 1 and 2 should be filed within 72 hours at Department of Health and Mental Hygiena. Important: If item 27 is merked other than "natural", or any injury or other traumatic event, the Medical Examples.		21. Signature of Funerel Service	Licansee				Name and A				D	- 7 17		T	
20599		Paules	Mac	las	10.27			_			Funer e. Ba				1228
150		23a. Part1. Enter the disease, of shock, or heart failure. Lis	r complications the	at caused	the death. Do no	t enter	r the mode of	dyi	ng, such as	cardiac	or respiratory	arrest,	, FID		Approximate intarval Between
Physician													- , .		Onsat and Death
/Medical Examiner		Immediate Cause (Finai disaase or condition	Se	evere	Chr	om.	c Ob.	st	meti	E	Pulm	unar	y Di	sers	a Year
LAGITITICI	<u>.</u>	rasulting in deeth)	^] ب	Due to (or es a co	nsequ	ence of):					-)	1	years Years
be tist	盲		b	Lgar	elle	m	oking	9						1	Years
certificate be assecuted ding physician and se as the bunal-transit	al Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Undarlying Ceuse (Disease or Injury			Due to (or as e co			9							
physicate I	Medical	thet initiated events resulting in death) Last		D	Dua to (or as e co	nseque	ence of):							i	
			d												
death e atter	Physician	Port ii Other elepiticant conditi	One contribution to	- death but	A										
ch the	hys	Pert ii. Other significant condit		J Geath Du	t not resulting in t	ne uno	enying caus	e gr	en in Paπ I.						the cause of death?
s that pned b	by P	Cor Pulmo	nale								102	1105 2	_ NO 3[_ Probe	ibiy 4 Unknowi
peen peen peen peen peen peen peen peen	Completed t											s en autops ormed?	sy 2	com	e autopsy findings lable prior to pletion of causa eath?
0 - 6	E										10	Yes 20	No.		Yes 2 No
ician: Th certificate rector, pa	Be C	25. Was case rafarred to medical	ıl						26. Piace	of Death	h (Check only			-	200
5 00	To	examiner? 1 ☐ Yes 2 ☐ No	Hospital:	☐ Inpatien	t 2 ER/Outp	etient	3□ DOA	Oth	00	-	me 5 Ras		Other (Specify)	
Attending Ph is death. ector: After th by the funeral		27. Manner of Death 1 PNetural 5 Pendi 2 Accident invest		ite of Injury Ionth, Dey	Year) 28b. Tin		28c.				28d. Describe			op coy _j	
or Attending after death. Director: After d in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could 4 ☐ Homicide detern	nined 289. Pie	eca of injur ilding, etc.	ry - At homa, farm (Specify)	, stree	et, factory, off	lice				(Street and wn, State)		r Rural i	Route Number,
o the Hospital or Attanding Phin 24 hours after death. The Euroral Director: After this completely filled in by the funeral	edicai C	29a. Certifier 1 Certifyi (Check only one) 1 Medical	ng Physician: To t Examiner: On the	the best of basis of e	examinetion end/o	leath o	occurred et th stigetion, in r	ne tir	ne, date and pinion, deeth	piace, a	and due to the ed et the time	ceuse(s) a , date and j	and manne place, and	or ss star due to t	ted. he cause(s)
omple omple	Me	29b. Signature end title of certific	Ar	1			29c. Lic	ans	e number			29d. Dete	aigned (M	fonth, D	ey, Yaar)
(Jay Gers		-				D	207	24	L	10	15/	96	
9		30. Name end address of person Jay Gerstenb	lith, N	1.D.	; 3455 W			A۱	ve-S-	100	; Bal	t imo	re, I	MD	21229
Sta Registr	i Ç	31. Date filed (Month, Day, Year, OCT 22		Registrar	Signeture	ndel	2								

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middla, Last) 2. Date of Death 3 Time of Death **Physician** Month ANNA B. SCHROETER 16:00 PM OCTOBER 1996 /Medical 17 4a. Facility Name (If not institution, give street end number, 4b. City, Town, or Location of Death Examiner 4c. County of Death Union Memorial Hospital Baltimore N/A If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Sacurity Number if Under 1 Yaar 7. Age (in yrs. lest birthday) Birthplace (Steta or Foreign Country) **Funeral** 1□M 2☑F Days Months Yrs. Director 214-01-1097 88 Maryland Usual Residence of Decadent 10a State 10b. County 10c City Town or Location If is marked other than "natural", or hems 23a or 28a-f show traumatic evant, I'm Medical Exercices natal be notified at 10d. Inside City Limits Maryland 1 X Yes 2 □ No Director N/A Baltimore. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4771 Shamrock Avenue 21206 Funeral U. S. A. 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 Ø No If Yes, Give Year or Datas: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: p Specify. 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest greda completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Item 27 is manked other than any Injury or other trainment. Elementery/Secondary (0-12) College (1-4or 5+) 8th Grade Clerk Office 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumama) John Busse Ella Flather 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) George Schroeter (Son) 1357 Trappe Road, Street, Maryland 21154 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery 10/21/96 Baltimore, Maryland 21. Signature of Funeral Service Licensae 22. Name and Address of Facility Schimunek Funeral Home Inc.
3331 Brehms Lane, Baltimore, Maryland 21213

23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest,

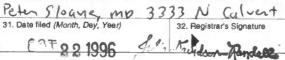
Approximata Approximata Interval Between Onsat and Death **Physician** /Medical Immediate Ceuse (Final Myocardial Infaction diseasa or condition resulting in death) Examiner Examiner pronary A-teres Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last and -trar Due to (or es a consequence of) The law requires that the death certificate be execu Box 68760, Physician/Medical the Dua to (or as a consequence of): P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Cardiogenic Shock ate hes been signed page 2 should be det Records, Completed by 24b. Were autopsy findings available prior to completion of cause of death? Adult Respiratory Distres Syndrome 24a. Was an autopsy performed? 1 ☐ Yes 2 X-No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: effer death.

Director: After this certifications 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident in by the 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 4 Homlcide within 24 hours e 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. Medicai 29a. Certifier (Check only one) \$ 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) ASSISTANT Directa 100 DCTOBER 17,1996

State Registrar

De flowing mo



30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Union Mem Hospital

3333 N Calvert St Suite #650

85062088F

Paltimore, mb 21218

State of Maryland / Department of Health and Mental Hygiene 96 3 | 564

						Ce	rtificate	of	Death		Reg. No.		
		1. Decedent's Neme (First, Midd	la, Lasi	1)						2. Date of D	eeth	25.00	3. Time of Deeth
Physicia: /Medica		HARRY				S	CHOEFI	FII	ELD	OCTOBI	ER 15	, 19 ^{Yeer}	02:10PM
Examine		4e. Fecility Name (If not institution	n, giva	street end nu	m <i>ber</i>)		OHOHE		4b. City, Town, or			unty of Deeth	
		St. Joseph Me	edic	al Cen	ter				Towson		R	altimo	no
Funeral		5. Social Security Number	6. Se			s. last birthday			If Under 24 Hr	S. R Dete of B	irth		nplece (State or Fore
Director		220-18-2814 Usuel Residence of Decedent	1%	0 M 2□ F	70	Yrs.	Months [Deys	Hours Min	April	26,192	6 Ma	ryland
natural, or tems 23s or 28s-f show Stal Examiner must be notified at		10e. Stete 10b. County			10c.	City, Town or L	ocation						10d. Inside City Lim
r 28a-f ahow incitiled at	5			iore									1 ☐ Yes 🎾
280	S	10e. Street end Number	MI	ione			owson	-11					
23a or	Funeral Director		n	,			10f. Zip Co					of Whet Cou	untry?
23s	era era	506 W. Joppo	L KO					20				I.S.A.	
items in	Š	11. Maritel Stetus		12. Wes Dece Armed Fo	rces?	U,S. 13.	Was Deceden If Yes, specify	t of H	lispenic Origin? (en, Mexican, Pue	Specify Yes or N rto Rican, etc.)	0- 14.	Raca - Amer Bleck, White	
0 5	by F	1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced		1 X Yes if Yas, Giv	/8	7 7	1□Yes 2X	No	Specify:		Sp	ecity: Wh	ite.
"natural", adical Ex					etes: (W(W	11							
natur	Completed	15. Deceden (Specify only highe	st gred	a completed)		16a. Dece	dant's Usuai C	one	etion during most of wo d)	orking	16b. Kind	of Business/I	ndustry
marked other than	Ē	Elementary/Secondery (0-12)		Coilege (1	I-4or 5+)				", ntroller		Manu	Sactur	ino
the unit	2	17. Fethar's Neme (First, Middle,	I ast)			17000	icuon	CUI		ıma <i>(First, Middle</i>		,	crig
arked o atic ave	lo Be			effiel	d					. M. Mark		neme)	
metic T	-	19e. informent's Neme/Ralations				405 14-11							
1 a		Mary Jean Scho			(wife)				and Number or R				ip Coda)
item 27 other ti	-	20e. Method of Disposition	enn	recu		Plece of Dispo		-	Rd., To				
교 등 한 한	-	1 Buriel 2 Cremetion	3 🗆 R	lemovai from	State	cametery, cre	metory or otha	r plac		Data		on - City or T	
mportant: If its any injury or or once.		4 Donation Other S			Vu	laney l	alley	Mer	n'l Gard	.10/18/9	6 Time	nium,	Maryland
any in		21. Signature of Funeral Service	Licenti	00/			2. Neme end A						
E 8 0		1/11/1/1	100	7	_		chumun	ek	Funeral ir Rd.,	Homes,	Inc.	2123	,
ding physician and sa as the burial-transit	Medical	Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest).		(or es a consec							
for usa	alc		_ 0										
d by the attender of the use	200	Pert ii. Other algnificant conditio	ns con	tributing to de	ath but not re	sulting in the u	nderlying caus	e giv	en in Part f.	23b. Dfd	tobacco uae	contributa	to the cause of dea
detac										10	Yes 20 M	lo 3 Pro	bably 4 Unkn
D 20													
paga 2 should											en autopsy ormed?	81	vere autopsy finding vallebie prior fo
has by												of	ompletion of cause death?
Page Com	5									10	Yes 🎇 N	0 1	☐Yes 2☐No
director, par	0	25. Wes case referred to medical exeminer?							26. Pleca of De	ath (Check only	one)		
5 C	2	1 ☐ Yes 2 No	Н	lospitei:	npatient 2[☐ ER/Outpatier	t 3 DOA	Othe	ar: 4 Nursing H	dome 5 ☐ Resi	dence 6 🗆	Other (Speci	ify)
marai marai	5	27. Mennar of Deeth 1 ₩ Naturel 5 □ Pending		28a. Dete o (Monti	f injury h, Dey Year)	28b. Time of injury	28c.	injury Work	et c?	28d. Describe	how injury oc	curred	
ed in by the funeral	5	2 Accident investig	etion				М	10	Yes 2 □ No				
d in by the		3 ☐ Suicide 8 ☐ Could r 4 ☐ Homicide daterm	ned	28e. Pleca buildin	of fnjury - At i	home, ferm, str	eet, factory, of	fica		28f. Location (City or To		mber or Rur	al Route Number,
D 0	3					,,					, 5.5.5,		
To the Funeral Direct complately filled in by Medical Certifical C		29a. Certifiar 1X Certifyin (Check only one) 1 Medical t	g Phya Examin	fcian: To the le er: On the be end menn	sis of axamin	owledga, daath atlon end/or inv	occurred et the	ha tim my op	e, dete end place pinion, death occu	a, end dua fo tha urred et the tima,	cause(s) end date end ple	mannar as s ca, and due t	stated. to tha cause(s)
Me Me		29b. Signeture end fitle of certifier	-				29c. Li	cense	number		29d. Dete si	ned (Month.	Dev. Year)
- 0		> natinda	1 ~	A. de	Lun .	mr		10	E00				
$X \setminus I$								19	508		16th 1	gater	1276
11	1	30. Neme and eddress of person v	vho cor	mpieted cause	of deeth (Ita	m 23e) (Type,	Print)						
		NATIVIDAD D.	dF			7620	YORK_I	RO	AD TOWS	ON, MD	. 21	204	
State		31. Date filed (Month, Day, Year)	1		gistrer's Sign	eture							
Registrar		TOT 2 2 1996		2016	bon- Par	delle							

DHMH 16 Rev 6/95

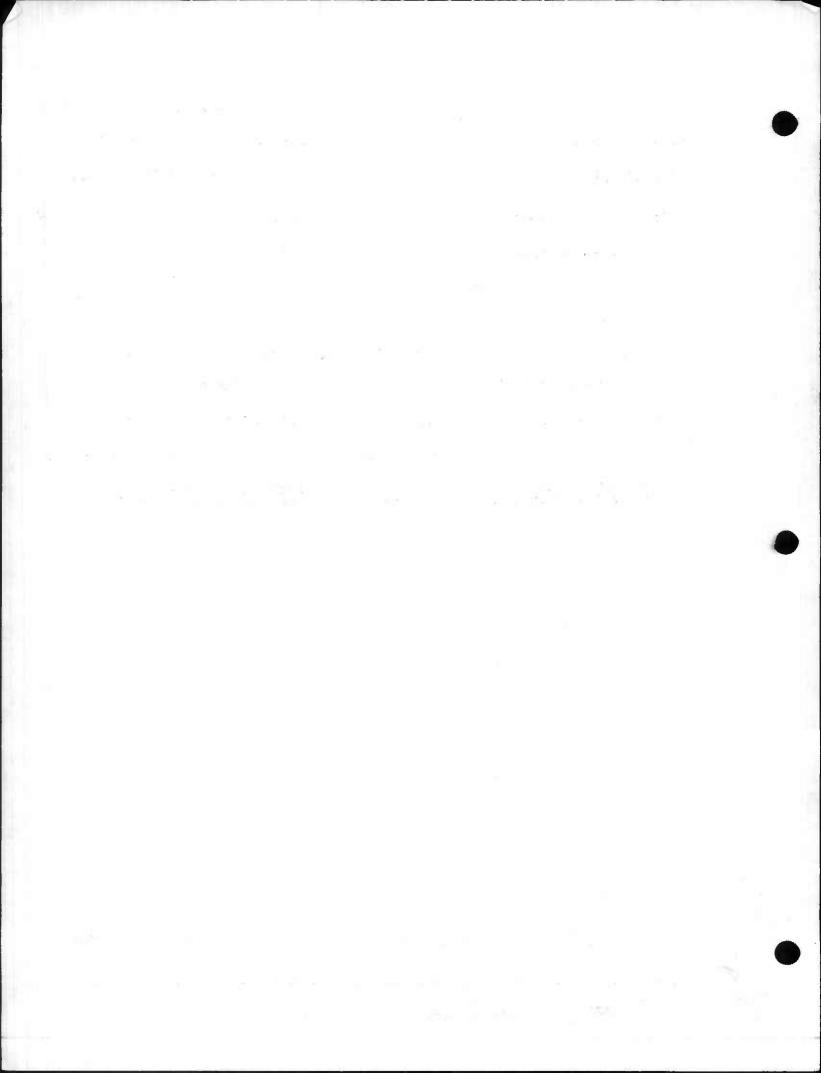
State of Maryland / Department of Health and Mental Hygiene 96 31565

							Certi	ficate of	f Death		Reg. No.	0	01000	
ı	Physic	ian	1. Decedent's Neme (First, Middle, La	ist)					2. Dete of De Month		Yeer	3. Time of Deeth	
я	/Medi				Myrtle	2		Smitl	h	October		1996	8:50 PM	
	Exami		4e. Fecility Neme (If no	ot institution, giv	e street end num	ber)			4b. City, Town, or		4c. Count	of Deeth		
			Genesis El	dercare	:				Silver S			gome	ry .	
	Funeral Director		5. Social Security Num 240–03–17 Usuel Residence of De	775	Sex 1 □ M 2 □ KF	'. Age (In yrs. I 84		If Under 1 Yea Months Deys	if Under 24 Hrs Hours Min.	8. Dete of Bir (Month, De March	th y, Yeer) 5, 1912		plece (State or Foreign intry) 'enn •	
	yland		10a. Stete 10	0b. County		10c. City	, Town or Loca	tion					10d. Inside City Limits	
	Mar Mar	to	Md.	Ba1t	imore			Midd	le River				1 ☐ Yes 2X No	
	1 th	Director	10e. Street end Numbe	9r				10f. Zip Code			10g. Citizen of	What Cou	ntry?	
	h wil	a D	5859 Eb	enezer	Road				21220		Ţ	JSA		
020	s within 72 hours after death with the Maryland ijene. Then entural, or items 23a or 28s-f show the Medical Examinet must be notified.	by Funeral	11. Marital Stetus 1 Never Married 3 Nover Married		12. Was Deced Armed Ford 1 Tyes 2 If Yes, Give Yeer or Det	es? (XNo	If Y	s Decedent of les, specify Cu Yes 25(No	Hispenic Origin? (S ban, Mexican, Puerl o Specify:	pecify Yes or No o Rican, etc.)	- 14. Re- Ble Specif	ck, White,	can Indian, , etc. ite	
0	2 ho	ted	15	. Decedent's E	ducation	Ī	16e. Deceder	nt's Usuel Occu	pation		16b. Kind of B	usiness/in	idustry	
21	5 2	Completed	Eiementery/Seconde	only highest green erv (0-12)	College (1-	4or 5+)	life. DC	NOT use retir	e during most of wor red)	rking				
7	filed within Hygiene. ther than ent, fine Me	Con	8th			,		Cafater	ia Worker		Balto	o. Co		
Maryland 21215-0020	S la S	To Be	17. Fether's Neme (Fir) Standrid	ge			18. Mother's Nar	ne (First, Middle, Unkown	Melden Surner	ne)		
a	OI 65 66 66		19e. Informent's Neme	e/Retetlonship (Type, Print)				et end Number or Ru					
	1 and 1 Health em 27 i		Charles		son				t. Apt. 1	02 Frede	erick, N	1d. 2	:1703	
altimore,			20e. Method of Dispos	Premetion 3		ate	ece of Dispositemetery, crema:	tory or other pl		Dete /24/96	20c. Location		own, Stete	
	permit. Pages Department of Important: If it any injury or one		4 ☐ Donetion 5 [21. Signature of Funer				lolly Hi		ress of Fecility	/24/90	MIGGIE	= KIV	er, Ma.	
g	Deperment of the sent of the s		D-T	or sor good Elder		111.			Funeral H	ome of 1	Essex			
			K. 1	erryc	nue	lles	300	Mace	Avenue Ba	1timore	, Md. 2:	1221	Approximete	
			23e. Perf1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. Ust only one cause on each line.											
	Physician /Medicai		fmmediete Ceuse (Finel disease or condition resulting to deeth) e. Metastatic Breast Cancer											
	Examiner		disease or condition resulting in deeth) Metastatic Breast Cancer Due to (or es e consequenca of):										13 Years	
	~ -	ner			Cerebr		ar Acci					1	4 Years	
	icate be executed physician and s the burial-transit	Examiner	Sequentielly list condit	tions.	b		es e conseque					-	7 10015	
o,	an ar		Sequentielly list condit if any, leeding to imme cause. Enter Underlyii Ceuse (Disease or Inju	ediete ng										
09/89	nysici he bu	Ical	Ceuse (Diseese or inju that initieted events resulting in deeth) Lesi		C	Due to (or	es e conseque	nca of):						
9	certificate be executed Iding physician and Ise as the bunal-transi	Medical	resulting in deetily Less									İ		
XOR	th ce fendi				d					-		-		
5	e death he atter sed for u	Physiciar	Pert II. Other eigniffcar	nt conditions c	ontributing to dee	th but not resu	Iting in the unde	orlying cause g	iven in Pert I.	23b. Did	lobacco uae co	ntribute t	o the cause of death?	
7.	es that the death igned by the atten be detached for u	Phy	Non-insuli	in Daner	ndant Di	abatac	Mollita	16		10	Yee 2 No	3 Pro	bably 4⊠ Unknow	
S,	the set	by	NOI THEULT	in Deper	idant Di	abeces	TICITIC	19						
ecord	law requires that the as been signed by th 2 should be detache	Completed	History of	Муоса	rdial In	farctio	n				en autopsy rmed?	av	/ere autopsy findings vaileble prior to empletion of cause deeth?	
	0 - 5	E								10)	res 2⊠No	11	□Yes 2□No	
VII	ician: The certificate rector, pag	Bec	25. Wes case referred	to medicai					26 Place of Dec	ath (Check only o			2.00	
		0	examiner? 1 ☐ Yes 2 2 No		Hospitei:	patient 2 E	ER/Outpetient	3 DOA	than:	lome 5 Resid		er (Specia	fv)	
101	After this funeral d	n: T	27. Menner of Deeth		28e. Dete of		28b. Time of	28c. Inju			now injury occur	-	,,	
VISION	tending leath. for: After the fune	atio	1 ☑ Neturel 5 2 ☐ Accident	Pending investigetion		Doy roar,	Injury		Yes 2□No					
SINIC	in the same	Certification:	3 ☐ Suicide 6 4 ☐ Homicide	G Could not be determined	Zoe. Pieca o	f Injury - At hor , etc. (Specify)	me, ferm, street	, fectory, office		28f. Location (S City or Tox	Street end Numi vn, Stete)	ber or Run	el Route Number,	
-	H cpits St hour Funer letely filled	edical C	29e. Certifier 12 (Check only 2	Certifying Ph Medical Exam	ysfclan: To the basend menne	is of examineting	rledge, deeth oo on end/or inves	curred et the t	ime, dete end plece opinion, deeth occu	, end due to the rred et the time,	ceuse(s) and m date end piece,	anner as a end due te	itated. o the ceuse(s)	
	Nithir Fo th comp	Me	29b. Signeture and title of cartifier								Dey, Year)			
			Wilt	unn	_]	- Nin	ala	D452	85	(October	21,	1996	
,	1)		30. Neme and address	of person who	completed cause	of deeth (Item	23e) (Type, Pri	nt)		77.75				

18111 Prince Phillip Drive, Suite 212, Olney, MD

20832

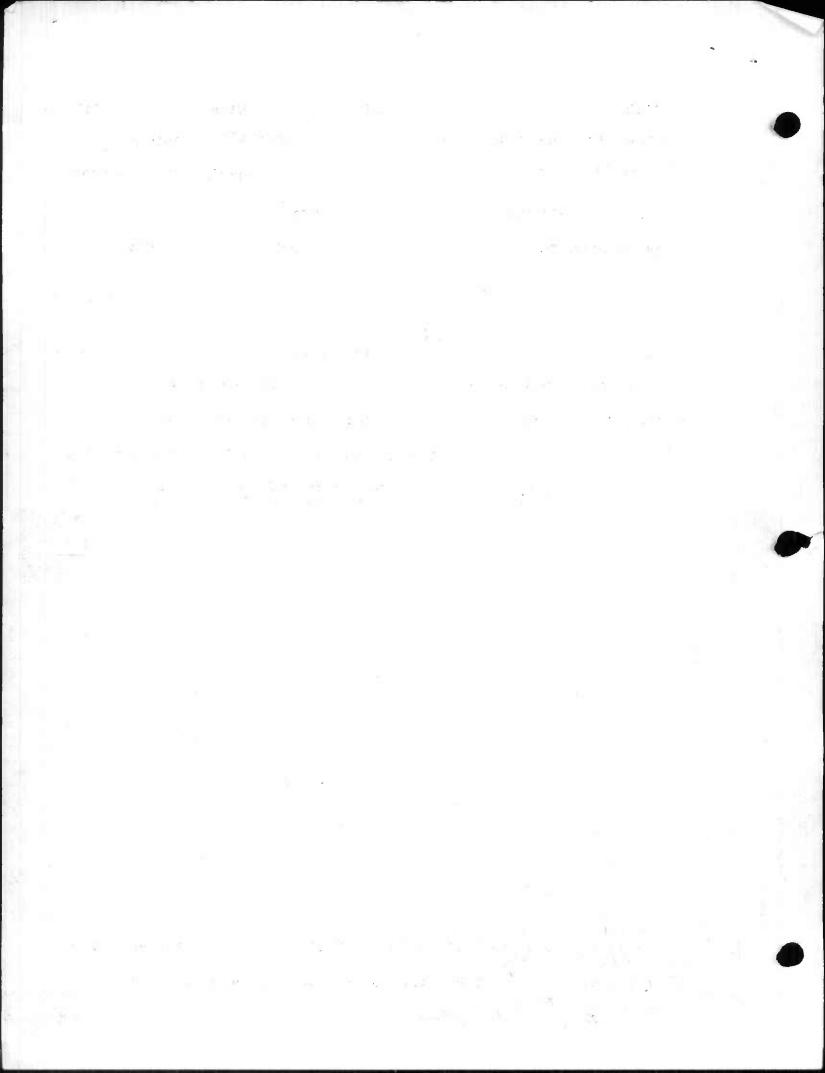
State Registrar W.J. Ninala, M.D.



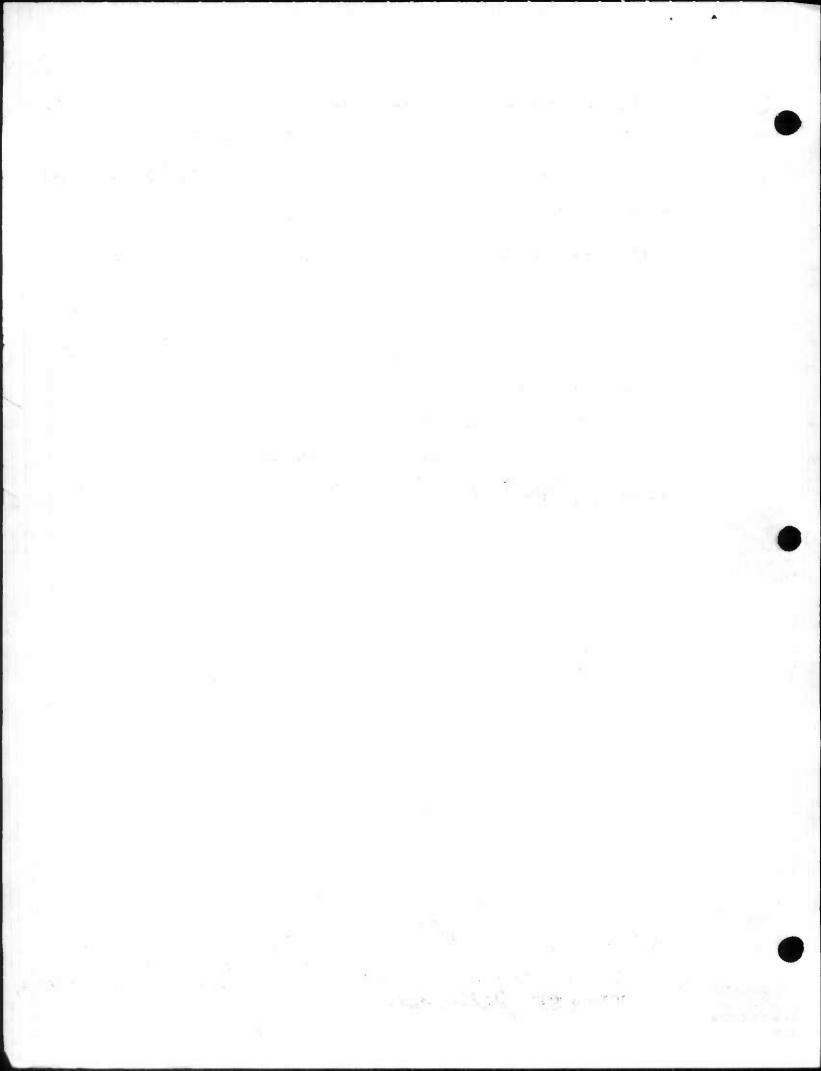
State Registrar 31. Date filed (Month, Dey, Yeer)



Baltimore, MD



THMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 31568 Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Daath 3. Time of Death Month Victoria Slivenski October 17 1996 9:06 A.M. 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death North Arundel Hospital Glen Burnie Anne Arundel If Undar 1 Yaer 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpleca (Stata or Foraign Country) Days 1 □ M 2 X F Months Hours 92 215 07 1747 1903 Dec. 8, Pennsylvania Usual Rasidanca of Decedant 10b. County 10c. City. Town or Location 10d. Insida City Limits Anne Arundel Pasadena 1 ☐ Yes 210 No 10f. Zlp Coda 10g. Citizen of What Country? 112 Granada Road 21122 U.S. Was Dacedant Evar in U,S. Armed Forcas? Wes Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian. Black, Whita, atc. 1 ☐ Never Marriad 2 ☐ Married □Yas 2⊠ No Yas Giva 1 Yas 2 X No Specify: 3 Widowad 4 □ Divorced White 16e. Dacedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Presser Shirt Manufacturer 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) (unknown) (unknown) Zawecki 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Straet and Number or Rural Route Number, City or Town, Stata, Zip Code) Bernadine Slivenski 112 Granada Road Pasadena, Maryland 21122 20a. Mathod of Disposition 20b. Piece of Disposition (Name of cematary, cramatory or other place) Data 20c. Location - City or Town, Steta 10/19/96 Baltimore, Maryland Stanislaus Cemetery Funaral Sarvice Licensaa 22. Name and Addrass of Facility Gonce Funeral Home P.A. ramerouske 4001 Ritchie Highway Baltimore, Md. 21225 23a. Part1. Entar tha disaasa, or shock, or haart failure. plicetions that causad tha deeth. Do not antar the mode of dying, such as cardiac or respiretory arrast, ona causa on each lina. Approximata Intarval Batween Onset and Death Immediata Ceusa (Final Dua to (or es e cor Saquantially list conditions, if any, laading to immadiate causa. Entar Undarlying Cause (Disaesa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Dua to (or es e conseguança of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Dfd tobacco use contributa to the cause of death? 1 Yes 2 10 3 Probably 4 Unknown Were eutopsy findings available prior to 24a. Was an autopsy performed? complation of cause of death? 1 🗆 Yes 2 0 No 1 ☐ Yas 2 ☐ No 25. Was case rafarrad to medical axeminar? 26. Placa of Deeth (Check only ona) Hospitel: Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3□ DOA 28a. Deta of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred 5 Panding Invastigation

Examiner the buriel-transi and Division of Vital Records, P.O. Box 68760, nding physician The law requires that the deeth certificate be USB BS signed by t peeu

Physician /Medical

> Examiner Physician/Medical by Completed Be 2 Certification:

Physician

/Medicai

Examiner

Director

Funerai

þ

Completed

Be

9

10a. State

Maryland

11. Marital Status

10e Street and Number

unknown

21. Signatue

disaasa or condition rasulting in deeth)

1 Yas 2 No

27. Mennar of Death

1 ANatural

2 Accident

4 Homicide

(Check only one)

31. Date filed (Month, Day, Year)

OCT 2 2 1996

3 Cuicide

29a, Cartifian

Funerai

Director

Show

28a-f

items 23a or

other traumatic event, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event

Maryland 21215-0020

Baltimore,

with the Maryland

death

certificate has this Aftert death. Director: In by t To the Hospital or At within 24 hours after of To the Funeral Direct Medicai

or Attending Physician:

State Registrar 29b. Signature and time

6 Could not be

29c. Licansa number

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred et the time, date and place, end due to the causa(s) and menner stated.

1 Yas

2 No

29d. Data signed (Mgnth, Day, Year)

21/96

28f. Location (Streat and Number or Rural Route Number, City or Town, Stata)

30. Name and address of

ited cause of deeth (Item 23e) (Type, Print)

28e. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

32. Registrar's Signatura

State of Maryland / Department of Health and Mental Hygiene

0	100	0	7 500	p	1
0	1	3	7	1	1
1	U	U		U	-

					Certifica	ite of	Death		F	eg. No.		
Discontinu		1. Decedent's Nama (First, Middia, Las	0	. ,				Ī	2. Date of Dea	th		3. Time of Death
Physicia /Medic		Joan M	Stic	cke/					Month	15 1	199/	7:45 A
Examin		4a. Facility Nama (If not institution, give					4b. City, To	wn, or Loc	ation of Death	4c. Count	y of Death	1.10 /1.
	•	900 Caton Ave	_ SH! 1	omoc Uc	ocni+a1		Balt	imor			27/	
Funeral		5. Social Sacurity Number 6. Se	x 7. Age	(In yrs. last bir	thday) If Und	er 1 Year	If Undar		8. Date of Birth (Month, Day	1	- N/-	
Director		218 30 6184	М Ж Е F	62	Yrs. Months	Days	Hours	Min.				lece (Stete or Foreign try)
		Usual Residence of Decedent		0.4					9/18/	34	Mar	yland
natural, or items 23a or 28a-f ahow dical Examiner must be notified at		10a. State 10b. County		10c. City, Town	n or Location						10	0d. Inside City Limits
28a-f show	to	MdN/-	A	Balt.	imore	City	7					Yes 2□ No
iene. The Medical Examiner must be notified at	Director	10e. Street and Number			10f. Z	ip Code			T .	0g. Citizen of	What Count	trv?
23a or		1001 Tob 7**-					000			-		.,,
1 B	Funeral	1001 Joh Ave.	12. Was Decedant E	ver in IIS	13 Was Dac		229	nin? (Spec	ih Vac or No.		S.A.	an Indian
Hems Interm	5	1 Never Married 2 Marriad	Armed Forces?		If Yas, sp	ecify Cub	an, Maxican	, Puarto R	eify Yes or No- lican, etc.)	Bla	ck, White, e	etc.
P. O.	by	3 ₩idowed 4 Divorced	1 ☐ Yes 2 ☐ N If Yas, Give X Year or Datas:	0	1 Tes	2 ℃ No	Specify:			Specif	y whi	.te
"natural", edical Exc		Λ		10-	December 11	-10						
e s	Completed	15. Decedent's Ed (Specify only highest grad	le completed)	168.	Decedent's Us (Give kind of w life. DO NOT	rock done	during most	of working	g	16b. Kind of B	usiness/Ind	ustry
than		Elementary/Secondary (0-12)	Coilega (1-4or 5-	+)								
Hygiene. ther then		8th			binde	ry v	vorke	r				d Print
d other	Be	17. Father's Name (First, Middle, Lest)					18. Mothe	r's Name	(First, Middle,	Maidan Sumen	ne)	
marked other matic avent, I	2	Bernard Holtm	an							nblett		
2 4 2		19a. Informant's Name/Reletionship (T			Mailing Address				Route Number	, City or Town,	State, Zip	Code)
		son: William	Holtman	3:	240 St	affc	rd S	t.	Baltin	nore M	d.	21229
Item 2		20a. Method of Disposition		20b. Piace of	Disposition (No	eme of	ne)		Date	20c. Location	- City or Tov	wn, State
		1 Burial 2 ☐ Cremation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify)						0 10	/17/0	6 0000		lle Md.
토론를 .	1	21. Signature of Funeral Service Licens		PICE . VE			ss of Facility		11/3	6 CLOM	/IISV1	Tie Ma.
Impo any ir		10	2 -	0	4	001	Ritc	hie	Hwy.			
	-	John My	ramers	uski	В	alti	more	Md.	212	2.5		
		23a Part1. Enter the disease, or out of shock, or heart failure. List only	lications that caused in ne cause on each line	the death. Do r e.	not entar the mo	de of dylr	ng, such as	cardiac or	raspiratory arr	est,		Approximate fnterval Between
ysician			_ t								1	Onset and Death
ledical aminer		tmmediate Cause (Final disaasa or condition	Chronic	Oh 5	Tructi	re	Rula-	NERI	2:4	PASE	- !	441
		resulting in death)	B. C. 1 1 1 1 1 1	Due to (or as a c	consequence of);	1	1	7	-7		
	ner				·	,					- 1	
rans	Examiner	Sequentially list conditions.	b. ————Ε	Due to (or as a c	onsequence of):					1	
		Sequentially tist conditions, if any, leeding to immediate cause. Enter Underlying										
physician and s the burial-transit	/Medicai	Cause (Disease or injury that initiated events rasulting in death) Last	C	ue to (or as a c	onsequance of	:					-	
ding ph	9	rasulting in death) Last										
C 3			1									
ed by the atter deteched for u	Physician	Part II. Other significant conditions co	tributing to death but	not reculting in	the underlying	onuna ah	on in Boot I		ook Dida	h	manife de de	Ab
by the teched	h y		modeling to douth but	not resulting in	the driderlying	cause giv	on in Fait i.				1/	the cause of death
									1 L Y	ea 2 No	3 Prob	ably 4 Unknow
og p	d by								24a. Was a		24h We	re autopsy findings
should	Completed								perform	ned?	avai	ilable prior to
has 9e 2	g.										of d	leath?
page	S								1 🗆 Ye	s 20 No	10	Yes 20 No
certificate		25. Was case raferred to medical					26. Placa	of Death (Check only on	e)		
	0	axaminer?	lospital:	t 2 ER/Out	patient 3 D	OA Oth	er.			nca 6 □Oth	or (Specific	1
E = 1	-	27. Manner of Death	28a. Data of Injury	28b. T	-	28c. Injur				w Injury occur		,
tor: After the	5	1 Netural 5 Pending 2 Accident investigation	(Month, Dey	Year) In	njury M		k? Yes 2 ∐ N	lo				
Director:	Certification:	3 ☐ Suicida 6 ☐ Could not be	28e. Place of Injur	v - At home far	m street factor		1007		of Location (St	reet and Numb	ner or Purel	Route Number.
in b		4 ☐ Homicide determined	building, etc.	(Specify)	in, street, factor	ly, onlo		20	City or Town		or or riurar	FIGURE FRUITIDEF,
		29e. Certifier 1/Y Certifying Phys	(1) - 10 de				0.00		en Wester			
Funda in the part of the part	edical	(Check only one) 2 Medical Exami	olcian: To the best of ner: On the basis of e	exemination and	deeth occurred Vor investigation	at the time n, in my o	ne, date end pinion, deat	l ptece, en h occurred	d due to the ca at the time, da	iuse(s) and ma ate and place,	inner as ste and due to	ited. the cause(s)
To the	200		and manner state	ed. /								
2 8		29b. Signature and title 12 control	11/1/1	1,1	. 29	c. License	number		2	9d. Date signe	d (Month, D	lay, Year)
			////	10 1	10	Po	91	4.5) (CT	15	1776
18		30. Name and address of person who co	mpleted cause of dea	ath (item 23a) (Type, Print)	, ,		1		1	. (
		Anchony R	DAT:	91	20 (ATO	n	41/0	By	17.1	MI	21720
State		31. Date filed (Month, Day Year)	32. Registra	Signature				1	79	11	11)	
Registra	-	OCT 22 1996 9	a widson-	ander								
					/							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM#8 PER: F.H. 10-29-96 FILM#G740 J.A. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death **Physician** Month obert G. 3:25 Pm 1996 October 15 /Medical 4e. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Gilchrist Center Balt Tow son If Under 1 Year | If Under 24 Hrs. | Months | Deys | Hours | Min. 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthpiece (Stete or Foreign Country) **Funeral** Deys 1 M 2 F 236-12-8013 Yrs Director Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location Show 10d. Inside City Limits "natural", or items 23e or 28e-f show Director Yes 2□No BAUTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 330 5%. DONE U.S.A Funeral 21224 death 12. Wes Decedent Ever In U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Bieck, White, etc. filed within 72 hours efter 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Merried 2 Married 21215-0020 1□ Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE Completed the Medical 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) MATERIAL marked other Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Pages 1 and 2 should be fill timent of Health and Mentel Hitant: If item 27 is marked oth Be TELER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) nt of Health a If item 27 is or other tra 3301 BALTIMORE, STREETS DEATRICE DONE 20e. Method of Disposition Oct. 19 1996 20c. Location - City or Town, State 1 Buriei 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Depertment of Important: If any Injury or once. MEADOW RIDGE 4 □ Donetion 5 □ Other (Specify) HOWAKD CO. 21. Signeture of Enherel Service Licensee 3218 HUDSON ST FMANN-S, 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediete Ceuse (Final Dericardial 2 weeks disease or condition resulting in deeth) Examiner Examiner transitional Cell Carcinount The lew requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es a consequence of): P.O. Box 68760, physician Physician/Medical Due to (or es e consequence of): use as the signed by the a Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by Completed 24b. Were eutopsy findings availeble prior to completion of cause of death? 24e. Wes en eutopsy performed? certificate has No 1 ☐ Yes 2 ☐ No Physician: Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel; 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA P 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After t or Attending 1 Naturel 2 Accident 5 Pending investigation death. 1 Yes 2 No NA after death 6 Could not be determined 3 ☐ Suicide in by t 28e. Piece of injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide

To the Hospital of within 24 hours a To the Funeral D

31. Dete filed (Month, Day, Year) Registrar

29a, Certifier

(Check only one)

29b. Signatura and tilig of earth

Medical

30. Name and eddress of person who completed cause of death (Item 23) (Type, Print) 32. Registrer's Signeture

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end menner as steted.
2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the cause(s) and menner steted.

Bmo

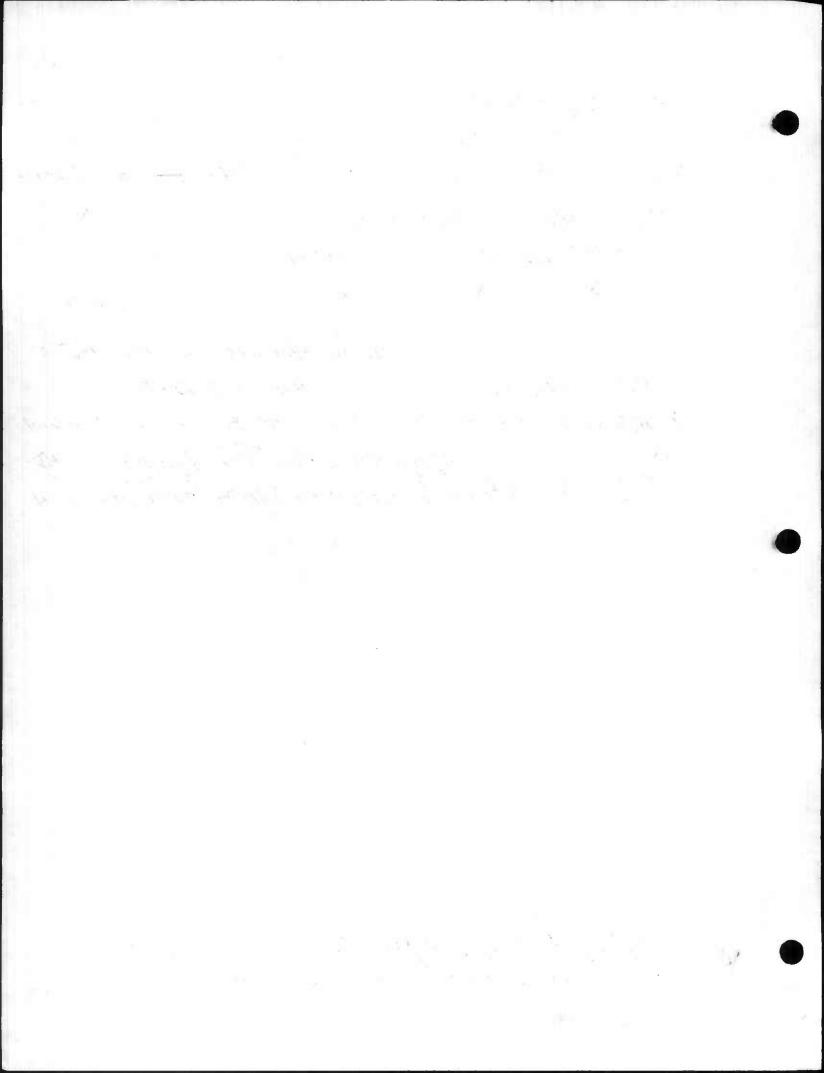
29c. License number

6701

29d. Date signed (Month, Day, Year)

N. Cherle ST. Balto, m

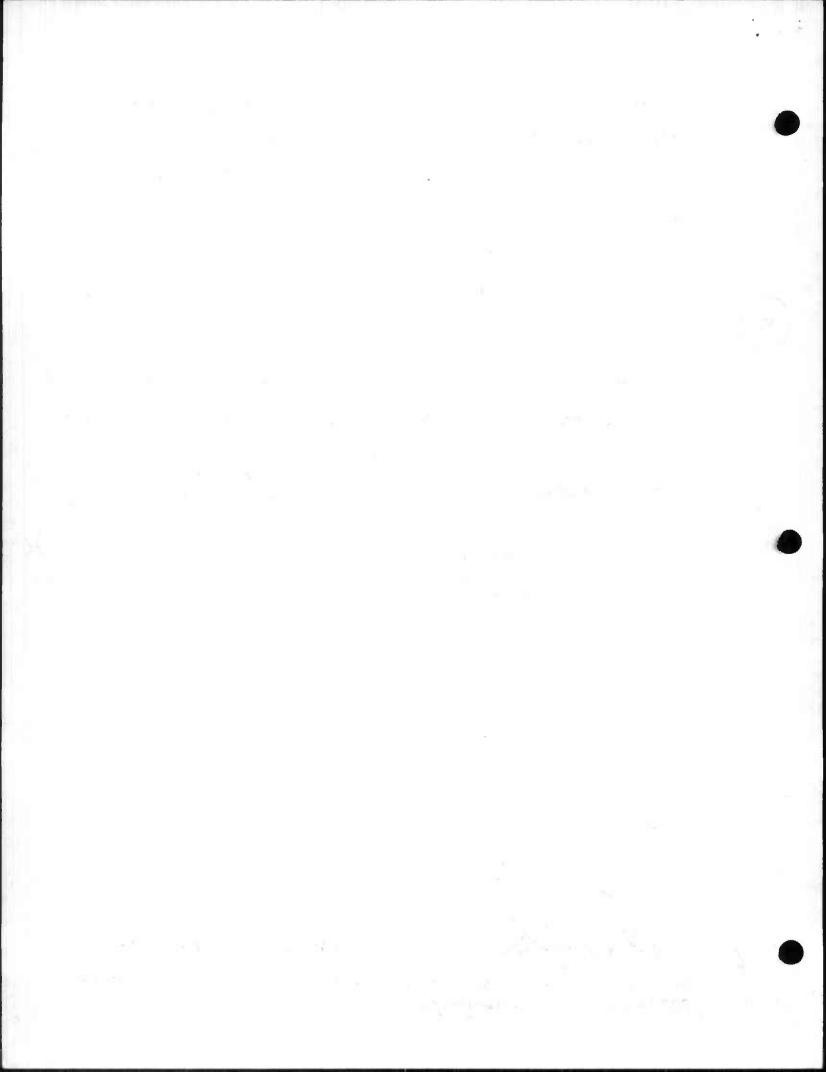
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Anthony Michael October 20, 1996 Serra 7:38 am /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Birchwood Avenue Baltimore N/A If Under 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpiace (Stata or Foreign Country) **Funeral** Days 1⊠M 2□ F 213-10-8427 89 Yrs Director October 16,1907 Maryland Usual Residence of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 X Yes 2 □ No 28a-f Maryland N/A Baltimore 10e. Streat and Number 10f. Zip Code 10g. Citizen of What Country? 8 pringe must be 6411 Birchwood Yama 23a Avenue 21214 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Marifal Status Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - American Indian, Black, White, atc. I ☐ Yes 2 ☒ No f Yes, Giva Year or Dates: 1 Never Married 2 Married Specify: White 1 ☐ Yes 2 ☒ No Specify þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Baltimore, Maryland 21 Dispatcher Oil Company Department of Health and Mental Hy Important: If them 27 is manraed order any Injury or other 27 is manraed order. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Joseph Serra Concetta Testa 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Pauline T. Serra/Wife Birchwood Avenue Baltimore, Maryland 21214 20a. Method of Disposition 20b. Placa of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from State Moreland Memorial Park 10/23/96 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensea Brian A. Willem 22. Nama and Addrass of Facility Leonard J. Ruck Funeral Home, Inc. Buan a. Willen 5305 Harford Road Baltimore, Maryland 21214 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final malnutution disease or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificata be axecuted and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last physician a P.O. Box 68760. Dua to (or as a consequance of). attending p Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 6 deality refres signed l Records, by Be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? page 2 certificate 1 Yes 2 No 1 Yes 2 No Division of Vital or Attending Physician: director, 25. Wes case referred to medical 26. Place of Death (Check only one) examiner' Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 1□ Yes 2☑ No Other: 4 ☐ Nursing Home 5 🂢 Residenca 8 ☐ Other (Specify) 2 After this s after death.

if Director: After this od in by the funeral di 27. Menney of Death Dete of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Investigation Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide Location (Street end Number or Rural Route Number, City or Town, Stata) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide Hospital 24 hours 29e. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. edical To the Hosp within 24 hos To the Fune completely fi (Check only one) 29b. Signatura and title of cartifier 29c. License number 29d. Data signed (Month, Day, Year) 10-21-96 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SPERLING BALTO. MD 21239 MID. BLUD 5601 LOCH RAVEN 31. Date filed (Month, Dey, Year) OCT 22 1996 State Registrar



					ertificate of		Reg. I		01012
	Physic /Medi		1. Decedant's Nama (First, Middle, Last)		LLWO	D	OCTOBER.	20-1996	3. Tima of Death
100	Examir Funeral Director	ner	214-18-7726 1 ¹ M 2 7 F	ga (In yrs. last birthda 99 Yrs.		Ab. City, Town, or Loc Randallsto If Under 24 Hrs. Hours Min.		Baltimo	
	anyland show	2	Usual Rasidance of Dacadant 10a. Stata 10b. County Maryland Baltimore	10c. City, Town or					10d. Insida City Limits
	h with the M	Funeral Director	10e. Street and Number 10729 Park Heights Avenu		ngs Mills	1117	10g. (Citizan of What Co.	•
020	within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28a-f show he Medical Examinat must be notified at		11. Marital Status 1 Nevar Marriad 2 Married 3 Widowed 4 Divorced 12. Was Dacedant Armed Forces 1 Yas 2 Married If Yas, Give Yaar or Datas:	Evar In U,S. 13	3. Was Decedant of if Yas, specify Cul 1 ☐ Yas 2 🗓 No	Hispanic Origin? (Specian, Maxican, Puarto F	cify Yas or No- Rican, atc.)	14. Race - Amar Black, White	ican Indian,
21215-0020	d within 72 ho giene. r than "natur . I'v Medical	Completed by	15. Decedant's Education (Specify only highast grada complatad) Elemantary/Secondery (0-12) 8 years Collega (1-4or	5+) (Given 1)	cedant's Usual Occu va kind of work done DO NOT usa ratin	pation a during most of working ad)	16b.	Kind of Business/I	
Maryland	should be filed withind Mental Hygiene. I marked other than umatic event, the Mental Control of the Mental Con	To Be C		unting		18. Mothar's Nema	Doug	an Sumama) sherty	
	s 1 and 2 of Health e item 27 le other tra		19a. Informant's Name/Reletionship (Type, Print) Grace Lewis (Executor) 20a. Mathod of Disposition 1 XBurial 2 Cramation 3 Ramoval from Stata	1072 20b. Place of Discamatary, cr	9 Park He position (Nama of ramatory or other pla	ace)	Owings M	fills, Mar Location - City or T	ryland 2111 Fown, Stata
Baltimore,	permit. Pege Department of Important: If any Injury or soce.		4 Donation 5 Other (Specify) 21. Signatura of Funaral Sarvice Licensee		6500 York	wiedefeld Road Bal	Home timore, M	oodlawn, I	
and the same of th	Physician /Medical Examiner	er	23a. Pert1. Entar tha deaase, or complications that cause shock, or heart failure. List only one cause on each i Immediate Cause (Final disease or condition resulting in death)	myoch	HRDIA	LIN	FARCT	ion	Approximata Interval Between Onsat and Death
Box 68760,	eeth certificete be axecuted attending physician and I for use es the burial-transit	an/Medical Examiner	Sequantially list conditions, if any, leading to immadiate causa. Entar Undarlying Cause (Disease or Injury that inhitated events rasulting in death) Last	Dua to (or as a cons	equance or):	ISCULAR	DISEAS	ie	
P.O.	requires that the deeth certifi seen signed by the attending hould be datached for use es	by Physician/M	Part II. Other eignificant conditions contributing to death t	7		iven in Part I.	23b. Did tobac		to the cause of death? obably 4 Unknow
Records,	2 S S	Completed I	HYPERTENSION PEPTIC ULGER	DISEA:	SE		24a. Was an au performed	7	Wara autopsy findings availabla prior to complation of causa of death?
of Vital	Physician: The lithis certificate har director, page	To Be		ant 2 ER/Outpati	ent 3L DOA		na 5 🗆 Rasidance	8 Othar (Spec	☐ Yas 2☐ No
Division	al or Attending Ph is after death. Il Director: After th ed in by the funeral	Certification:	1 Natural 5 Panding (Month, Da 2 Accidant Invastigation 3 Suicida 6 Could not be datamined 28a. Place of In		M 1E]Yas 2□No	8d. Dascribe how Ir 8f. Location (Streat City or Town, St	and Number or Ru	ral Route Number,
	Total Control	edical	29e. Certifier (Check only one) Medical Examinar: On the best of and manner st	of axamination and/or	Investigetion, in my	opinion, daath occurre	nd dua to tha causa d et the time, dete e	(s) and manner as and place, and due	stated. to the cause(s)
	A LES	M	29b. Signatura and titla of cartifor	of MD	7070	27157		Data signed (Month	
	Sta	to	30. Nama and address of person who complated cause of a RAYNOLD DEPESTR 31. Data filed (Month, Day, Year) 32. Registr	rar's Signatura		27157 WEST HO	SPITAL	CENTE	R
	Registr		OGT 22 1996 July 1	widson And	202				

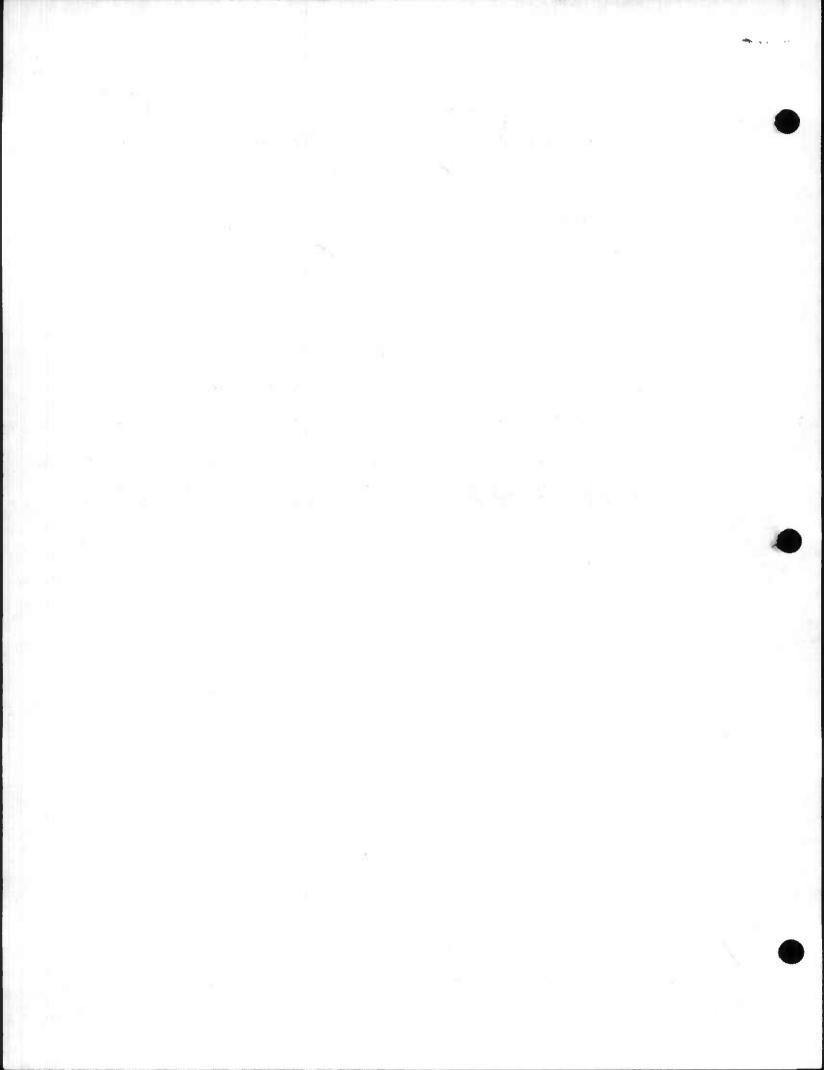
Augusta, 2410 tana or effective in the contraction of the second section of the contraction tate of Maryland / Department of Health and Mental Hygiene

			Cei	tificate of	Death	Re	eg. No.	0	31313
Dhusisian	1. Dacedent's Nema (First, Middle, Lo	est)				2. Dete of Deet Month	h Dey	Vaar	3. Time of Deeth
Physician /Medical	Mary	Sain	tsing			October	19, 19	Year 996	12:30 p.m
Examiner	4e. Fecility Neme (If not institution, gir	,			4b. City, Town, or I	ocation of Deeth	4c. County	of Deeth	
	209 F. Oakleaf C	ircle			Abingdon		Hart	ford	
ineral ector		ITM ONE	s. lest birthday) Yrs.	If Under 1 Yaar Months Deys		8. Dete of Birth (Month, Dey, 7 - 3-	Year)	9. Birthple Country Maryl	ce (Stete or Foreign y) and
	Usual Residence of Decedent 10e. Stete 10b. County	100 /	Diby Town as be						
N N	, and a second of the second o		City, Town or Lo					100	d. Inside City Limits 1 ☐ Yes 2 ☑ No
Director	Maryland Harford	1	bingdor	1					
2 5	10e. Street and Number 209 F. Oakleaf C	inolo		10f. Zip Code 21009			og. Citizan of V U.S.A.	What Country	y?
era e	11. Meritel Stetus	12. Wes Decedent Ever in	116 12 1		Historia Osisia 2 (C			n Amadaan	a tardia a
other traumetic event, the Medical Examples must be notified at To Be Completed by Funeral Director	1 Never Marriad 2 Married 3 Widowed 4 Divorcad	Armed Forces? 1 Yes 2 No If Yes, Give Yaer or Dates:		Yes, specify Cut	Hispenic Origin? (Spen, Mexican, Puert Specify:	o Rican, etc.)	Blac	e - Amaricar k, Whita, at White	c.
t, the Medical	15. Decedent's E	ducation	16e. Deced	lent's Usual Occu	petion	1	16b. Kind of Bu	isiness/Indu	stry
Se e	(Specify only highest gri	College (1-4or 5+)	life. L	kind of work done OO NOT use retire	during most of wor	king			
Con	12th grade		Mach	ine Oper	ator		Factor	Ly	
even Be (17. Fether's Neme (First, Middle, Lest)			18. Mother's Nen	ne (First, Middle, N	feiden Sumem	e)	
£ 2	John DiDio				Margare	t Larocc	0		
anu	19e. Informent's Neme/Reletionship (******			t end Number or Ru			Stete, Zip C	ode)
n a n	Michele Norton (2 A .	Saw Buck	Circle,	Horsham	, Pa.	19004	
0000	20e. Method of Disposition 1 X Burial 2 ☐ Crametion 3 ☐	20b.	Place of Dispos cemetery, crem	sition (Neme of netary or other ple	eca)	Dete	20c. Location -	City or Town	n, State
any injury o	4 □ Donetion 5 □ Other (Special	(y) P	arkwood	Cemeter	4 1	0/22/96	Baltin	ore.	Maruland
once.	21. Signeture of Funerel Service Lica	Lank	S 6	Neme end Addr Chimunek	ass of Facility Funeral cPhail Ro	Home of	Bel Air	, Inc	014
ilan Ical Iner	23e. Pert1. Enter the dise ♣e, or com shock, or heert feilure. List only Immediate Ceuse (Finel disease or condition resulting in deeth)	. Jung c	(or es a conseq					C	Shouth
for use as the burial-transit	Sequentielly list conditions, if eny, leading to Immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	C	(or as a consequ						
aicla	Pert II. Other significant conditions of	ontributing to death but not re	sulting in the un	dariving cause gi	ven in Pert I	23b. Did to	bacco usa con	tribute to th	he causs of death?
be deteched for u							98 2□ No		bly 4 Unknown
2 should pieted						24e. Wes er perform	n eutopsy ned?	avalia	a autopsy findings able prior to pletion of causa ath?
rector, page 2						1 □ Ya	s 2 No	101	Yas 2□ No
director,	25. Wes case referred to medical examiner?					th (Check only one	1)		
- I	1 ☐ Yes 2 X No	Hospitel: 1 Inpatient 2	☐ ER/Outpatient	3□ DOA Ot	her: 4 Nursing H	ome 5 Aeside	nca 6 □Othe	or (Specify)	
Certification:	27. Menner of Deeth Neturel 5 Pending Accident Investigation		28b. Time of Injury		ny at nk?] Yes 2 □ No	28d. Describe ho	w Injury occurs	ed	
ed in by the	3 Suicide 6 Could not b 4 Homicide detarmined	28a. Placa of Injury - At building, etc. (Spec	home, ferm, stra ify)	at, factory, office		28f. Location (Str City or Town	eet and Number , State)	er or Rural R	loute Number,
pietely fill	29a. Certifier (Check only one) Certifying Ph	yalcian: To the best of my kn ninar: On the basis of examin and manner steted.	owledge, deeth etion end/or Inv	occurred at the ti estigation, in my	me, dete end plece, opinion, deeth occur	and due to the ca red et the time, de	use(s) and mai te and pleca, s	nner as state and due to th	ed. ne cause(s)
Woo X	29b. Signeture end title of certifier	(29c. Licens	se number	29	d. Dete signed	(Month, Da	y, Year)
	Marilda	H. 50, m	9	0	26200		10/21	196	

State Registrar

MATILDA 31. Dete filed (Month, Dey, Year)

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

ITEM#1	0c	PER F.H. FILM#G740 10- 1. Decedant's Nema (First, Middle, La			Certif	icate of	Death	2. Date of Dea	Reg. No.		3. Tima of Death
Physic			30000	· · ·				Month		Yaer 996	3:30 om
/Medi Examii		4a. Fecility Nema (if not institution, gir					4b. City, Town, or	Location of Death			3,0-1.
LAGIIII	ici	Bayulan me					- 11	more	Bath		e City
Funeral		5. Sociel Sacurity Number 6.	Sex 7. A	ga (In yrs. last bii		Undar 1 Year onths Days	If Under 24 Hrs Hours Min.	(Month, Day		9. Birthpl Count	aca (Stata or Foraign try)
Director		Usual Rasidanca of Dacedant	21	58	115.			NOV. 20	,1937	FRI	EDERICK M
72 hours efter death with the Maryland naturel", or Items 23s or 28s-f show otes! Examine must be numbed		10a. Stata 10b. County		10c. City, Tow	n or Location	on				10	Dd. Inside City Limits
the Maryler 28a-f show	to	MD. BALTIN	IORE	BALT	T K	BAL	TIMORE				1 ☐ Yas 2 ☐ No
or 28	Funeral Director	10e. Street end Numbar				0f. Zip Coda			I0g. Citizan of V	What Count	iry?
23a	la l	4115 WEST ROO	ERS AVE			21	215		U.	S.A.	
E i	une	11. Marital Stetus	12. Was Dacadani Armed Forças	?	13. Was	Decedant of I- s, specify Cub	dispenic Orlgin? (S en, Maxican, Puar	ipecify Yes or No- to Rican, etc.)	14. Raci Blac	a - Amarica k, Whita, a	an Indian,
el", or items 23a or 28a-f sho Examiner must be northed at	by F	1 Naver Marriad 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2X☐ If Yas, Giva Yaar or Datas:	No	10	Yas 2 XNo	Specify:		Specify	BLA	ACK
"naturel", or		15. Decedant's E	ducation	16a.	Decedant*	s Usuel Occup	petion		16b. Kind of Bu	usiness/Ind	ustry
than "n	Completed	(Specify only highast gra Elemantary/Secondery (0-12)	ada complated) Collaga (1-4or		(Give kind lifa. DO l	of work dona VOT usa ratire	during most of wo d)	rking			
ther than	Con	12 TH	Conaga (1 voi		СН	EF			RESTA	URAN	1T
	Be	17. Father's Nema (First, Middla, Last)				16. Mother's Ne	ma (First, Middla,	Meiden Sumam	a)	
s marked o	To	AUSTIN BOWIE						IE WEED			
raum traum		19e. Informent's Name/Reletionship (196			and Number or Ri				
27		20e. Method of Disposition	MAS	20b. Placa of	Dispositio	n (Nama of	ILL CT.	BALTIM	ORE MI 20c. Location -		
2 6		1 Burial 2 Cremation 3 □ 4 Donation 5 Other (Spacio	Removal from State	cameta	ry, cramato	ry or other ple	,				
mportant: sny injury once.		21. Signatura of Funerel Sarvica Lice		BARTO		LLE C		T. 19,1	996 BA	RTON	SVILLE M
a se		> Muses a	P. KOO	, ,			ROLLINS	FUNERA	I HOME	5	
		23a. Part f. Enter tha die a a, or com shock, or haart fail in List only	plications that cause	d the death. Do	101	WEST	ALL SA	INTS ST	FRED	ERIC	K 21701
/sician		shock, or heart fail. List only	ona caese on aach i	ina.			ig; odori do odraid	o or roophatory are			Interval Between Onsat and Death
ledical		Immedieta Causa (Final diseasa or condition	ROS	protory	601	LUCP					11260
miner		resulting in death)	a. 1100	Due to (or as a	1	ce of):				-	119111
#	iner	_	, Peli	morary		bolis	3			1	"la hr
physician end s the burial-transit	Examiner	Sequentially list conditions,	0. —	Dua to (or es e	consequan	ca of):					
Duria		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C							1	
s the	dic	rasulting in death) Lest		Dua to (or as a o	onsequano	ea of):					3 11 11
use as	M		d								
d for use	Icia	Part II. Other significant conditions of	ontributing to death h	out not consisting to	the under	hilaa aayaa ah	on in Dart I	225 Did to		atalbusta ta	the course of death 2
ned by the e	Physician/Medical	0.014	ominouning to death t	or nor resulting it	r die Under	iyaig cause giv	reni III Falli.	230. Did to	_/		the cause of death?
gned be de	by P	Asthma							20110	0_1102	
been si		morbid obes	14.					24a. Wes a perfor	n autopsy		ra autopsy findings ilable prior to
O CI	Completed	TIDE DIE	117					ponor		com	npletion of cause laath?
	Com	Anoxic Ence	phalopa	Thy				1 🗆 Y	as zieno	10	Yas 2□ No
certificate rector, pa	Be (25. Wes case rafarred to medical axaminar?						ath (Check only or	na)		
0 0	2	1□ Yas 2□ No	Hospital: 1 ☐ Inpati	1	tpetient 3	DOA Oth	4 LI Nursing F	ioma 5 🗆 Rasid			1
ne li	ion:	27. Mannar of Death 1 □ Natural 5 □ Pending	28a. Data of Inju (Month, Da	iry Year) 28b. T	ima of njury	28c. Injur Wor		28d. Describe h	ow injury occurr	ed	
ctor: Al	icat	2 Accidant invastigetion 3 Sulcida 6 Could not b		lune. At home fo			Yas 2 □ No	28f. Location (S	troot and Numb	or or Pural	Pouts Alumbas
Director: A	Certification:	4 ☐ Homicida datamined	building, at	jury - At home, fa c. <i>(Specify)</i>	iii, siraat, i	ractory, onice		City or Town	n, Stete)	er or nurar	House Williber,
Ille	edicai C	29a. Cartifier 1 Certifying Ph	yafclan: To tha best nfnar: On tha basis o	of my knowledga	, daath occ	urred at tha tir	na, data and place	, and due to tha c	ause(s) end ma	nnar as sta	itad.
at de	Med	one)	and mannar st	ated.	NOI IIIVASIIĮ						
AC 3/		29b. Signatura and titla of certifiar	0			29c. Licans	e number	2	9d. Dete signed		
-		Tromas	A. Km	son	NA	DO	7 160		oct	11/6	796
V		30. Nama and addrass of person who	- 10	leath (Itam 23a) (~	
		10805 Hoko		- 170	30	ite a	10 (skupic	1,10	117	
Sta	te	31. Data filed (Month, Day, Year)	32. Hagisti	ar's Signatura							

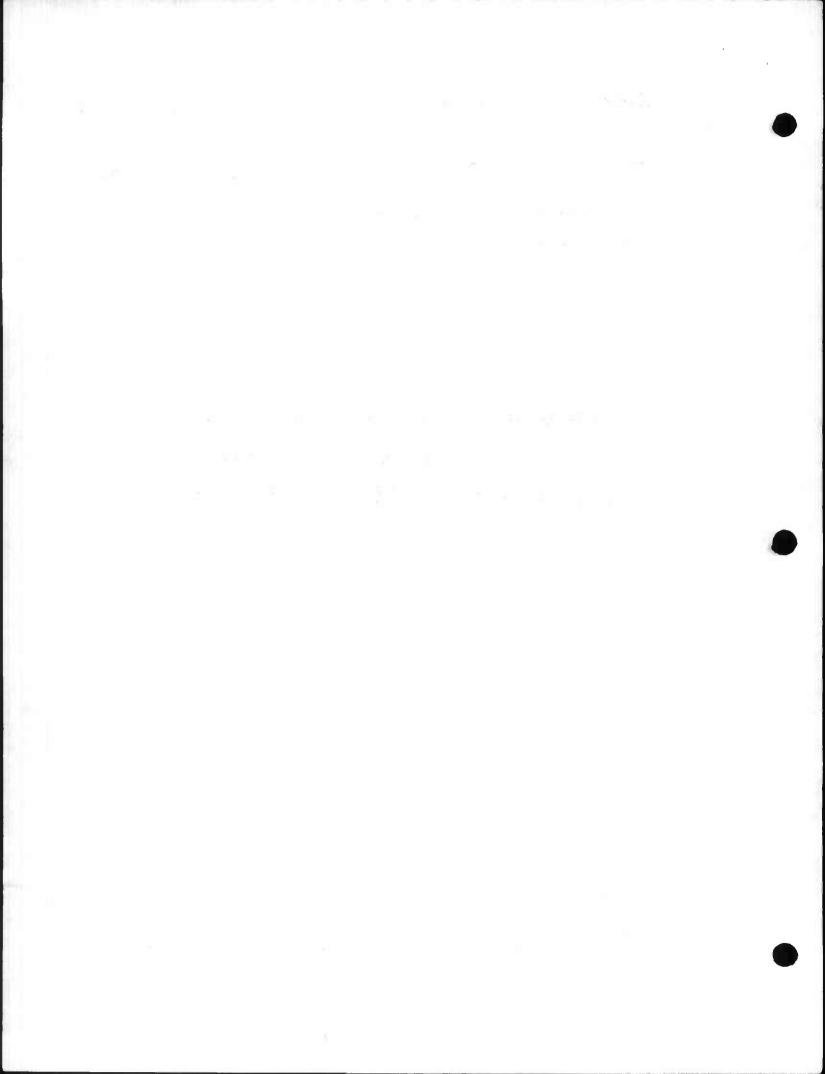
Segretaria de la composição de la compos ate to the second secon The second second

State of Maryland / Department of Health and Mental Hygiene 96

96 31575

1						Certifi	cate of	Death	Be	eg. No.		51070
	/sicia ledic:	_	1. Decedent's Neme (First, Middle, Last LISA Dawn -		USE				2. Date of Deet Month OCTOBER	h Day	Year 1996	3. Time of Death 9:00 A1
	amine	_	4e. Fecility Name (If not institution, give Northwest Hospi)			4b. City, Town, or L Randalls		4c. County Balt	of Death	
Fune Direc					ge (In yrs. last bii 31		Under 1 Yeer onths Days		8. Date of Birth (Month, Dey, 09 05 6	Year)	9. Birthp Coun Maryl	lace (Stete or Foreign try) and
Maryland a-f ehow	Olieca al	ctor	Usual Residence of Decedent 10a. State 10b. County Md. Baltimo	ore	10c. City, Tow	n or Locatio					11	0d. Inside City Limits 1 ☐ Yes 2√ No
th with the 23s or 28	all be no	Funeral Director	10e. Street end Number 3409 Arellen Cour	t		10	of. Zip Code 2121	5	11	0g. Citizen of V USA		try?
n 72 hours after death with the Maryland "natural", or Nerns 23a or 28a-f ehow	EXAMPLE DA	à	11. Meritel Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces 1 Yes 2 If Yes, Give Year or Dates:	?		Decedent of I s, specify Cub res 2☑ No	Hispenic Orlgin? (Sp en, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	Biad	a - Americ ck, White, White	etc.
1		Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	cation le completed) College (1-4or		Decedent's (Give kind life. DO N		pation during most of work ed)	ing	16b. Kind of Bi	usiness/inc	lustry
o la b	- A	To Be Co	Unknown 17. Father's Name (First, Middle, Last) Ernest Davis			DISa	bied	18. Mother's Nam Kathle	e (First, Middle, Men Campk		16)	
1 and 2 sho Heelth end N em 27 Is ma			19a. Intormant's Name/Relationship (T) Kathleen Sprouse,		19t 63	. Malling Ad	dress (Stree rtview	tand Number or Rui Way Balt	al Route Number.	City or Town, 21224	State, Zip	Code)
permit. Peges 1 and Department of Heelth Important: if Item 27	and or our		20a. Method of Disposition 1 ⊈Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)			ry, cremetor	(Neme of y or other ple Cemet	11	Date 0-23-96	20c. Location - Marri		
Departit.	any in		21. Signature of Funeral Service Licens	h .	^	Char	les S.	Zeiler &	Son Inc	2.		
Physici	ian		23a. Part1. Enter the disease, or complishock, or heart tailure. List only o	lications that cause ne cause on each i	d the death. Do ine.	not enter the	mode of dy	ing, such as cardiac	or respiratory arre	est,		Approximate Interval Between Onset and Death
/Medic Examir	cal		Immediate Cause (Finel disease or condition resulting In death)	a. H	PDX I A	consequenc	a off-					1/2 MONTHS
petn p	Hella.	Examiner	Samuellath, the continue	· Pul				BOLISM UMONIA				1/2 monst
The law requires that the death certificete be executed to the seen signed by the attending physician and the contract 2 should be detached for use as the buildingshoot	as are por	Medicai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c. 187	LATED Due to (or as a			UMONIA				1 1/2 MONOHS
death certification of for use as a		Physician	Part II. Other stgnificant conditions con	ntributing to death b	out not resulting li	n the underl	ying cause gi	ven in Part I.	23b. Did to	bacco usa co	ntributa to	the cause of death?
es that the de		by Phy	TETROLOGY	1 or	FALLE	7			1 □ Y	2 D No	3 Prot	pebly 4 ☐ Unknow
law require hes been sign	s should b	Completed	MENTAL RETT	TROATES	N, B	LINI), D	FAF	24a. Wes as perform	n autopsy ned?	ava	are autopsy tindings allable prior to appletion of cause death?
	or, page		SCOLIOSIS 25. Was case referred to medical					00 81	1 □ Ye		1 🗆	Yes 211 No
2 00 0		To Be	examiner?	lospital:	ent 2 ER/Ou	utpatient 3	DOA Ot	hac	th <i>(Check</i> on <i>ly</i> on ome 5 ☐ Reside		er (Specify	<i>'</i>)
lending Pheath.	15	Certification:	27. Menner of Death 1 ☑Natural 5 ☐ Pending 2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be	28a. Date of Inju (Month, De	oy Year) 28b.	Time of Injury M	28c. Inju Wo 1	ry at rk?] Yes 2 ☐ No	28d. Describe ho			
To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in hy the funer	to III po	Certif	4 Homicide determined	building, et	jury - At home, fa c. <i>(Specify)</i>				28t. Location (St. City or Town	, Stete)		
the Hosp hin 24 to the Fun	piereig	edicai	29a. Certifier 1 Certifying Physical Certifyi	ner: On the best ner: On the basis o and manner st	f examination an	, death occi d/or investig	urred at the ti lation, in my	me, date and plece, opinion, deeth occur	and due to the ca red at the time, da	ause(s) and ma ate and place,	and due to	ated. the cause(s)
To to	3	Σ	29b. Signature and title of certitier	MD			BG (443912	8 0	Od. Date signe	× 2	0 1996
2	7		30. Neme and address of person who co	empleted cause of confidence of the North	death (Item 23a)	(Type, Print) HOSPI	TAL,	5401 RANDA	OLD COS	URS O	2113	3
	State	е	31. Date filed (Month, Dey, Year) -		ar's Signature	44						

Registrar



State of Maryland / Department of Health and Mental Hygiene 9.6

21576

				State of Marylai		ite of Death		ng. No.	000	11370
			1. Decedent's Neme (First, Middle, La	st)			2. Dete of Deet	h		3. Time of Death
4	Physici /Medi		Mary Turno	ge			Month	Dey /3, /	Yeer 1996	11:30 AM
	Examir		4a. Fecility Name (If not Institution, giv	street and number)		4b. City Town,	or Location of Deeth	4c. County		
			Church Hosy	sital, 100 N	Brankon	15014	imore	Bull	Smore	City
	Funeral Director		011-38-0130	ex	Yrs. If Unc	ler 1 Yeer If Under 24 h s Deys Hours N	frs. 6. Dete of Birth Min. Fl. 3	1940	9. Birthpleco	State of Foreign
	pue M.		Usuel Residence of Decedent 10a. Stete 10b. County /	10c. Ci	ty, Town or Location				10d.	Inside City Limits
	efter death with the Maryland or flems 23a or 28a-f show miner must be notified at	ō	Maryland NIF	P	Saltima	0/				1⊠Yes 2□No
	the noti	rect	10e. Street end Number	- 111	101.	Lip Code	110	Og. Citizen of V	What Country	?
	23a or	Funeral Director	609 Fast	Biddle	St. 1	71202		11	1 < A	
	death	ner	11. Meritei Stetus	12. Wes Decedent Ever in L	J,S. 13. Wes Dec	sedent of Hispanic Origin? secify Cuban, Mexican, Pu	(Specify Yes or No-		e - American	
5-0020		þ	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:		2 No Specify:	Jeno Hican, etc.)	Specify	k, White, etc.	'ro
5-0	natural',	Completed	15. Decedent's Ed (Specify only highest gra	fucation de completed)	16a. Decedent's Us (Give kind of	vork done during most of	working	16b. Kind of Bu	usiness/Indus	try
2121	within ene. than	mpi	Elementary/Secondery (0-12)	College (1-4or 5+)	IN DO NOT	use retired)		H	ato la	_
	thai ther t		17. Father's Neme (First, Middle, Last)	U	Cus	18 Mother's I	Neme (First, Middle, M	Inidan Suman	0161	>
Maryland	ges 1 end 2 should be filed within to of Heelth and Mentel Hygiene. If Item 27 is marked other than or other traumatic event, the Me	Be	Walter Tal	in Tosok	sh	Mix	Nettie (Filst, Milable, N	Ellov	2	
7	d Me merk metic	2	19e. Informent's Neme/Reletionship (Type Print	19h Melling Addre	ss (Street and Number or	Purel Poute Number	City or Town	State Zin Co	vda)
Ma	ther trau		Mc Minnie Tre	on	1504/1	nharne (1+ Apt. A	R. 14	M	7.1712
re,	tem (20e. Method of Disposition		Plece of Disposition (A		Dete	20c. Location -	City or Town,	, Stete
E O	Page ent o ht: If I		1 Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specific	Helliovel itolii Stete	cemetery, crematory o	other piece)	Oct 2016	nns	Louis	o Mol
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Heelth and Mentel Hypiene. Important: if item 27 is marked other than any injury or other traumatic event, the Manage.		21. Signature of Funeral Service Licen		22. Name	end Address ef-Fecility		41120	10 00 11	TIM
ä	Depa Impo any ir		* Jaronhi	7 Aum	Josex	h L. Kuss	Funeral	Horn	LIM	2121/
			23a. Part I Enter the disease, or com shock, or heart fellure. List only	of callions that caused the dee		2 W, North	diac or respiratory arre	est,	Ac	poroximete
V	Physician		Stappe, or resert ignure. Cast brily	one ceuse on eech line.					Or	tervel Between nset and Deeth
4	/Medical		Immediete Cause (Flnal diseese or condition	Respire	tory	Friline			/	week
н	Examiner	_	resulting in deeth)	Due to (or es a copequence o	f):				900-10
	be is	Examiner		o Primary	Polmo	nary Hy	pertension		12	yeurs
	cate be executed physician and s the burial-transit	хап	Sequentially list conditions, if env. leeding to immediate	Don to (or es e consequence o	n: d d			6	1
68760,	requires that the death certificate be execu seen signed by the attending physician and hould be detached for use as the burial-tra		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Oisease or Injury that initiated events	c						
587	g physes the	edicai	resulting in death) Lest	Due to (c	or es a consequence o	'):			į	
Box	certif ding use e	_		d						
B	ires that the death certifications signed by the attending dipe detached for use e	Physician/M	Doct II. Other significant conditions		a de la companya de l	and the first factor of the state of the sta	non Dida			e cause of death?
P.0	the ox the	hys	Pert II. Other significant conditions of	, , , , , , , , , , , , , , , , , , , ,				e 2VNo	3 Probab	
	med h	by P	Cor Polma	male Ho	poxem	ie	_	200 100	3 7 7 10000	iy 4 Olikilowii
Records,	w require been sig should b	ed t					24a. Wes a	n autopsy	24b. Were	autopsy findings ble prior to
000		Completed						1007	compl of dea	letion of cause
æ	0 - 0	mo;					1 □ Ye	s 2 No	1 🗆 Y	es 2 No
Vita	delan: The camfigata medor, pag	Bec	25. Wes case referred to medical examiner?			26. Plece of	Deeth (Check only on	e)		
of V	hysic this co at dire	To	1 Yes 2 No		ER/Outpatient 3	OOA Other: 4 Nursin	g Home 5 ☐ Reside	nce 6 Oth	er (Specity)	
K	B		27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury et Work?	28d. Describe ho	w Injury occur	red	
(igr	2195	Certification:	2 Accident investigation 3 Suicide 6 Could not be		M	1 ☐ Yes 2 ☐ No				
12	De Att	THE STATE	4 Homicide determined	26e. Plece of Injury - At h building, etc. (Special	ome, ferm, street, fect fy)	ory, office	26f. Location (St. City or Town	reet and Numb , Stete)	er or Rural R	oute Number,
_	ours filled		One Continue and Continue on	11 1						
	24 hours 24 hours Funeral etaly fille	edical	29e. Certifier (Check only one) 1 ☑ Certifying Ph 2 ☐ Medical Exam	yelclan: To the best of my kno siner: On the basis of examine end menner steted.	otion end/or investigetion	on, in my opinion, deeth o	ece, and due to the ca ccurred at the time, de	use(s) end me ete end plece,	and due to the	e cause(s)
	To the Hos within 24 for To the Fun completely	M	29b. Signature and title of certifier		2	9c. License number	25	d. Dete signe	d (Month, Day	y, Year)
	25.5		1/2/e	Lear 7	my	D46120		Oct	13,	
			30. Neme and address of person who	completed cause of deeth (Itee	m 23a) (Type, Print)		C. DELE	on N	1.0.	
	1		98 N Broadw	71	Emore , 1		21231	,		
	Sta	te	31. Dete filed (Month, Day, Year)	32. Registrer's Sign	eture	-				

State of Maryland / Department of Health and Mental Hygiene 96 31577

				C	ertifica	ate of De	ath		Reg. No.	20	31311
Dhusis		1. Decedent's Name (First, Middle, Last)			1			2. Date of De Month,	ath Day		3. Time of Death
Physic /Medi		Chester N	orman	Tuns-	tall			October	20	1996	5:30 Ar
Exami		4a. Facility Neme (If not institution, give	. 1	0.	1	4b. C	ity, Town, or Loc	ation of Death	4c. County	of Death	
		332 North	Calhoun	Stree	*	130	altimor		N	/A	
Funeral Director		5. Social Security Number 214-52-9626 Usual Residence of Decedent	7. Age (i	n yrs. lest birthd 48 Yrs	Month		Under 24 Hrs. lours Min.	8. Date of Bir Month, Da NOV . I	7 1947	Country	ce (State or Foreign AND
/land		10a. State 10b. County	10	Oc. City, Town o	r Location					10d	d. Inside City Limits
death with the Manyland ms 23a or 28a-f show creast be notified at	to	MARYLAND N/A			RAI TII	MORE CI	TV				1 Yas 2 □ No
or 28.	Director	10e. Street and Number				Zip Code			10g. Citizen of V	What Country	n
th wit	a D	332 N. CALHOUN ST	REET			21223			U.S.A		
Rems Mems	Funeral		12. Was Decedent Eve Armed Forces?	or in U,S.			nic Origin? (Species)	city Yes or No		e - American	
020 durs aff	by	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Year or Dates:			2 No SA		1041, 010.)		BLACK	
72 ho	Completed	15. Decedent's Educing (Specify only highest grade	cation completed)	16a. De	ecedent's Us	sual Occupation	g most of workin	a	16b. Kind of B	usiness/Indu	stry
within one.	mpi	Ejementary/Secondary (0-12)	College (1-4or 5+)	Tit	e. DO NOT	use retired)			TDUCKI	NC	
d 21; filed wit Hygiene ther the	ပိ	10 th grade		IRU	CK DR			/= A !! . ! !	TRUCKI		
and Ibe file and other event,	Be	17. Father's Name (First, Middle, Last)				18.	Mother's Name			10)	
Maryland 2 d 2 should be filed th and Mental Hygi 7 is marked other traumetic event,	10	WILLIAM THOMAS 19a. Informant's Neme/Rejationship (Type)	- Li novin	40h N	ta Mara a di akasa	II manifest	VIOLA E				
20 20 20		CHRISTINE TUNSTALL					Number or Rural Street				
re, N t Health ttern 27 other tr		20a. Method of Disposition		20b. Place of Di	sposition (A	leme of	301000	Date	20c. Location -		
0 80 = x		1√ Burlal 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	MT. ZI	ON CEI)/25			MARYLAND
Baltim pemit. Pag Department Important: any Injury once.		21. Signature of Fuperal Reprice Licentes	Your		22. Name	and Address of			. BROWN IORTH AV		JNITY F/H
		23a. Part Enter the disease, or compli- shock, or heart tellure. List only on	cations that caused the	e death. Do not	enter the m	ode ot dying, su	uch as cardiac or	respiratory a	rrest,	i A	Approximate Interval Between
Physician /Medical Examiner		immediate Cause (Finai disease or condition resulting in death)	Myoca	1 1	infe	arctio	~) O	ninutes
3	- e	***************************************		e to (or as a cor	sequence o	t): }	0-				~
and i-transit	Examiner	C 6	Coror		ar	rery	dise	130			Dyears
D, axec an an rial-tr	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	<i>L</i> L	e to (or as a con	sequence o	0: /					0
x 68760, entificate be axe ding physician a se as the buriel-	edicai	that initiated events	. Trype	to (or as a con	Sequence of	n·				- (years
68 Hifican ng ph as th	Med	resulting in death) Last	/ /								,
Box eath cer attendin	any	d									
O. B. he death the atte	Sici	Part II. Other significant conditions con	tributing to death but n	ot resulting in th	e underlying	cause given in	Part I.	23b. Did	tobacco use co	ntributs to th	he cause of death?
D d by	y Phy	Retroviral i	nfection					10	Yes 2□ No	3 Probel	bly 4 Unknown
() _ 0	Completed by Physician							24a. Was perfo	an autopsy med?	avalla	autopsy findings able prior to pletion of cause ath?
The law ate has page 2	E							10	res 200 No	101	res 200No
Vital Ficien: The certificate rector, pag	Be	25. Was case reterred to medical				28.	Place of Death	(Check only o	ne)		2
of Vita Physician: this certific	2	examiner?	ospital: 1 Inpatient	2 ER/Outpa	tient 3 I	OOA Other: 4	I ☐ Nursing Hom	e 5 Resid	dence 6 □Oth	er (Specify)	2
on of Vita	:uo	27. Menper of Death 1. SNatural 5 ☐ Pending	28a. Dete of Injury (Month, Dey Ye	28b. Tim		28c. Injury at Work?	2	8d. Describe I	now Injury occur	red	4
Attending r death.	cati	2 ☐ Accident investigation			M	1 ☐ Yes	2 🗆 No				
Division of Vital all or Attending Physicien: The star death. I prector: After this certificate of in by the funeral director, pa	Certification:	3 SuicIde 6 Could not be determined	28e. Place of Injury building, etc. (\$	- At home, farm, Specify)	street, facto	ory, office	2	8f. Location (S City or Tox	Street and Numb vn, Stete)	er or Rurel F	loute Number,
Divisio To the Hespital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the fu	Medical	29a. Certifier (Check only one)	Iclan: To the best of mer: On the besis of exa and manner stated	amination and/o	eath occurre r Investigation	d at the time, don, in my opinion	ate and place, ar n, deeth occurre	nd due to the	cause(s) and ma date and place,	nner as state and dua to th	ed. na cause(s)
To th To th somp	W	29b. Signature and title of certifier	0		2	9c. License nur	mber		29d. Date signe	d (Month, De	y, Year)
		1 Attes	K			n 44	5308		O. tole	- 21	1991
	-	30. Name and address of person who no	mpleted/cause of death	(Item 23a) (Tv	pe, Print) /	1	, -00		JUN VERY	~1)	1110
1 5	1	Stuart C. Ray	MD 6	00 N.	Wol	è 5+	5308 Balt	more,	MD :	2120	5
Sta	te	31. Date filed (Month, Dey, Year)	32. Registrar's	Signature			•				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** EVERETT TRUITT 1996 ALVIN 4:20 PM October /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Daeth Examiner Salisbury, Salisbury Center/Genesis Eldercare MD Wicomico If Under 24 Hrs. Hours Min. 5. Sociel Security Number If Under 1 Yeer 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Days 15 M 2□ F 213-60-9080 67 Aug. 9, 1929 Maryland Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Wicomico Maryland Salisbury 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiene.

Important if them 27 is marked other than "---any injury or other traument— 527 Alabama Avenue 21801 U.S.A. Funeral 12. Was Decedant Evar in U.S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Bieck, White, etc. 11 Marital Status 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Nevar Married 2 Married 1 ☐ Yes 2 ☐ No Specify þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 7 0 Musician Music 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumama) Be Lemuel Murel Truitt Effie Edna Dickerson 10 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Dorothy Truitt/Wife 527 Alabama Avenue-Salisbury, Maryland 20b. Piece of Disposition (Neme of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta Dete 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removel from Stete 4 □ netion 5 □ Other (Specify) 21. Signeture of Funerel Service Licensas 22. Neme and Addrass of Facility VanSant loseph State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, euch es cardiec or respiretory errest, shock, or haart lailure. List only ona causa on each line. 21201-1559 Approximate ervai Bet Onset and Deeth Immediete Cause (Finel disaasa or condition resulting In death) Due to (or es e consequença of) Examiner Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disease or injury Due to (or es e consequence of): Physician/Medical thet initieted events resulting in deeth) Last for es e consequence of Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 1 10 2 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilable prior to completion of ceuse of deeth? 24e. Wes an eutopsy performed? Completed 1 Yes 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Waturel 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1 🖸 contifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

1104 Healthway Dr., Salisbury, MD

21804

State Registrar

Funeral

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Modisal Examiner must be notified at

Physician /Medical

Examiner

and

physician a the buriel-

USB as

signed by the e

page 2

director,

funeral

the

filled in by

Box 68760,

Division of Vital Records, P.O.

To the Hospital or Attending Physician: The law requires that the deeth certificate be execution 24 hours after death.

To the Funeral Director: After this certificate has been signed by the extending physician as

with the Maryland

31. Data liled (Month, Day, Year) 32. Registrer's Signeture Julia Davidson Randola

William H. Robins, M.D.

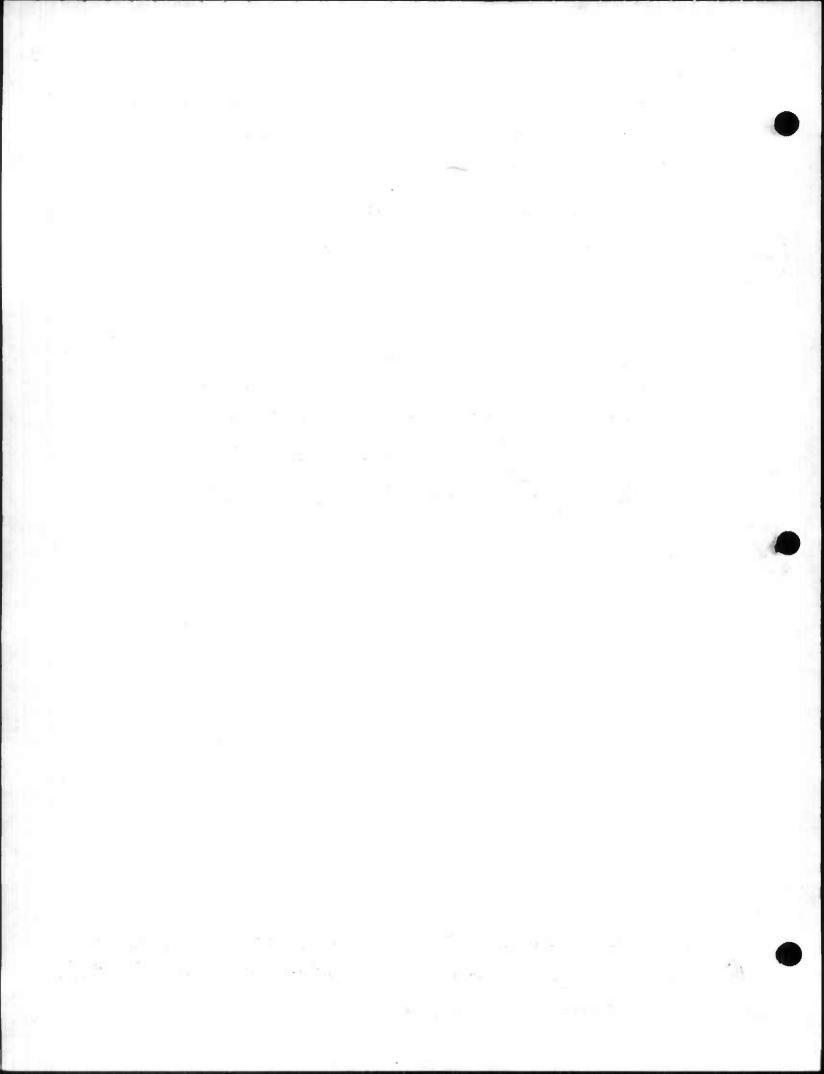
30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

Item #23,Line c--Correction was done by Genersis Eldercare- hand carried to the Anatomy Board-Anatomy Bd inadvertenly trashed the new death certificate- We will not ask the nursing home to creat new death certificate- We will use certificate we have---Georgie A Price - Oct 22, 1996

ITEM: 7. PER FI.H. FILM G-740 State of Maryland / Department of Health and Mental Hygiene 10/25/96 tt Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 2:52 PM **Physician** OCT. 18 ay Glendora 1996 Maudie Voqel /Medical 4b. City, Town, or Location of Death Crownsville 4a. Fecility Name (if not institution, give street and number) Anne Arundel **Examiner** 626 Evergreen Road 7. Age (In yrs. last birthday) # Under 1 Year | # Under 24 Hrs. | Date of Birth (Month, Day, Year) | 9. Birthplace (St County) |

53 54 Yrs. | Months Days Hours Min. (Month, Day, Year) | Maryland 5. Sociel Security Number 215-40-6154 **Funeral** 9. Birthplace (Stete or Foreign 1 M 2 F Director Usual Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. Inalde City Limits 25a-f show must be notified at Anne Arundel Md. Crownsville Director 1 Yes 2 No 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code U.S.A. 626 Evergreen Road 21032 Funeral 12. Was Decedent Ever In U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. the Medical Examiner 1 Never Married 2 Married Specify: White altimore. Maryland 21215-0020 6 1 ☐ Yes 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced 'natural', Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Busineas/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Cemetery Company & College (1-4or 5+) Elementary/Secondery (0-12) Secretary Insurance Company 12th grade N/Amerked other With and Mental Hv-7 is mer-17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) George Dee Luzier Madalen Melling 19a. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) John L. Vogel Sr. / Husband nt of Health a If item 27 is or other tra 626 Evergreen Road Crownsville, Md. 20b. Place of Disposition (Name of cametery, crematory or other place)
Our Lady of the Fields Date 20c. Location - City or Town, State Millersville, Md 20a. Method of Disposition permit. Pages 1
Department of H
important: If ite
any injury or ott 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 5 Other (Specify) 21. Signature of Experal Service Licens 22. Name and Address of Fecility, Hardesty Funeral Home P.A. 851 Annapolis Road Gambrills, Md. 21054 ions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, cause on each line. **Physician** /Medicai tmmediate Ceuse (Finat disease or condition resulting in death) **Examiner** Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and s the burial-t Box 68760, ancel Physician/Medical for use as USB P.O. Pert II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Pert I. ate hes been signed by the page 2 should be deteched 23b. Did tobacco use contribute to the cause of death? 2 No 3 ☐ Probably 4 ☐ Unknown 1 Yes Records, P 24b. Wera autopsy findings available prior to completion of cause of deeth? 24a. Was en autopsy periormed? Completed certificate 1 Yes 2 No 1 Yaa 2 No Division of Vital Hospital or Attending Physician: director, 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2000 2 this 28e. Date of injury (Month, Dey Year) funeral 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? After 1 Natural 2 Accident 5 Pending death. 1 Yes 2 No Investigation efter death 3 Suicide 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 124 hours 6 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and menner as steted. within 24 hou To the Fune completely fil cal 29a, Certifier (Check only one) 2 Medicat Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. ş 29b. Signature and title of certifier Type, Print) Sirai Hospital Baltime mp. 2/2/5 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

M. S. DIDOLICAR MD Sirve M.S. DIDOLKAR 31. Date filed (Month, Day, Year) OCT 2.2 1996 32. Registrar's Signature State Registrar



State of Maryland / Department of Health and Mental Hygiene Q C 2 | 5 0 0

ysician	_					,	Certificat	e oi D	calli		Reg. No.		31301				
, ololai		ecedent's Neme (F								2. Dete of De Month	eth Dey	Yeer	3. Time of Death				
Nedica	l	MARIE			VARD	Y					ER 19,		5 9:10 F				
amineı	4e. F	ecility Neme (ff no								Location of Deeth		of Death					
	5 00			PH MED					WSON, M if Under 24 Hrs	ARYLAN		ALTI					
eral	21	2 20 043	9	1 M 2 CXF	7. Age (in	yrs. last birth	Months	Deys	Hours Min.	8. Dete of Bird (Month, De 09 27	y, Year) 19	9. Birthpl Count Mary					
-		i Residence of Dec Stete 10	b. County		100	c. City, Town	or Location					10	d. inside City Limits				
event, the Medical Examinet must be notified at	5	Md.	Baltim	ore			/illE						No Yes 2 No				
Director	10e.	Street and Number	r				10f. Zig	Code			10g. Citizen of	What Count	in/?				
		624 Tent	h Aven	ue			2	1234			USA						
Finaral	11. N	laritel Stetus		12. Wes Dec		in U,S.	13. Was Deca	dent of Hisp	enic Origin? (S Mexican, Puer	pecify Yes or No	- 14. Rad	ce - America					
hv Fi		□ Never Married □ Widowed 4 □			2 No		1 ☐ Yes		Specify:	o rican, etc.)		ck, White, e y: Whit					
		^	Decedent's E		J0103.	16e. D	ecedent's Usu	ei Occupeti	on		16b. Kind of B	usiness/Ind	ustry				
10	. E	(Specify o	only highest gr	ade completed)			Give kind of wo ife. DO NOT u	rk done dui se retired)	ring most of wo	rking							
Completed	S CIE	mentery/Seconder	·y (0-12)	College ((1-401 0+)	Wa	itress				Resta	urant					
Ba		ether's Neme (Firs		t)				1		me (First, Middle,		ne)					
To		John P.	ruget						Alm	a Musgro	ve						
	19e.	informent's Neme					A CALL OF THE PARTY OF THE PART			ural Route Numbe		, Stete, Zip	Code)				
		ry Chavi		nter	1-	96	24 Tent	h Ave	. Balti	more, Md	21234						
		Method of Disposit ☐ Buriei 2 ☐ Cr		☐ Removel from	Stete		Disposition (Ner cremetory or c			Dete	20c. Location						
		Donetion 5				Oak :	Lawn Ce		1	0-23-96	Eastwo	ood, Mo	1.				
Name of the last	21. 8	1. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Charles S. Zeiler & Son Inc. 6224 Fastern Avo. Polite															
	230	239. Pert1. Enter the disease, or complications het caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate															
,		shock, or heert fei	lure. List only	one ceuse on	eech line.	GOODIII. DO NO	t ontor the mot	o or aying,	Sucri es cardior	or respiretory en	1031,		intervei Between Onset end Deeth				
		ediete Ceuse (Fine	əl	D	DATM	СШБМ	HEMMO	DDHA	CD				1 DAY				
	resul	ese or condition ting in deeth)		aB			HEMMC nsequence of):	KKHA	GE				I DAI				
Der					540	10 (01 40 0 00	11004001100 01).										
Examiner	Sequ	entielly list condition	ons,	D	Due	to (or es e co	nsequence of):					1					
	It eny	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury															
		e. Enter Underlyin e (Diseese or injur	ig V	Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of):													
		Ulfriefed AABUIT2	ng Y	c	Due	10 (01 43 4 00	isoquerice or).		resulting in death) Lest								
Medical	Caus that i resul	Ulfriefed AABUIT2	* {	d	Due	10 (01 63 6 00	isoquerice or).					1					
Medical	Caus that i resul	Ulfriefed AABUIT2	1	d	Due		isoquerice ory.	<u> </u>				1					
Medical	Caus that i resul	Ulfriefed AABUIT2	J	d				ause given	in Pert i.	23b. Did 1	obacco uss co	entributa to	the causs of death				
Physician/Medical	Caus that i resul	ting in death) Lest	J	d				ause given	in Pert i.		obacco use co Yss 2 <mark>7</mark> 2 No						
by Physician/Medical	Caus that i resul	ting in death) Lest	J	d				ause given	in Pert i.	10		3 ☐ Prob	ably 4 Unknow				
by Physician/Medical	Caus that i resul	ting in death) Lest	J	d				ause given	in Pert I.	1 ☐ ¹	Yss 2NO	3 Prob	ably 4 Unknown re autopsy findings flable prior to repletion of cause				
by Physician/Medical	Caus that i resul	ting in death) Lest	J	d				ause given	in Pert I.	1 ☐ 24e. Wes	en autopsy	3 Prob	ably 4 Unknown re autopsy findings flable prior to apletion of cause eath?				
Completed by Physician/Medical	Caus that i result	ing in death) Lest Other significan	at conditions o	d						1 1 24e. Wes perfo	en autopsy med?	3 Prob	ably 4 Unknown re autopsy findings liable prior to appletion of cause				
Be Completed by Physician/Medical	Caus that i result	ting in death) Lest	at conditions o		leath but no	t resulting in t	he underlying c	Other	26. Plece of Dec	24e. Wes perfo	en autopsyrmed? Yes 2 No	3 Prob	ably 4 Unknown re autopsy findings liable prior to upletion of cause eath? Yes 2 No				
To Be Completed by Physician/Medical	Pert i	/es case referred temper? Yes 2X Noenner of Deeth	t conditions of	Hospitel: 1 28e. Dete	leath but no	t resulting in t	he underlying o	Other:	26. Plece of Dec	1 1 24e. Wes perfo	en autopsyrmed? /es 2 X No /es 2 X No /es 6 Ott	3 Prob 24b. We ave com of d	ably 4 Unknown re autopsy findings liable prior to upletion of cause eath? Yes 2 No				
To Be Completed by Physician/Medical	Pert i	/es case referred teminer? ☐ Yes 2X Noenner of Deeth	at conditions o	Hospitel: 1 🛣	leath but no	t resulting in t	he underlying o	Other:	26. Plece of Dec	249. Wes perfo	en autopsyrmed? /es 2 X No /es 2 X No /es 6 Ott	3 Prob 24b. We ave com of d	ably 4 □ Unknow re autopsy findings liable prior to upletion of cause eath? Yes 2 ▼ No				
To Be Completed by Physician/Medical	Pert i	fes case referred t teminer? Yes 2X No enner of Deeth	t conditions of the conditions	Hospitel: 1 28e. Dete (Mon	inpatient of Injury	t resulting in t	etient 3 Do	DA Other: Bc. injury a Work? 1 □ Ye	26. Plece of Dec	249. Wes perfo	en autopsyrmed? (es 2 No ne) lenca 6 Oth now Injury occur	3 Prob 24b. We ave con of d 1 D mer (Specify)	ably 4 Unknow re autopsy findings liable prior to upletion of cause eath? Yes 2 No				
Certification: To Be Completed by Physician/Medical	Pert ii 25. Wei 1 27. M 2 3 4	/es case referred temperature of Deeth Netural Suicide 6 Homicide	o medical Pending investigation Could not be determined	Hospitel: 1 28e. Dete (Monna) 28e. Plece buildingsicien: To the	inpatient of injury a of injury ing, etc. (S)	2 ER/Outp 28b. Tin inju At home, ferm	etient 3 DC ne of 2 ny M n, street, fectory	DA Other: DA Other: Work? 1 □ Ye /, office	26. Piece of Dec 4 Nursing H It is 2 No	24e. Wes performent of the control o	en autopsy med? Yes 2 No No No No No No No No No No No No No	3 Prob 24b. We ave con of d 1 D ner (Specify red ber or Rural	ably 4 Unknow re autopsy findings liable prior to upletion of cause eath? Yes 2 No Route Number,				
edical Certification: To Be Completed by Physician/Medical	25. W e: 1 27. M 1. 2 3 4 29e.	/es case referred temperature of Deeth Netural Suicide 6 Homicide	o medical Pending investigation Could not be determined	Hospitel: 1 28e. Dete (Mon 28e. Piece build anysicien: To the build: 1 28e.	inpatient of injury a of injury ing, etc. (S)	2 ER/Outp 28b. Tin inju At home, ferm	etient 3 DC ne of 2 ny M n, street, fectory	DA Other: DA Other: Work? 1 □ Ye /, office	26. Piece of Dec 4 Nursing H It is 2 No	24e. Wes perfo	en autopsy med? Yes 2 No No No No No No No No No No No No No	3 Prob 24b. We ave con of d 1 D ner (Specify red ber or Rural	ably 4 Unknown re autopsy findings liable prior to spletion of cause eath? Yes 2 No Route Number,				
Certification: To Be Completed by Physician/Medical	25. W 6: 1 27. M 1 29e.	/es case referred teminer? Yes 2X No enner of Deeth Netural 5: Accident Suicide 6: Homicide Certifier 157 Check only 21	o medical Pending investigetio Could not be determined Certifying Primedical Examples	Hospitel: 1 28e. Dete (Mon 28e. Piece build anysicien: To the build: 1 28e.	inpatient of injury th, Day Yes of injury - ing, etc. (S)	2 ER/Outp 28b. Tin inju At home, ferm	etient 3 DO ne of Iny M n, street, fectory	DA Other: DA Other: Work? 1 □ Ye /, office	26. Plece of Dec 4 Nursing H It as 2 No dete end piece lion, deeth occu	24e. Wes performent of the Check only of the Check only of the Self Call Describe the Call Office of the Call Office of the time, and due to the time, and due to the time, and the time	en autopsy med? Yes 2 No No No No No No No No No No No No No	3 Prob 24b. We ave con of d 1 D ner (Specify) rred anner as ste and due to	Ilable prior to poletion of cause eath? Yes 2 No Route Number, pledd. ths cause(s)				

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Date of Deeth 3. Time f th **Physician** Month October 18, QUEEN 1996 2:30 E . WOOD /Medicai 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore 1725 Ensor Street If Under 1 Yaar If Under 24 Hrs. Months Days Hours Min. 8. Deta of Birth (Month, Day, Ye 12 06 5. Social Security Numbar 6. Sex 7. Aga (In yrs. last birthday) Birthpleca (State or Foreign Country) 1□M 2XF Year) 74 230-07-1906 Yrs. 21 Virginia Usual Residanca of Dacedent 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland NA Director Baltimore 1 √ Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21202 USA 1725 Funeral Ensor Street 12. Wes Decedant Ever in U,S. Armed Forces? Wes Decedant of Hispenic Orlgin? (Spacify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, 1 ☐ Yas 2 ☐ No If Yas, Give Yaar or Datas: 1 Nevar Married __2 Marriad 1□ Yes 2 No Completed by Specify: Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highest grade completed) 16a. Dacedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementary/Sacondary (0-12) Planters Peanut Collaga (1-4or 5+) Product Packer Company 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Be Joseph Jones Judy 19e. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Princetta Wood E. Oliver Street Md. 21213 Balto. 20a. Mathod of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 10/23/96 Lansdowne, Md. Mount Zion 22. Name and Address of Facility UNITY FUNERAL HOME 108 W. North Avenue Balto. Md. 21. Signatura of Funaral Sarvice Licensae 21201 23e. Part 1. Enter tha diseasa, or compileations that caused the doubt shock, or heart failura. List only one cause on each line. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, Immediata Causa (Final 4 years a. Metastoric Breast Cancer diseasa or condition rasulting in death) Due to (or as a consequence of): Examiner Sequantially list conditions, if any, laading to immadiate causa. Entar Underlying Ceusa (Disaase or Injury thet initiated events rasulting in daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributa to the cause of death? 1 Yea 2 No 3 Probably Wunknown Chronic obstrictive Pulmenery Disease þ Completed 24b. Wara autopsy findings availabla prior to completion of causa of daath? 24a. Was en eutopsy performed? 2 No 1 ☐ Yes 1 Yas Be 25. Wes casa rafarrad to medical 28. Place of Death (Check only one) Hospital: 1 | Inpatiant 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Yas 2 No 2 Certification: 27. Menhar of Deeth 1 Deletural 28a. Deta of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be determined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Tecrtifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and mennar as stated.

| Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, deta and piece, and due to the cause(s) and mannar stated. edicai 29e. Certifian 29b. Signature end titla of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) Allo, Juniar Resident N4487 October 18,1996 30. Name end addrass of person who completed cause of deeth (Itam 23e) (Type, Print)

GCI Nortwolfe St. Johns Hapkins Hospitzl, Balknows, MD 21287

State

Funeral

Director

"natural", or items 23a or 28a-f show solical Examiner must be notified at

Pages 1 end 2 should be filed within 72 hours efter in ent of Health and Mental Hygiene.
Int: If Item 27 Is marked other than "natural", or itee iry or other traumatic event, its Medical Examinal.

permit. Page Depertment of Important: If any Injury or

Physician /Medicai

Examiner

and

signed by the

peen

this certificate

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica stell filled in by the funeral director, t

To the Hospital within 24 hours a To the Funeral Completely filled

8

4

The law requires that the death certificate be axecuted

Division of Vital Records, P.O. Box 68760,

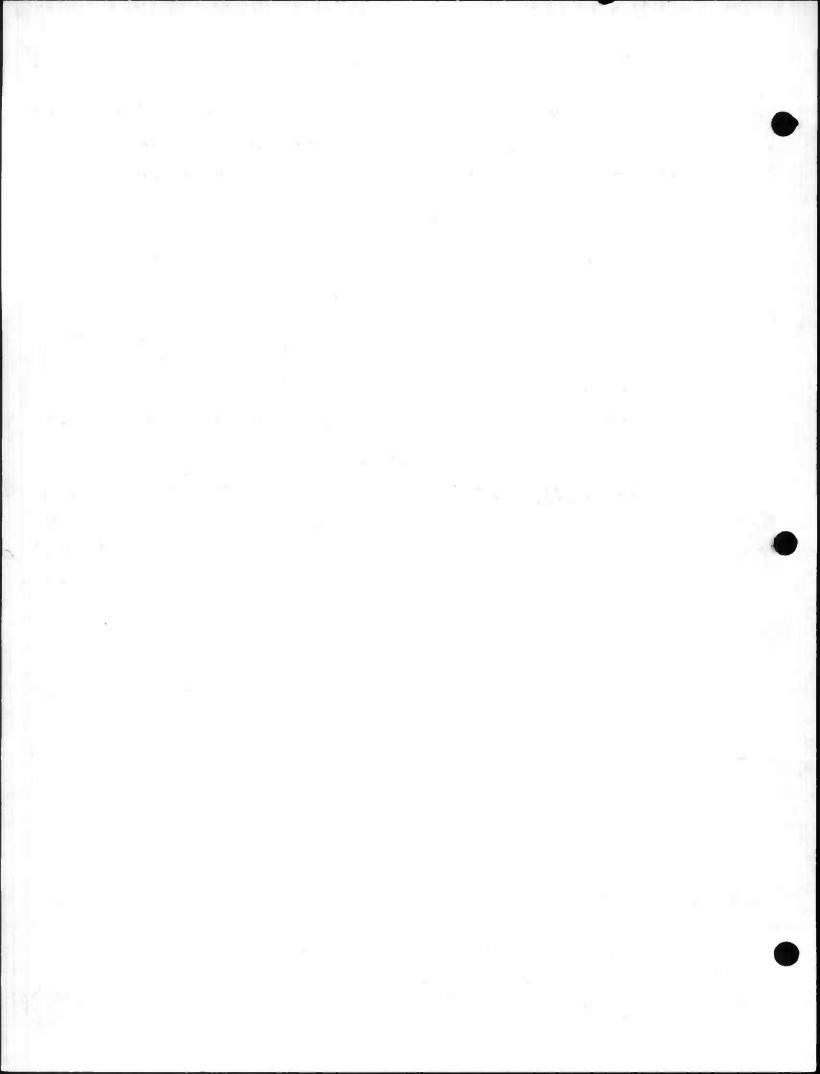
Baltimore, Maryland 21215-0020

the Maryland

death 1

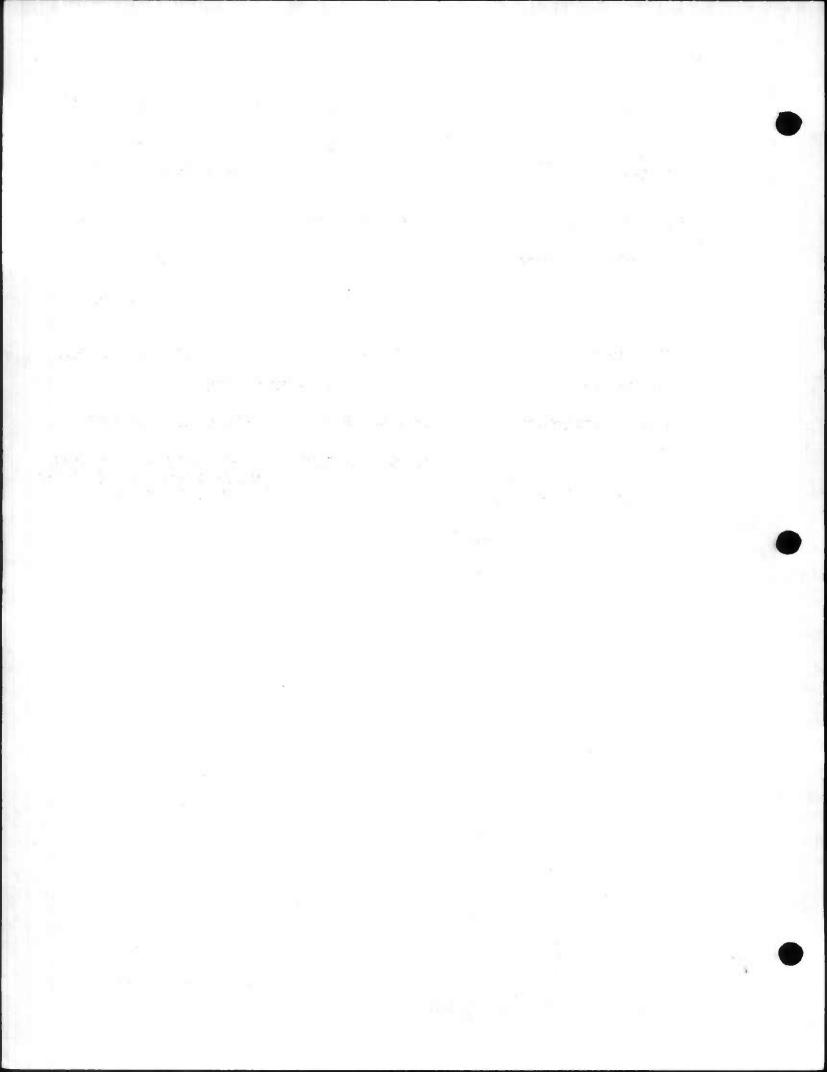
31. Data filed (Month, Day 96°) OCT 2.2 1996° Registrar

Kelly Gebo



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

									Reg. No.		
/sician	_	. Decedent's Name (First, Middle, La	est)			,		2. Date of De	eath Day	Year	3. Time of D
ledical	_	William			$-\mathcal{U}$	agner		actobe	x 18 1	996	1108 K
aminer	4.5	a. Facility Name (If not institution, gir	ve street and number)	1	,	7	4b. City, Town, o	r Location of Dear	th 4c. Coun	ty of Death	
		Maryland Ger	repal Ho	sortal		1	saltomo	Re City		N/A	
ral	5.		Sax 7. Age	e In yrs. last		If Under 1 Year Months Days		n. (Month, D.	rth ay, Year)	9. Birth	placa (Stata or F
or		5//-62-5548	IZJWI ZLI F	52	Yrs.			May 3:	1 1944	VIR	GÍNIA
		Usual Residence of Dacedent Oa. State 10b. County		10c. City, To	um or Loos	ation					10.1 1. 11. 02.
				TOC. City, To							10d. Inside City 1 X yes 2
Director	1	MARYLAND N/A	1		BALT	IMORE (CITY				****
ä	10	0e. Street and Numbar				10f. Zip Code			10g. Citizen o	f What Cou	ntry?
<u>a</u>		513 Cathedral St	reet			21	202		U.S	. A.	
Funeral	1	Marital Status V	12. Was Decedent E Armed Forces?	Evar in U,S.	13. Wa	as Decedant of	Hispanic Orlgin?	(Specify Yas or No	0- 14. Ra	ace - Amari	
by Funeral Director		1 Never Married 2 Married	1 ☐ Yes 2 💢 N If Yes, Give	lo		☐ Yes 2 No					
d by	L	3 ☐ Widowed 4 ☐ Divorced	Year or Dates:						Зрес	ify: BLA	LK
Completed		15. Decedent's E (Specify only highest gro	ducation ade completed)	16	(Give kit	nt's Usual Occu	during most of w	rorkina	16b. Kind of	Business/In	dustry
du	-	Elementery/Secondary (0-12)	College (1-4or 5		life. DC	O NOT use retire	ed)				
ි	_	12th grade		M	IAINTE	ENANCE			CITY	OF BAI	LTIMORE
Be		7. Father's Name (First, Middle, Last	")					ema (First, Middle	, Maiden Sume	ame)	
ို	1	JOSIAH WAGNER					DOROTI	HY SMITH			
		9e. Informant's Name/Reletionship	(Type, Print)	11	9b. Mailing	Address (Stree	t and Number or i	Ru <i>ral Route N</i> umb	er, City or Tow	n, State, Zij	o Code)
		Dorothy Wagner/N	1other	6	233 F	arm Poi	int Rd.,	Suffolk	, Virgi	nia 23	3435
11	20	Oa. Mathod of Disposition				tion (Nama of story or other pie	ice)	Date	20c. Location	- City or To	own, Stata
		1 Burlal 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Special				N CEMET		10/22	RALTIM	ODE I	MARYLANI
ei I	2	1. Signature of Funeral Servica Lig		1111		Name and Addr		WILLIAM (
Suce		D 11. /	21 112	0				1206 W. I			UNITT T
	+ .	23a. Part1. Enter the disease, or construction of the shock, or heart failure. List only	Ti (le							VENUE	Approximate
er	d	mmediete Cause (Finat lisease or condition esuiting in daath)	. Theym	onla							Onset and De
er	d	isease or condition esuiting in death)	a. Theym	Due to (or as	a conseque	ence of):					
Examiner	d re	isease or condition esuiting in death)	b. ————	Due to (or as							
Examiner	d re	lisease or condition	b		a conseque	enca of):					
Medical Examiner	S if ca C th	isease or condition esuiting in daath) Gequentially list conditions, any, leading to immediate ause. Enter Underlying Jausa (Disaasa or Injury at Initieted events esuiting in daath) Last	b	Due to (or as a	a conseque	enca of):					
/Medical Examiner	S if ca C th	isease or condition esuiting in daath) sequentially list conditions, any, leading to immediate ause. Enter Underlying ausa (Disaasa or Injury hat Initieted events	b	Due to (or as a	a conseque	enca of):	ven in Part I.			1	o the cause of c
Physician/Medical Examiner	S if ca C th	isease or condition esuiting in daath) Gequentially list conditions, any, leading to immediate ause. Enter Underlying Jausa (Disaasa or Injury at Initieted events esuiting in daath) Last	b	Due to (or as a	a conseque	enca of):	ven in Part I.		tobacco use c Yes 2□ No	1	
by Physician/Medical Examiner	S if ca C th	isease or condition esuiting in daath) Gequentially list conditions, any, leading to immediate ause. Enter Underlying Jausa (Disaasa or Injury at Initieted events esuiting in daath) Last	b	Due to (or as a	a conseque	enca of):	ven In Part I.	10	Yes 2□ No	3 PP0	o the cause of o
by Physician/Medical Examiner	S if ca C th	isease or condition esuiting in daath) Gequentially list conditions, any, leading to immediate ause. Enter Underlying Jausa (Disaasa or Injury at Initieted events esuiting in daath) Last	b	Due to (or as a	a conseque	enca of):	ven in Part I.	1 🗆		3 Pro	o the cause of obably 4 (1) on
by Physician/Medical Examiner	S if ca C th	isease or condition esuiting in daath) Gequentially list conditions, any, leading to immediate ause. Enter Underlying Jausa (Disaasa or Injury at Initieted events esuiting in daath) Last	b	Due to (or as a	a conseque	enca of):	ven in Part I.	1 □	Yes 2☐ No s an autopsy ormed?	24b. W	o the cause of o
Completed by Physician/Medical Examiner	Sf if ca C the	isease or condition esulting in daath) sequentially list conditions, any, leading to immediate ause. Enter Underlying tausa (Disaasa or Injury at initieted events esulting in daath) Last	b	Due to (or as a	a conseque	enca of):	ven in Part I.	1 🗆	Yes 2☐ No s an autopsy ormed?	24b. W	o the cause of obably 4 (1) on
Be Completed by Physician/Medical Examiner	Sf if ca C the	isease or condition esulting in death) Gequentially list conditions, any, leading to immediate ause. Enter Underlying Jausa (Disabasa or Injury nat Initieled events esulting in death) Last art II. Other significant conditions of the conditions	b	Due to (or as a	a conseque	enca of): ince of): erlying cause gi	26. Place of D	1 □	Yes 2□ No	24b. W	o the cause of o
To Be Completed by Physician/Medical Examiner	Siff on CC three Parts	isease or condition esulting in death) Gequentially list conditions, any, leading to immediate ause. Enter Underlying Jausa (Disaasa or Injury lat Initieled events esulting in death) Last art II. Other significant conditions of the conditions o	b	Due to (or as a position of the contract of th	a conseque	enca of): erlying cause gi	26. Place of D her: 4 ☐ Nursing	24a. Was perfe	Yes 2 No s an autopsy ormed? Yes 2 No one)	24b. W	o the cause of control of the cause of a sutopsy find railable prior to ompletion of cau death?
To Be Completed by Physician/Medical Examiner	Siff on CC three Parts	isease or condition esulting in daath) Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jausa (Disaasa or Injury lat Initieted events esulting in daath) Last art II. Other significant conditions of the conditions o	d	Due to (or as a Dua to (or as a dua to (or as	a consequa	ance of): erlying cause gi 3 DOA Ct 28c. Inju	26. Place of D her: 4 □ Nursing ry at	24a. Was perfe	Yes 2□ No san autopsy ormed? Yes 2□ No one)	24b. W	o the cause of control of the cause of a sutopsy find railable prior to ompletion of cau death?
To Be Completed by Physician/Medical Examiner	Siff on CC three Parts	isease or condition esulting in daath) Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jausa (Disassa or Injury lat Initiated events esulting in daath) Last art II. Other significant conditions of the conditions o	d	Due to (or as a Dua to (or as a state of the	a conseque a conseque in the unde	anca of): ince of): erlying cause given by the ca	26. Place of D her: 4 ☐ Nursing	24a. Was perfu	Yes 2 No s an autopsy ormed? Yes 2 No one) idence 6 □ O how injury occu	24b. W	o the cause of control of caudeath?
To Be Completed by Physician/Medical Examiner	Siff on CC three Parts	isease or condition esulting in daath) Sequentially list conditions, any, leading to immediate ause (Disease or Injury lat initiated events esulting in daath) Last art II. Other significant conditions of the	d	Due to (or as a position of the control of the cont	a conseque a conseque in the unde	anca of): ince of): erlying cause given by the ca	26. Place of D her: 4 □ Nursing ry at	24a. Was perfu	Yes 2 No s an autopsy primed? Yes 2 No one) Idence 6 0 how injury occur	24b. W	o the cause of control of the cause of a sutopsy find railable prior to ompletion of cau death?
Certification: To Be Completed by Physician/Medical Examiner	Siff on CC three Parts	isease or condition esulting in daath) Sequentially list conditions, any, leading to immediate ause. Enter Underlying ausa (Disaasa or Injury lat Initieted events esulting in daath) Last art II. Other significant conditions of examiner? 1	d	Due to (or as a positive of the content of the cont	a conseque a conseque in the unde	ance of): ance of):	26. Place of D her: 4 ☐ Nursing ry at rk? Yes 2 ☐ No	24a. Was performed at the control of	Yes 2 No s an autopsy ormed? Yes 2 No one) idence 6 □ O how injury occu Street and Num wn, State)	24b. Way Co of 1 [o the cause of cobably 4 [[Von era autopsy find railable prior to impletion of cau death? Ves 2 (V)
Certification: To Be Completed by Physician/Medical Examiner	S S f f c C C three c C C three c C C C T C C C T C C C C C C C C C C C	isease or condition esulting in daath) Sequentially list conditions, any, leading to immediate ause. Enter Underlying ausa (Dsaasa or Injury lat Initiated events esulting in daath) Last S. Was case referred to medical examiner? 1	d	Due to (or as a Dua to (or as	a conseque a conseque a conseque in the unde	ance of): ance of): erlying cause given by the course of	26. Place of D her: 4 \(\sum \) Nursing ry at rk? I Yes 2 \(\sum \) No	24a. Was perful 24a. Was perful 1	Yes 2 No s an autopsy ormed? Yes 2 No one) idence 6 O how injury occu (Street and Num wn, State)	24b. We co of 1 [ther (Special urred	o the cause of cobably 4 [] Von lera autopsy find railable prior to impletion of cau death? Yes 282 No.
edical Certification: To Be Completed by Physician/Medical Examiner	S if if it is it i	isease or condition esulting in death) Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jausa (Disaasa or Injury lat Initiated events esulting in death) Last Sex Case referred to medical examiner? 1	d	Due to (or as a Dua to (or as	a conseque a conseque a conseque in the unde	ance of): ance of):	26. Place of Dher: 4 Nursing ry at rk? Yes 2 No	24a. Was perful 24a. Was perful 1	Yes 2 No s an autopsy ormed? Yes 2 No one) idence 6 O how injury occu (Street and Num wn, State) causa(s) and n dete and place	24b. We condition of th	o the cause of a bably 4 (I) on a long of a lo
Certification: To Be Completed by Physician/Medical Examiner	S if if it is it i	isease or condition esulting in daath) Sequentially list conditions, any, leading to immediate ause. Enter Underlying ausa (Dsaasa or Injury lat Initiated events esulting in daath) Last S. Was case referred to medical examiner? 1	d	Due to (or as a Dua to (or as	a conseque a conseque a conseque in the unde	ance of): ance of): erlying cause given by the course of	26. Place of Dher: 4 Nursing ry at rk? Yes 2 No	24a. Was perful 24a. Was perful 1	Yes 2 No s an autopsy ormed? Yes 2 No one) idence 6 O how injury occu (Street and Num wn, State)	24b. We condition of th	o the cause of a bably 4 (I) on a long of a lo
edical Certification: To Be Completed by Physician/Medical Examiner	S if if it is it i	isease or condition esulting in death) Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jausa (Disaasa or Injury lat Initiated events esulting in death) Last Sex Case referred to medical examiner? 1	d	Due to (or as a Dua to (or as	a conseque a conseque a conseque in the unde	ance of): ance of):	26. Place of Dher: 4 Nursing ry at rk? Yes 2 No	24a. Was perful 24a. Was perful 1	Yes 2 No s an autopsy ormed? Yes 2 No one) idence 6 O how injury occu (Street and Num wn, State) causa(s) and n dete and place	24b. We condition of th	o the cause of a bably 4 (I) on a long of a lo



	IŁ U	FILM g-740 10/30/96		Ce	rtificate o	f Death		eg. No.	10	Time of Death
Physicia	_		ATTHEW	WR	IGHT		Month		Year	:25 A
/Medic Examin	_	4a. Facility Name (If not institution NORTH ARUND)	, give straat and number)			4b. City, Town, or L	ocation of Death	4c. County		
Funeral Director			6. Sex 1 → 7. Age (In yrs. 1 → 3 4	last birthday) Yrs.	Il Under 1 Yas Months Day	ar If Under 24 Hrs.	8. Date of Birth (Month, Day	Year)	9. Birthplace Country)	(State or Foreign
Maryland a-f show	ctor	10a. State 10b. County		brill						nsida City Limita
23a or 28	Funeral Director	10e. Street and Number 1257 Defense	Highway		10f. Zip Code 2105		1	0g. Citizan of USA	What Country?	
urs e	by	11. Marital Status 1 ☐ Never Married 2 ☐ Marrie 3 ☐ Widowed ♣☐ Divorcad	12. Was Decedant Evar in U Armed Forces? 1 Yes 2 No If Yes, Give Yaar or Dates:		Was Decedent of I Yas, specify Cu 1 ☐ Yas 2€ N	Hispanic Origin? (Spuban, Maxican, Puerto o Specify:	pecify Yas or No- Rican, etc.)		ce - American Ir ck, White, elc. Whit	
rithin 72 ho na. nan "natur Medical	Completed	15. Decedant' (Specify only highest Elamantary/Secondary (0-12)	s Education grada complated) College (1-4or 5+)	(Give		e during most of work red)	king		usinass/Industr	
of be liled wintal Hygier ed other the sevent, true	To Be Cor	12 17. Father's Name (First, Middle, L Howard H. Wr:		Heavy	Equipme	18. Mother's Nam		Maidan Suman		
jes 1 and 2 sho of Health and f item 27 is m w other traum		19a. Informant's Name/Relationsh Howard H. Wr: 20a. Method of Disposition 1 □ Burial 2 □ Cremation 4 □ Donation 5 □ Other (Sp	ight 20b. F	125 Placa of Dispo			way, Ga	mbril 20c. Location		21054 Stata
hysician /Medicai Examiner		23a. Part1. Enter the disease, at a shock, or heart brillion. List of Immediate Cause (Final disease or condition resulting in death)	complications that caused the death ly one cause on each line. ACUTE¹ COCAINE	H. Do not ent	2 Ridge ar tha mode of d	v Funera	l Home, Annapo or respiratory arm	P.A.	D 214 App Inte Ons	O 1 proximate rval Between rat and Daath
.0 5	VMedical Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	c	r as a conseq						
8 6	T.	Part II. Other significant condition	a contributing to death but not rest	ulting in the ur	nderlying cause ç	jiven in Part I.			-	cause of death?
	Completed by						24a. Was a perform	n autopsy ned?	avallable	utopsy findings e prior to tion of causa
		25. Was casa raterrad to medical				26 Place of Deat	1 PYe	s 2 No	1 PYas	2 No
	ם	examiner?	Hospital: 1 ☐ Inpatient 2 ☐		10	26. Placa of Deat	in Junear only on	8/		

To the Heaptral or Attanding Physibin 24 hours after death.
To the Funeral Director: After this completely filled in by the Iuneral Medical Certification: Division

27. Manner of Death 1 Natural

29a. Certifiar (Check only one)

5 ☐ Pending invastigation 2 Accident 3 Sulcida 4 🗌 Homicida

6XXCould not be detarmined

28a. Data of Injury (Month, Day Year) 28b. Time of Injury FOUND 10-19-96 UNKNOWN M

28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)

UNKNOWN

28c. Injury at Work?

1 ☐ Yas 2 🕱 No

28d. Describe how injury occurred UNKNOWN

281. Location (Straet and Number or Rural Route Number, City or Town, Stata)

1 Certifying Physician: To the best of my knowledge, daath occurred at the time, data and place, and due to the causa(s) and manner as stated.

2 Medical Examinar: On the best of examination and/or invastigation, in my opinion, daath occurred at the time, data and place, and due to the cause(s) and manner stated. 29c. License number

29b. Signature and titia of cartiller lute me

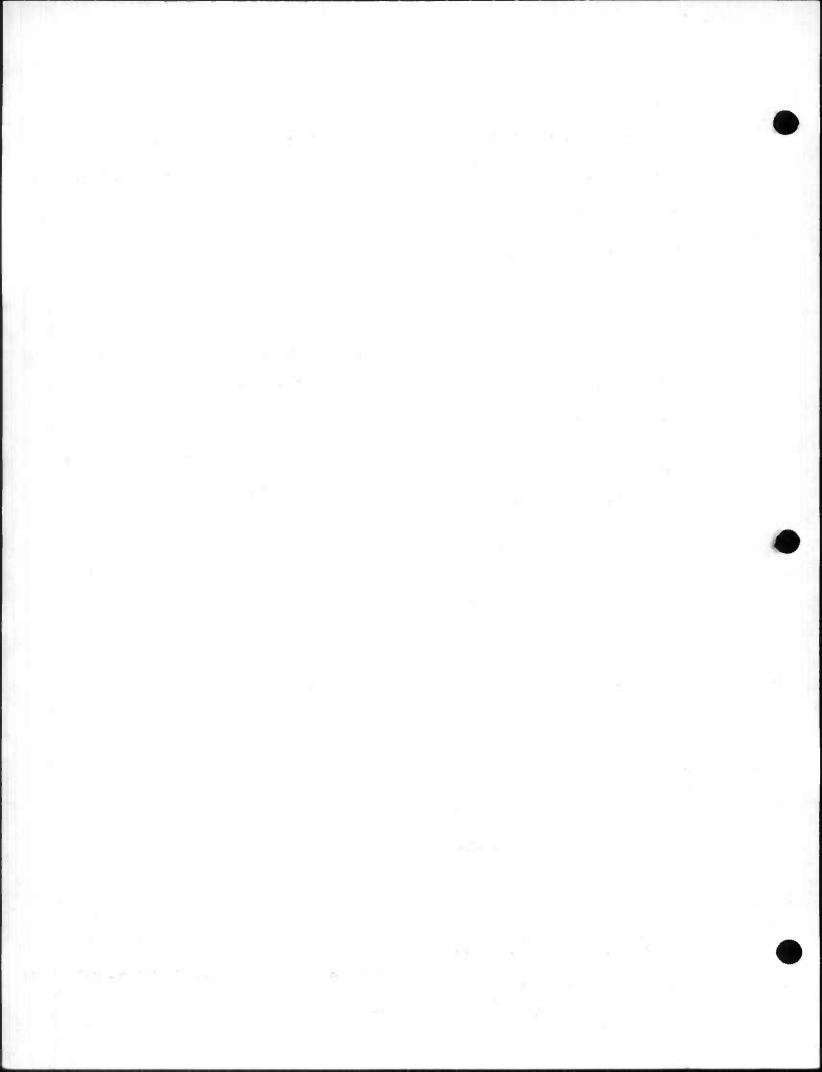
O.C.M.E

29d. Date signed (Month, Day, Year) OCT 20,1996

30. Name and address of person and completed causa of death (Item 23a) (Type, Print)
Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year).

State Registrar

32. Registrar's Signature



Piease Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 31584 Certificate of Death Film G740 item 8 per FH 10-23-96 rja 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Day Month SIM WILLIAMS OCTOBER 17,1996 2:22AM 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE lar If Undar 24 Hrs. N/a CITY If Under 1 Year 5. Social Sacurity Number 6. Sex XiXiM 2□ F 7. Aga (In yrs. last birthday) 8. Date of Birth8/1/32 (Month, Day, Year) Birthpiaca (State or Foraign Country) Hours Days Months Yrs 245-56-2211 66 NC Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD N/A BALTIMORE XXX as 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5120 PLAINFIELD AVE. 21206 US 13. Was Decadent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 12. Was Decedant Evar in U,S. Armed Forces? 14. Raca - Amarican Indian. Black, White, etc. 1 Never Married Married 1 ☐ Yes XIXNo If Yes, Give 1 ☐ Yes 2 💢 💥 Specify Specify:BLACK 3 ☐ Widowad 4 ☐ Divorced Year or Dates: 15. Decadent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HAULING (CITY) 10 -0-TRUCK DRIVER 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surname) **EVANDER** WILLIAMS RACHEL ELLIOTT 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ANN WILLIAMS (WIFE) 1810 N. MONROE ST. BALTIO., MD. 21217 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 X Kurlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) ZION CEMTERY 10/22/96 BALTIO. MD. 21. Signature of Funeral Service Licanse 22. Name and Address of Facility PHILLIPS FUNERAL HOME CFSP 1721-27 N. MONROE ST. BALTIO., MD. 21217 Dech 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Immediate Cause (Final disaase or condition resulting in death) 16 Due to (or as a consequence of) Dua to (or as a consequence of): Part ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24a. Was an autopsy performad?

Physician /Medical Examiner Completed by Physician/Medical Examiner

bunel-transit

the

USB BS for

detached

8

funeral director,

this

After

To the Hospital or Attending within 24 hours after death.
To the Euferal Director: Are completely filled in by the fun

Be

10

Certification:

Medicai

and

attending physician

Records, P.O. Box 68760,

Division of Vital

Attending Physician: The law requires that the death certificate be

Physician

/Medical

Examiner

Funerai

Director

28a-f show

ral', or items 23a or 28a-f shov Examiner must be notified at

Director

Funeral

þ

Completed

Be

2

the Maryland

death

pemit. Pages 1 and 2 should be filed within 72 hours after to Depertment of Health and Mental Hygione. Important: If Item 27 Is marked other than "natural", or its any finury or other thaumatic event, the Medical Examina

Baltimore, Maryland 21215-0020

Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last

24b. Were autopsy findings available prior to completion of cause of death?

2000 1 Yes

28. Place of Death (Check only ona)

1 Yes 20 No

20.	axaminer?	
	1 Yes 20 No	
27	Mannor of Dooth	

5 Pending Investigation

6 Could not be

28a. Date of Injury (Month, Day Year)

Place of Injury - At home, farm, streat, factory, office building, etc. (Specify)

Impatiant 2 ER/Outpatient 3 DOA 28b. Time of

Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28c. Injury at Work? 1 Yas 2 No

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

1 Matural

2 Accident

3 ☐ Suicida

4 Homicide

1 Scrittying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

RES-100

29b. Signature and Me of certif

29c. License number

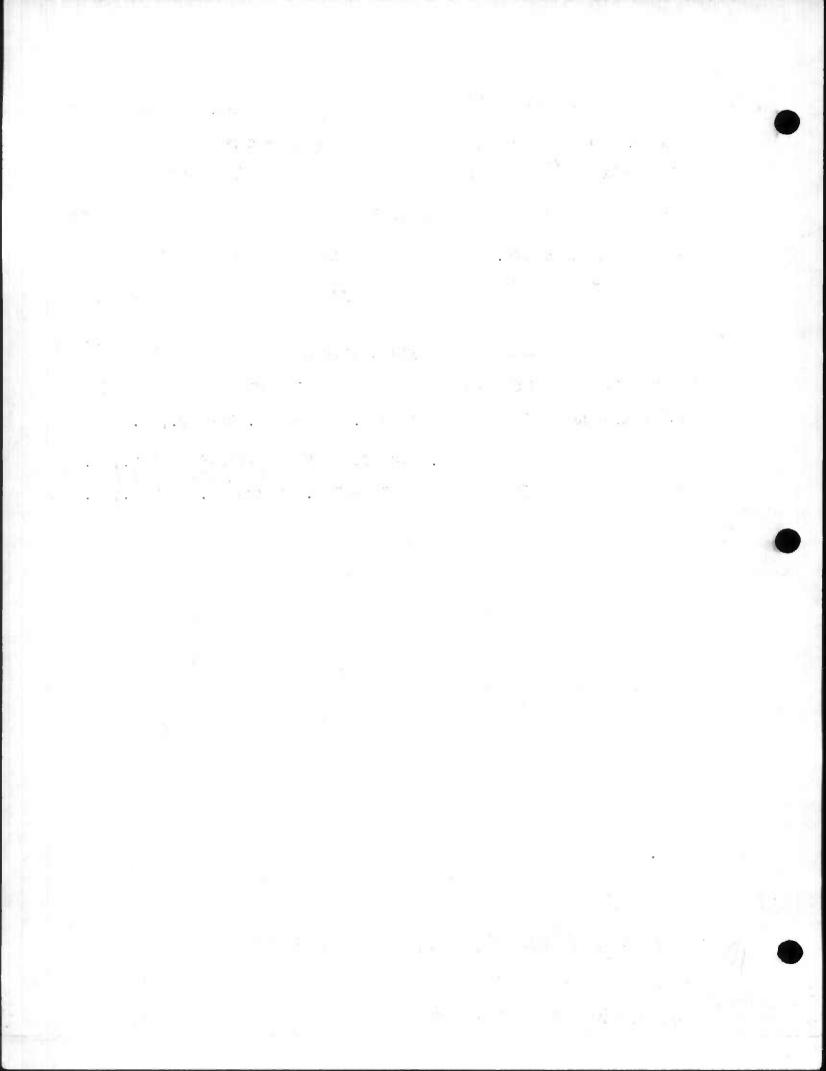
29d. Date signed (Month, Day, Year) 96

Internal Medicin Intern 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

NELANIE FATZMAN, N.D. 600 NORTH WOLFE STREET, TOWERID, BARTIMORE, MARYLAND 21257 31. Date filed (Menth, Day, Year) 32. Registrar'a Signature

State Registrar





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Wilmer Saylor Webster October 0 18, 1996 9:00 P.M. /Medical 4e. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 5711 Allender Road White Marsh Baltimore Hours Min. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number If Under 1 Yaar 7. Age (In yrs. lest birthdey) Birthplece (Steta or Foreign Country) **Funeral** Months Deys 1□**X**M 2□ F 77 Vrs 201-05-2653 Director May 31, 1919 Pennsylvania Usuei Residenca of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits treumstic event, the Medical Examiner must be notified at Maryland Director Baltimore White Marsh 1 Yas 2 No 10e. Street and Numbar 10f. Zip Code 10g. Citizen of What Country? ò Items 23a 5711 Allender Road 21162 U.S.A Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Rece - American Indien, Bieck, Whita, atc. Pages 1 and 2 should be filed within 72 hours efter neat of Health and Mental Hygiens. Int: If item 27 is marked other than "natural", or ite iny or other treumatic event, the Manical Earthing. 1 Never Merried 2 Married 1X1Yes 2□ No If Yes, Give Yaar or Dates: WW II Baltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify. by Specify: White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade complated) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Director of Carpenter Apprentices Union Trade School 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Ellwood Stanley Webster Rebecca Salmon 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Heiddy M. Webster P.O. Box 264, White Marsh, MD 21162-0264 (wife) 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Location - City or Town, Stete 1 X Buriei 2 ☐ Cramation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) permit. Page Department of Important: If any Injury or once. Mt. Christian Church Cem. 10/22/96 Joppa, Maryland 21. Signeture of Funeral Service License 22. Nema and Address of Fecility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 Penti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onsat and Deeth **Physiclan** /Medicai Immediate Cause (Fine) diseese or condition resulting in deeth) Examiner Examiner the buriel-transit that the death certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest pug Box 68760 Physician/Medical 980 0 signed by the at d be detached for P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 □ Probebly 4 □ Unknown þ Records. The law requires 24b. Were eutopsy findings should Completed 24e. Wes en eutopsy performed? evaileble prior to completion of cause of death? page 2 this certificate 1 Yas No 1 Tyes 2 No Division of Vital lospital or Attending Physician: hours after death. director Be 25. Wes case referred to medicel 26. Piece of Deeth (Check only one) P Other: 4□ Nursing Home 5 Residence 6 □ Other (Specify) 1 Yes 2 No 2 ER/Outpetient 3□ DOA 1 Inpatient illed in by the funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Medical Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending Investigation 1 Yes 2 No 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledga, death occurred et the time, date end pleca, end due to the ceuse(s) end menner as steted.

2 Medicat Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, and due to the ceuse(s) end menner stated. 29e. Certifier To the To the 29b. Signature and titia of certifie eeth (Item 23a) (Type Print)
1205 Jork Rd Lutherville

State Registrar

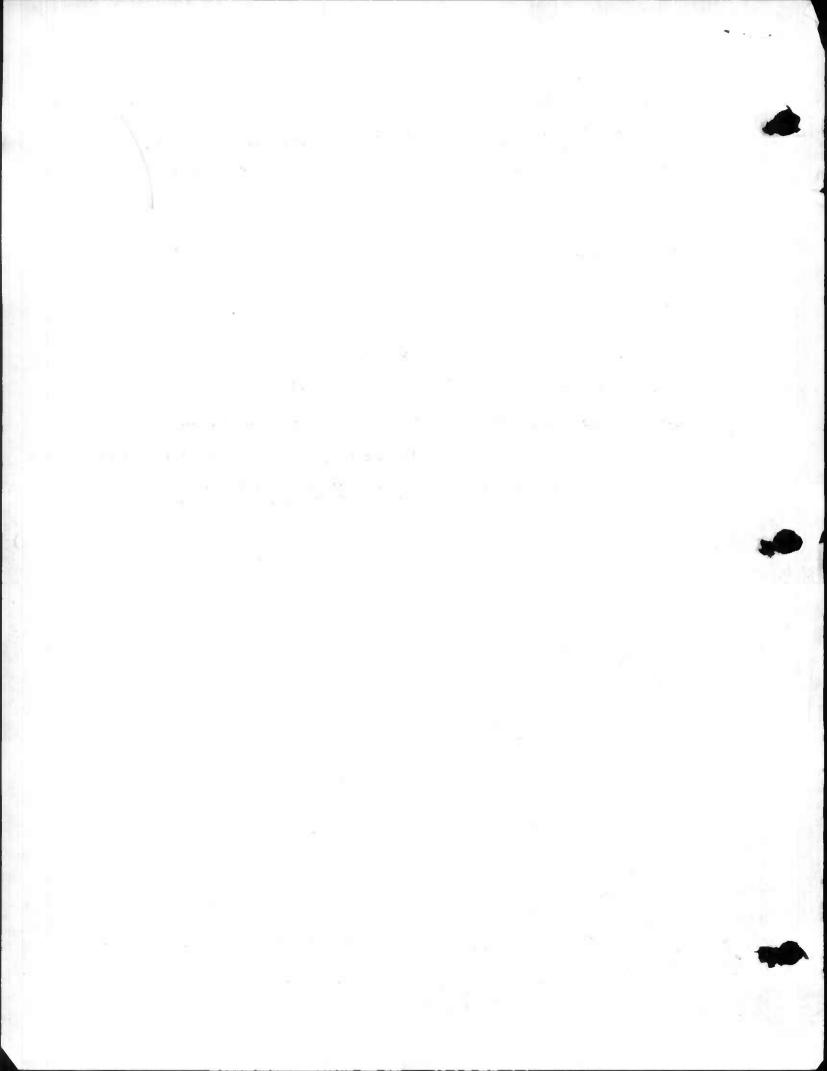
Dete filed (Month, Dey, Year)

22 1996

the same of the sa ¥.

State of Maryland / Department of Health and Mental Hygiene 96 31586

				Certificat	te or i	Death		Reg. No.		
	1. Decedent's Name (First, Middle,						2. Date of I	Deeth		3. Time of Death
cian lical	Eleanor Eugenia	Webster					Octobe	Day r 15 1	Yeer 1996	11:50 AN
iner	4e. Facility Name (If not institution, g Bel Forest Nurs 109 Forest Vall	ing & Rehab: ey Drive			er	Forest	or Location of De	ath 4c. Count	ty of Death	
1	5. Social Security Number 217–05–3516 Usual Residence of Decedent	. Sex 7. Aga 1□ M 2∑F 79	(In yrs. last birl	Yrs. If Unda Months	Days	If Under 24 Hours	Min. B. Date of E. (Month, I. Dec.	29, 1916	9. Birthp Coun Mary	lace (State or Foreign) Tand
	10a. State 10b. County		10c. City, Town	n or Location					1	0d. Inside City Limit
to	Maryland Harfor	d	Bel Ai	r						1 ☐ Yes 21X N
rec	10e. Street end Number				p Code			10g. Citizen of	Whet Coun	try?
Funeral Director	903 Hammond Cour	t		21	014			U.S.A.		
ner	11. Marital Status	12. Wes Decedent En	ver in U,S.	13. Was Dece	dent of H	ispanic Origin	? (Specify Yes or I	14. Re	ce - Americ	
by	1 ☐ Never Married 2 ☐ Married 3 💢 Widowed 4 ☐ Divorced			1 Yes		Specify:	derto racan, etc.)		ack, Whita, ii ify: Whit	
Completed	15. Dacadent's (Specify only highest of	Education grade completed)	16e.	Decedent's Usu	al Occup	ation during most of	working	16b. Kind of E	Business/Inc	lustry
npi	Elementary/Sacondary (0-12)	Coilege (1-4or 5+)	(Give kind of wo	ise retired)	g			
	12th grade		Ho	omemaker				Own H		
Be	17. Fether's Name (First, Middle, La						Name (First, Midd	le, Maidan Suma	me)	
10	Benjamin H. Slad						Vernay			
	19a. Informant's Neme/Relationship						or Rural Route Nun		n, State, Zip	Code)
	Karen Abraham (I	Daughter)					Bel Air	Md. 2	1014	
	20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec			Disposition (Nat y, crematory or c Lew Ceme			Date 10/17/96	20c. Location Sykes		m, State , Marylan
	21. Signature of Funeral Service Lic	ansee			nek	Funera	1 Home of			1014
an/Medical Examiner	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted evants rasulting in death) Last	b. <u>my</u>	ue to (or as a collection of the collection of t	consequence of):	h	omen	Sur	jan		< T M
									1	
hysicia	Part li. Other significant conditions	contributing to death but	not resulting in	the underlying o	causa give	en in Part I.		1		the cause of death
by	Part II. Other significant conditions	contributing to death but	not resulting in	the underlying of	causa give	en in Part I.		d tobacco use co		the cause of death
by	Part II. Other significant conditions	contributing to death but	not resulting in	the underlying o	causa give	en in Part I.	1[24a. Wa	1	3 Prob	
	Part II. Other significant conditions	contributing to death but	not resulting in	the underlying o	causa give	en in Part I.	1[24a. Wa per	Yes 2 No	3 Prob	ably 4 Unknown re autopsy findings illable prior to applation of cause
Completed by	25. Was case referred to medical	contributing to death but	not resulting in	the underlying o	causa give		1[24a. Wa per	s an eutopsy formed?	3 Prob	re autopsy findings illable prior to aplation of cause leath?
Be Completed by	Ly	contributing to death but	Tuy	dise	Othe	26. Place of	1 [24a. Wa per 1 Check only	s an eutopsy formed? Yes 2 No	3 Prob	re autopsy findings illable prior to applation of cause leath?
To Be Completed by	25. Was case referred to medical exeminar? 1 Yes 2 No 27. Manner of Death 1 Naturai 5 Panding investigati 2 Accident 3 Suicida 6 Could not	Hospital: 1 Inpatient 28a. Dete of injury (Month, Day)	2 □ ER/Out Year) 28b. Ti	patient 3 Do	DA Other	26. Place of	24a. Waper 1 Check only ng Home 5 Re 28d. Describe	s an eutopsy formed? Yes 2 No Ona) Sidence 8 Ott how injury occu	3 Prob 24b. Wa ave corror of control 1 Lance (Specify rred)	ably 4 Unknown re autopsy findings liable prior to applation of cause leath? I Yes 2 No
Be Completed by	25. Was case referred to medical exeminar? 1 Yes 2 No 27. Manner of Death 1 Naturai 5 Panding investigati	Hospital: 1 Inpatient 28a. Dete of injury (Month, Day)	2 ER/Out (*ear) 28b. Ti	patient 3 Do	DA Other	26. Place of	24a. Waper 24a. Waper 1 Deeth (Check only) 1 Deeth (Check only) 28d. Describe 28f. Location	s an eutopsy formed? Yes 2 No ona)	3 Prob 24b. Wa ave corror of control 1 Lance (Specify rred)	ably 4 Unknown re autopsy findings liable prior to applation of cause leath? I Yes 2 No
Certification: To Be Completed by	25. Was case referred to medical exeminar? 1	Hospital: 1 Inpatient 28a. Dete of injury (Month, Day) on be 28e. Placa of Injury	2 ER/Out Year) 28b. Ti	patient 3 Do ime of jury M m, street, factory	DA Other	26. Place of	24a. Waper 1 Deeth (Check only ng Home 5 Re 28d. Describe 28f. Location City or T	yes 2 No s an eutopsy formed? Yes 2 No ona) sidence 8 Ott how injury occu (Street and Num. own, State)	3 Prob 24b. Wa ave cor of conference or state of the correct of th	ably 4 Unknown re autopsy findings liable prior to roplation of cause leath? Yes 2 No Route Number,
To Be Completed by	25. Was case referred to medical exeminar? 1 Yes 2 No 27. Manner of Death 1 Naturai 5 Panding investigati 3 Suicida 6 Could not determine 29a. Certifier (Check only 2 Medical Exe	Hospital: 1 Inpatient 28a. Dete of injury (Month, Day) on be 28e. Placa of Injury building, etc. hyalclan: To the best of a	2 ER/Out Year) 28b. Ti	patient 3 DO ime of jury M m, street, factory death occurred	DA Other	26. Place of or: 4 Nursing at .7 - fes 2 No	24a. Waper 1 Deeth (Check only ng Home 5 Re 28d. Describe 28f. Location City or T	yes 2 No s an eutopsy formed? Yes 2 No ona) sidence 8 Ott how injury occu (Street and Num. own, State)	3 Prob 24b. Wa ave cor of control 1 Land (Specify rred) ber or Rural anner as state and due to	ably 4 Unknown re autopsy findings Illable prior to roplation of cause leath? I Yes 2 No Route Number, sted. the cause(s)
edical Certification: To Be Completed by	25. Was case referred to medical exeminar? Yes 2 No	Hospital: 1 Inpatient 28a. Dete of injury (Month, Day) on be 28e. Placa of Injury building, etc. hyalclan: To the best of a	2 ER/Out Year) 28b. Ti	patient 3 Do ime of jury M m, street, factory death occurred Vor Investigation,	DA Other 28c. Injury Work 1 1 2 y, office at the tim, in my op	26. Place of or at at ? - / es 2 \(\text{No} \) No e, date and p inion, death of number	24a. Waper 1 Deeth (Check only ng Home 5 Re 28d. Describe 28f. Location City or T	s an eutopsy formed? Yes 2 No ona) sidence 8 Ott how injury occu (Street and Num. own, State) e causa(s) and m , date and placa,	3 Prob 24b. Wa ave cor of control 1 Land (Specify rred) ber or Rural anner as state and due to	ably 4 Unknown re autopsy findings Illable prior to roplation of cause leath? I Yes 2 No Route Number, sted. the cause(s)
edical Certification: To Be Completed by	25. Was case referred to medical exeminar? Yes 2 No	Hospital: 1 Inpatient	2 ER/Out (Year) 28b. Ti In (Specify) my knowledge, xaminetion end.	patient 3 DC ime of jury M m, street, factory death occurred Vor investigation,	DA Other 28c. Injury Work 1 1 2 y, office at the tim, in my op	26. Place of or: 4 Nursing at .7 - fes 2 No	24a. Waper 1 Deeth (Check only ng Home 5 Re 28d. Describe 28f. Location City or T	s an eutopsy formed? Yes 2 No ona) sidence 8 Ott how injury occu (Street and Num. own, State) e causa(s) and m , date and placa,	3 Prob 24b. Wa ave cor of control 1 Land (Specify rred) ber or Rural anner as state and due to	ably 4 Unknown re autopsy findings Illable prior to roplation of cause leath? I Yes 2 No Route Number, sted. the cause(s)



as the burial-transit permit. Pages 1, 2, 3 should

Or at	or use		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		.00
the	det		00
d by	A P		9
retaine	5 shou		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
20	age		pe
Em c	tor, p		nst
age 6	direc		E Je
d. P	neral		mine
or dea	he fu	<u>ا</u>	еха
urs afte	in by t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edica
24 hou	filled	OU, O	he m
The same	etely	вшар	nt, il
₩ pe	ршо	al, cr	eve
mecut	and c	Dun	atic
20	ician	nor to	Taur
tificate	phys.	ene pr	ther t
n cert	nding	HX	0 J
death	e atte	entai	July,
at the	by the	M Dui	in /
ss tha	paul	afth a	8 am
require	en si	of He	hows
aw.	as bi	Sept.	23
T.	cate h	State	tem!
ICIA	ertiff	the	0
PHYS	this (with	rked
DING	After	death	EE
TEN	TOR	after	28 14
OR AT	DIREC	SUDO	tem.
TAL	JAL	2	=
OSP	UNE	rithin	ANT
光光	开开	led w	ORT
101	101	be fi	IMP

EASTERN BLUD

31. DATE FILED (Month, Day, Year)

OCT 2.2.1996

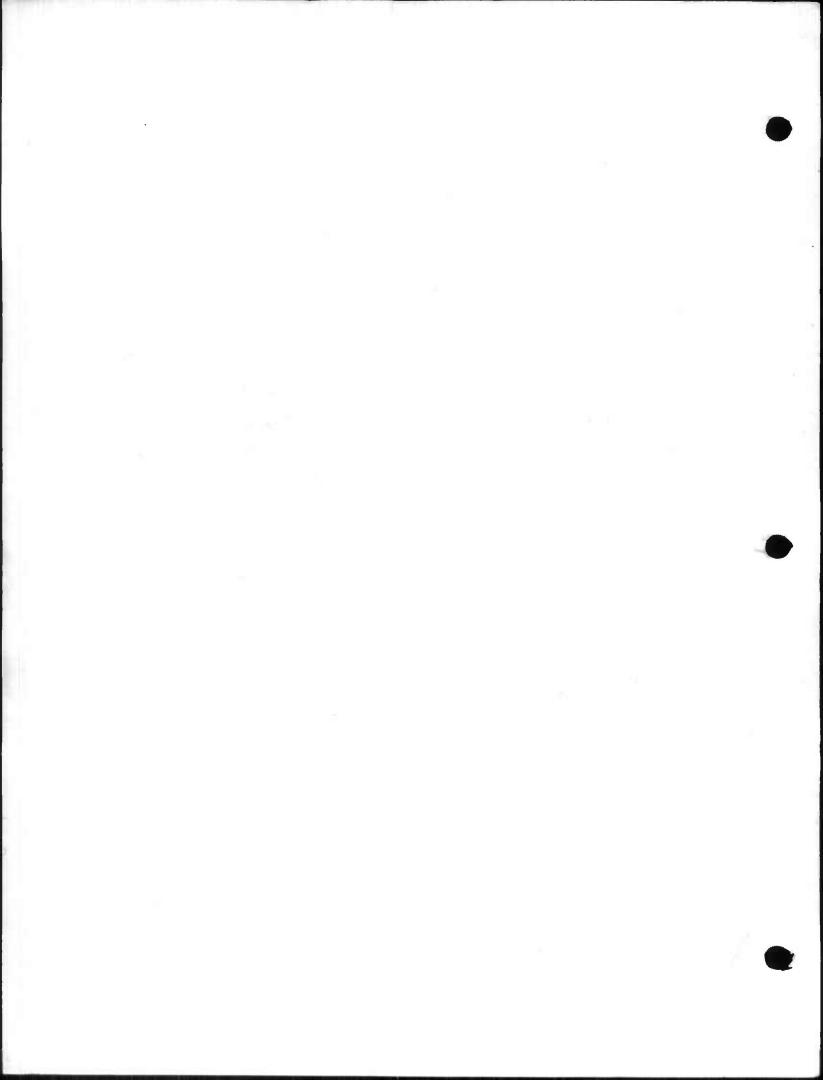
D, BALTIMORE

9 32. REGISTRAPIS SIGNATURE

11 doon-Randalls

		01001
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. 1	IME OF OEATH
		10:40 a M
	At-my Day Mand	CE (State or Foreign
	214-03-3097 1 M 2 F 87 YRS. MONTHS DAYS HOURS MIN. SEPT. 28, 1909 Country of Death 98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH	D -
oc l		
0	RIVERVIEW NURSING CENTRE, INC. ESSEX BAGTIM	OHE CO.
E C		. INSIDE CITY
DIRECTOR	MD. BACTIMORE ESSEX	LIMITS?
	100. STREET AND NUMBER 101, ZIP CODE 100, CITIZEN OF WHAT	
FUNERAL	1 EASTERN BLVD. BALTIMORE MD. 21221 U-S	. A .
ž I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - /	American Indian,
	1 Never Married 2 Married FORCES? 1 YES 2 NO It yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, W?	ilte, etc.
В	3 Wildowed 4 Divorced IF YES, OIVE WAR OR DATES 1 1 YES 2 TYNO Specify:	HITE
ED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	
田	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementery(Secondary (0-12) College (1-4 or 5+)	
7	8 LABORER CROWN-CORK+	SEAL
COMPL	17. FATHER'S NAME (First, Middle, Last) 1	
	UNKNOWN UNKNOWN	
BE		
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ARTHUR DRAGER (ATTORNAY) 5 LIGHT ST. SUITE 510 BALTE. HI	21202
	206 METHOD OF DISPOSITION 2015 PLACE AND DATE OF DISPOSITION (Name of DATE, 20c. LOCATION — City or Town,	State
	1 Surial 2 Cremation 3 Removal from State company, creful flary or other place)	2 MX
	21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY	0. 100.
	Thomas J. Akardo h. SKARDA F.H. BOUTI was	NY 21224
	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,	Approximate
	shock, or heart feliure. List only one ceuse on each line.	interval Between
	IMMEDIATE CAUSE (Fine)	Onset and Death
	resulting in death) . Confestive Heart Fai cure	2 metry
	disease or condition resulting in death) s. Confestive Heart Failure Doe to (or as a consequence of): Coronary artery disease	
Z	Sequentisity list conditions, b. Coronary artery als ease	
CERTIFICATION	if any, leading to immediate	
2	CAUSE (Disease or Injury	
쁜	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST	
EH	d.	
- 1	PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY 24b. WE	RE AUTOPSY FINDINGS
MEDICAL	WAS MALL AND AND AND AND AND AND AND AND AND AND	ILABLE PRIOR TO MPLETION OF CAUSE
	No. 11 1 10 10 10 10 10 10 10 10 10 10 10 1	DEATH?
Σ		YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
2	EXAMINER? HOSPITAL OTHER	
YS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
F	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED	
В	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO	
0	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)	Number,
ETEI	4 Homicide determined	
PLE	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pieca, end due to the ceuse(s) and manner as stated.	
COMPL	One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) an	d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIEN 1296. LICENSE NUMBER 296. L	19/
2	20 NAME AND ADDRESS OF RESON WHO COMPLETED CAUSE OF REATH (ITEM 27 /5 - Complete Com	10,
	TO THE ADDITION OF PERSON WITH COMPLETED CAUSE OF DEATH (HEM 21) 1/1908, PTIMI) NEETH DES HE ANDE M. D	

2122



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1588 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Yeer 96 **Physician** MARGARET ELIZABETH ATES 7:00 AM 10 /Medical 4e. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 2420 WILEXINGTON BALTIMOVE STREET If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Dete of Birth (Month, Day, Year) 6. Sex 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** Months 1 M 2 F Deys Hours Min. 214-12-3797 75 Director Usuei Residence of Decedent 10b. County 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. inside City Limits 1 Nos 2 No 13ALTIMONE Funeral Director MATYLAND 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21223 2420 W. LEXINGTON U.S.A STREGT 14. Race - American Indien, Bieck, White, etc. 12. Wes Decedent Ever in U,S. 11. Maritei Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Armed Forces? Pages 1 and 2 should be filed within 72 hours after tent of Health end Mental Hygiene.
nt: If item 27 is marked other than "natural", or ite 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: If Yes, Give Yeer or Detes: þ 3 Widowed 4 □ Divorced BLACK 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) BALto. County School PVINCIDAL 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) BLANCHE FITZGERALD 2 Howard BRANdON 19e. Informent'a Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ours BRANdON-NEWPHEW 1500 StoNE Wood Rd. BALTO, Md, 21239 other 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Remove from State 8 Department of Important: If METRO CREMATOR CATON VIII Md any injury 4 □ Donetion 5 □ Other (Specify) 21. Signeture of Funerei Service Livensee 22. Name and Address of Facility 1639 N. Becalus Miller 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Deeth Physician /Medical immediate Cause (Fine) disease or condition resulting in death) **Examiner** Examiner ician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Dua to (or es a consequence of): ре ехес Division of Vital Records, P.O. Box 68760, attending physician for use as the buria Physician/Medical Due to (or es a consequence of): ō ed by the a Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown ۵ should I 24b. Wara autopsy findings evallable prior to completion of cause of death? 24a. Was an eutopsy performed? Completed has 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was case referred to medical 28. Piece of Death (Check only-one) examiner? 1 ☐ Yas 2 ☐ No Hospitei: Other: 4 Nursing Home Para Residence 8 Other (Specify) Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? After Neturai 5 Pending 1 ☐ Yes 2 ☐ No death. 2 Accident investigation or Attend after death Director: / 6 Could not be determined 3 Suicide Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of comme 29d. Dete signed (Month, Day, Year) 30. Nems and address of person who completed cause of deeth (item 23e) (Type, Print)

Mu

ia Lavidson

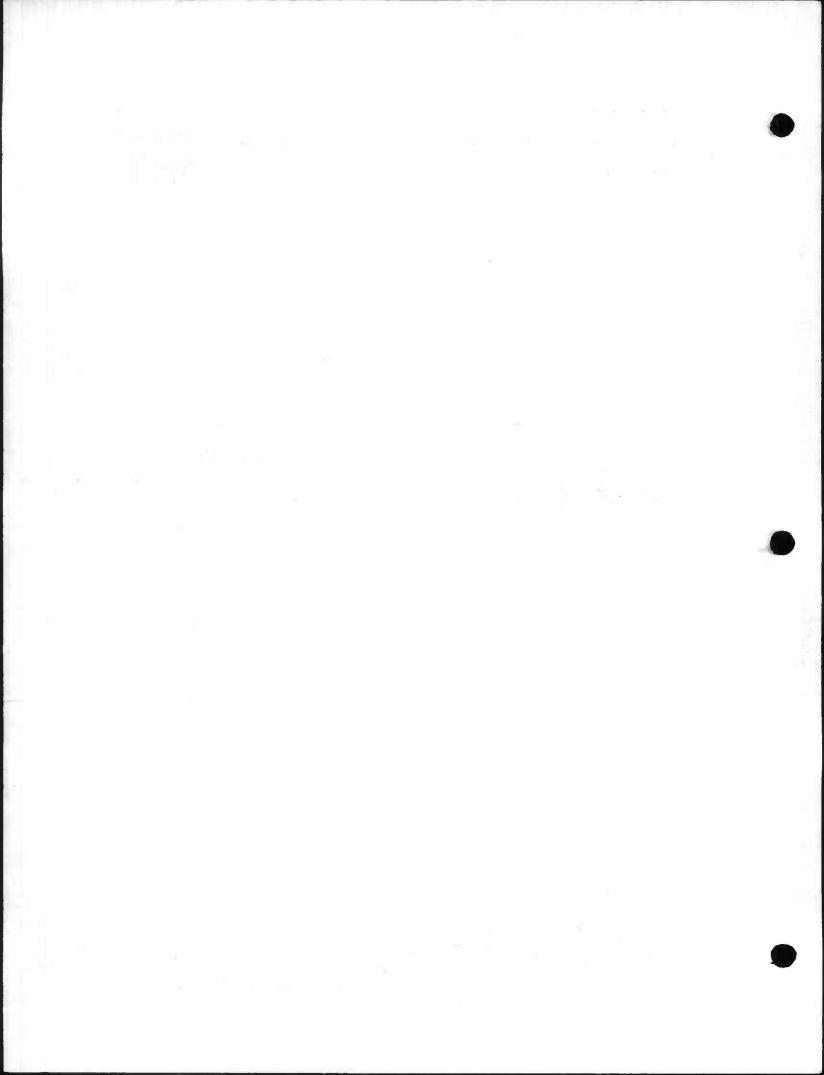
32. Registar's Signature

Registrar

301

31. Dete filed (Month, Day, Year)

OCT 22 1996



Physician
/Medicai
Examiner

3. Time of Deeth

Funeral Director

> Director Funeral à Completed

with the Maryland r than "netural", or items 23s or 28s-f show the Medical Examiner must be nothed at death 4 Hygiene. permit. Pages 1 and 2 should be filled with Department of Health and Mental Hygien. Important: if item 27 is marked other the any injury or other traumatic acceptance.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

that the death certificate be executed physician and strans Box 68760, 88 attending for use as P.O. signed b Records, page 2 Division of Vital funerai death.

Hospital or Attending Physician: filled in by the 24 hours after deat Funeral Director: To the Hospi within 24 hou To the Funer completely fil

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth HELEN FRANCES ANDRZJEWSKI ANDRZEJEWSKI October 21 1996 10:45 AM 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore
If Under 24 Hrs.
Hours Min.
March Day Year)
March 12, 1920 St. Elizabeth's Nursing Home Baltimore City 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign 235-20-8677 Days 1 M XXF Months 76 STigo, P.A. Usuel Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits MD. Balto. County 1 ☐ Yes 2 ☑ No Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2827 Florida Avenue 21227 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Merried 1. Yes 2 No 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry Elementery/Secondery (0-12) College (1-4or 5+) J.L. Spice Company 8th 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) John Albert Lorina Ocie Sharps 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Walter J. Andrzejewski(Husband) 2827 Florida Avenue Balto., MD. 21227 20a. Method of Disposition

12 Buriel 2 Cremation 3 Removal from State 20b. Place of Disposition (Neme of cemetery, crematory or other piece) 20c. Location - City or Town, State Meadowridge Memorial Park10/24/96 ■ Donation 5 Other (Specify) Elkridge, MD. 21. Signature of Egneral Service Disenses 22. Name end Address of Fecility Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave. Balto., MD. shock or heart failure. List only one cause on each line. 21225 Immediate Cause (Final BRONCHOPNEUMONIA disease or condition resulting in deeth) Due to (or es a consequence of): D. CONGESTIVE ARTERIOSCLERATIC HEART DISFASE Physician/Medical Exami Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Lest Due to (or es a consequença of) Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ALUEOLAR HEMORRHAGE SYNDROLLE 2 24b. Were eutopsy findings available prior to completion of ceuse of death? pleted 24e. Was en autopsy performed?

exeminer? Yes 2 No	er (Specify)		
1 DNeturel 5 Pending (Month, Day Year) Injury Work? 2 Accident Investigation M 1 Yes 2 No			
	red		
3 ☐ Suicide 4 ☐ Homlcide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number City or Town, Stete)			

Unch

29c. License number 01786

29d. Date signed (Month, Day, Year) OCTOBER 21, 1996

30. Name end eddress of person who compreted cause of death (Item 23e) (Type, Print)

29b. Signature end title of certifier

3455 WILKENS AUE, BACTO, LD ZIZZ9 GALLAGER, M.D.

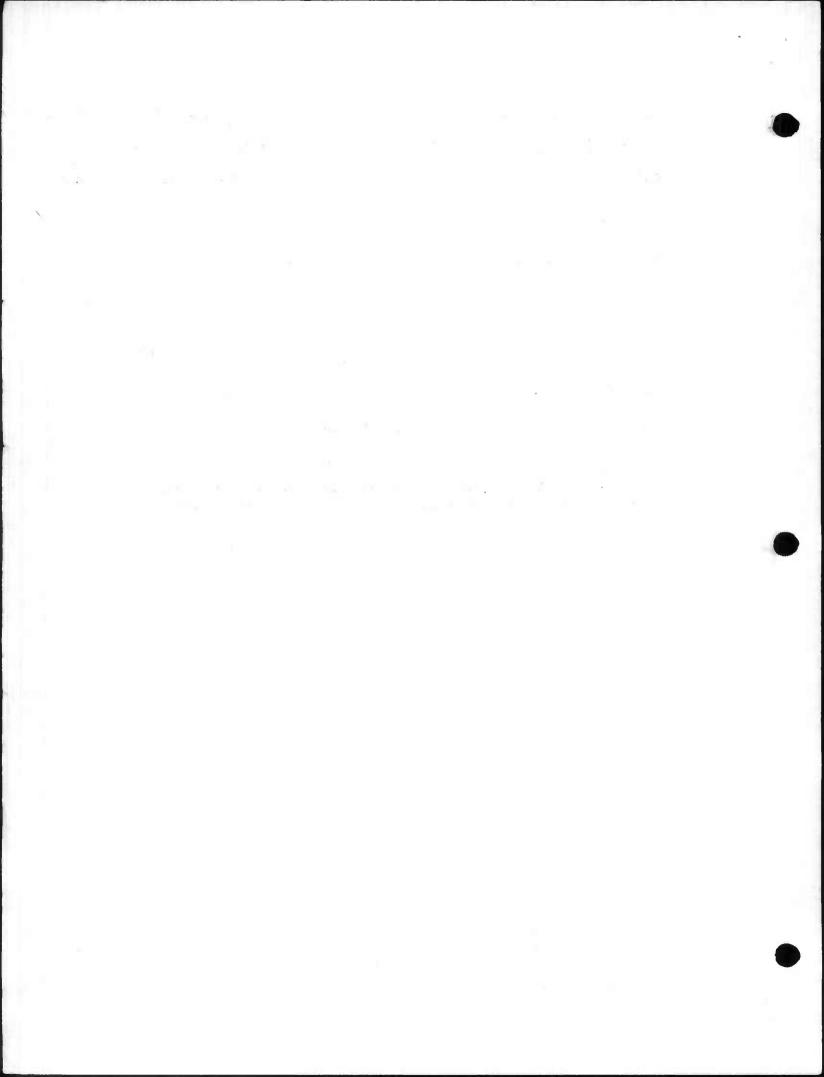
State Registrar

32. Registrer's Signeture the to sidson fandelle

State of Maryland / Department of Health and Mental Hygiene 96

96 31590

						Cer	tificate o	f Death		Reg. No.		0,000
	5 1		1. Decedent's Nama (First, Middla, Last)						eath 3		3. Time of Death	
н	Physic		Tyler Terrence Ray Alston								Yaar	4.14 22
۲	/Medi		to Facility Name of the attention of the standard of the				4b. City, Town, or Locati					4:14 A
	Exami	ner	and the second s	Care Marin Sol		al au						
_			Memorial				if Undar 1 Yas	East ar if Undar 24 Hra.		Ta.	lbot	
	Funeral		5. Social Sacurity Number	6. Sex 1		s. last birthday) Yrs.	Months Day	s Hours Min.	6. Data of Bi (Month, D	rth ay, Year)	9. Birthp	olaca (Stata or Foreign otry)
	Director		N/H) 113.	0 0	3 53	10/1	3/96	Mary	yland
	D a		Uauai Rasidance of Decedant 10a. Stata 10b. Cou		100.0	City, Town or Lo	cetion				1.	Od Incide Ob I leite
	show	<u>.</u>	100.000	· ity	100. (ony, rown or co	CallOll				'	Od. Insida City Limits
	N THE	cto	MD Tal	bot		Trappe	2					1 □ Yas 2 No
	th th	Director	10e. Street and Number				10f. Zip Code			10g. Citizan of What Country?		
	138 A	ai C	29149 Boh B	rook Roa	d		2	21673		USA		
5-00Z0	deat deat	Jer	11. Maritai Status	12. Was Da	cedant Evar in		Vas Decedant of	f Hispanic Origin? (S)	pecify Yas or N		e - Amaric	an indian,
	i within 72 hours after death with the Meryle liene. r than "netural", or items 23a or 28a-f show the Medical Examiner must be notified at	Funeral	> Nevar Married 2 □ N	Armed I Married 1 □ Yas	Forcas?	ì	Yas, specify Cu	uban, Maxican, Puarti	o Rican, atc.)		ck, Whita,	atc.
ý	S	by	3 ☐ Widowed 4 ☐ Divore	If Yes (Siva	1	□Yas 2127N	o Specify:		Specif	Bla	ack
5	hou man				Datas.	40+ P	Inada Daval One	C-Jan-		400 101-4 4 5		
212-0020	72	Completed	(Specify only hig	dant's Education phast grada completed	d)	(Giva	lent's Usual Occ kind of work don	a during most of wor	king	16b. Kind of B	usinass/ind	Justry
1	within ene.	D E	Elementary/Secondary (0-1)		(1-4or 5+)	//ra. L	OO NOT use reti	rea)		N/	A	
		S	NA	NA			NA			111		
	0 = 0 >	Be	17. Fathar'a Nama (First, Midd					16. Mothar's Nan	ne (First, Middle	i, Malden Suman	na)	
	should be not marked of matic eve	Tol	Terry Vaug	hn Alsto	n Sr.			Trusha	ay Debl	brie Br	rooks	5
	FAEE		19a. informant'a Name/Raiati	onship (Type, Print)		19b. Mailin	g Address (Stre	et and Number or Ru				
	d d d		Linkscould			1.	akola	1.1				
1 2	- f 5 5		20e. Mathod of Disposition		20h	. Placa of Dispo	sition (Nama of	UN	Date	20c. Location	City or To	um State
			1 ☐ Burial 2 ☐ Cramatic	on 3 Ramovai from		cematary, cran	natory or other p	v(ace)	Date	200. Location	City of To	wii, Stata
	permit. Page Department of Important: If i any Injury or once.		4 ☐ Donation 5 ☒ Othar	(Specify)	A	natomy	Board	Donatic	on			
1	Port of S		21. Signature of Funera) Serv	ice Licansee	Dimonto	22	. Nama and Add	Iraaa of Facility	J (EE 11	D - 1 - 1		
	88 E 2 8		Mana	S. Wade,	Chall a			tomy Boar				Street
4	_		23a Parti Enter the dispase	or complications that	caused the de	ath Do not ente	altimore	Mkaryla	nd 21	201-1559	1	Approximata
			23a. Pagt . Enter the disease shock, or heart tailure. I	ist only ona causa or	aach ilne.	aun. Do not one	a. t.ia 111000 01 0	ying, oboit as cardiac	or raspiratory t	211000,		Intarval Batween Onsat and Death
	Physician			8		4		1			1	Orisat and Dean
	/Medical Examiner		immediata Causa (Finel disaasa or condition	. R.	25 1 1 Va	tory	ta	illine			12	3 HRS 55 MII
	LAdillilei		rasulting in death)		Dua to	(or as a conseq	uence ot):					
	7 2	Examiner		E	etren		orema	1 1			į	
	oute d ans	Ē	Sequentially list conditions	Ь.		(or as a conseq	1	TUVIFY			-	
Hicata ha avec	e ci	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Undartying Cause (Disease or injury that initiated events rasulting in death) Last Dua to (or as a consequence of): C									
	entificate be executed ding physician and se es the burial-transit	Sai										
cate	Phy S the	ğ										
	ding											
	deeth certifics te attending pl ed for use es t	Iclan										
	0 0 2	Sic	Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i.						23b. Did tobacco use contribute to the cause of deat			the cause of death?
	that the ed by th detache	Physi							1 Yes 2 No 3 Probably 4 Unk			bably 4 Unknown
	es the	by								62		
	law requires as been sign 2 should be								24a. Wes	an autopsy	24b. W	ara autopsy tindings
necolus,	been s	Completed							perf	ormed?	CO	allable prior to implation of causa
	has pe 2										of	death?
- F	E 5 8								10	Yes 2 No	10	☐ Yas 2☐ No
	Physician: The this certificate ral director, page	Be	25. Was casa ratarred to med	Icai				26. Placa of Dea	ith (Check only	ona)		
	yalcle is cert direct	0	axaminar? 1 ☐ Yas 2 ☑ No	Hospitai:	Inpatient 2	☐ ER/Outpatien	3□ DOA	Othar: 4 Nursing H	oma 5∏Ras	Idence 6 Oth	ar /Snacil	ivi
			27. Mennar of Death		a of injury	26b. Tima of				how injury occur	1-7-1-7	77
	tending I leath. tor: After the luner	Certification:	1 Naturai 5 ☐ Pan	iding (Mo	onth, Day Year)	injury	28c. inj W	ork? □Yas 2□No				
or Attending	of Attendigues of a strength. I Director: A d in by the lu	cal		istigation					met a si			.=
	or At	틭		mined 208. Plac	ca ot Injury - At ding, atc. <i>(Spec</i>	homa, farm, stre cify)	eat, factory, offic	0	26f. Location ((Street and Numb wn, State)	er or Rura	il Routa Number,
l	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	S										
	To the Hospital of within 24 hours at To the Funeral D completely filled it	cal	29a. Certifiar 1 Certif	ying Physician: To the	a best of my kr	nowledga, daath	occurred et the	time, dete and piece	, and due to the	ceuse(s) and ma	annar as a	leted.
HO	the H hin 24 the Fi	edical	one)	cal Examiner: On that and ma	nnar stated.	nation and/or inv	estigetion, in my	opinion, daath occui	rred at tha tima,	, data and place,	and due to	the cause(s)
	vithin To the comple	Σ	29b, Signatura and titla of cart	itiar L.			29c. Lice	nse number		29d. Dete signe	d (Month,	Day, Year)
			Val.	HIL	é		T	21209 1		11)-	14.	96
			jaul	NUNT	2m	>	V	2013	•	10	1	()
			30. Nama and addrass of pers				Print)	12/601				
			605 Dutchin		60	iston	140.	, 61001				
	Sta	te	31. Data filad (Month, Day, Ye		Ragistrar's Sign	nature		The way	4.			
	Registr	ar	OCT 2 3 1996	o o war	Troop-No.	hand						

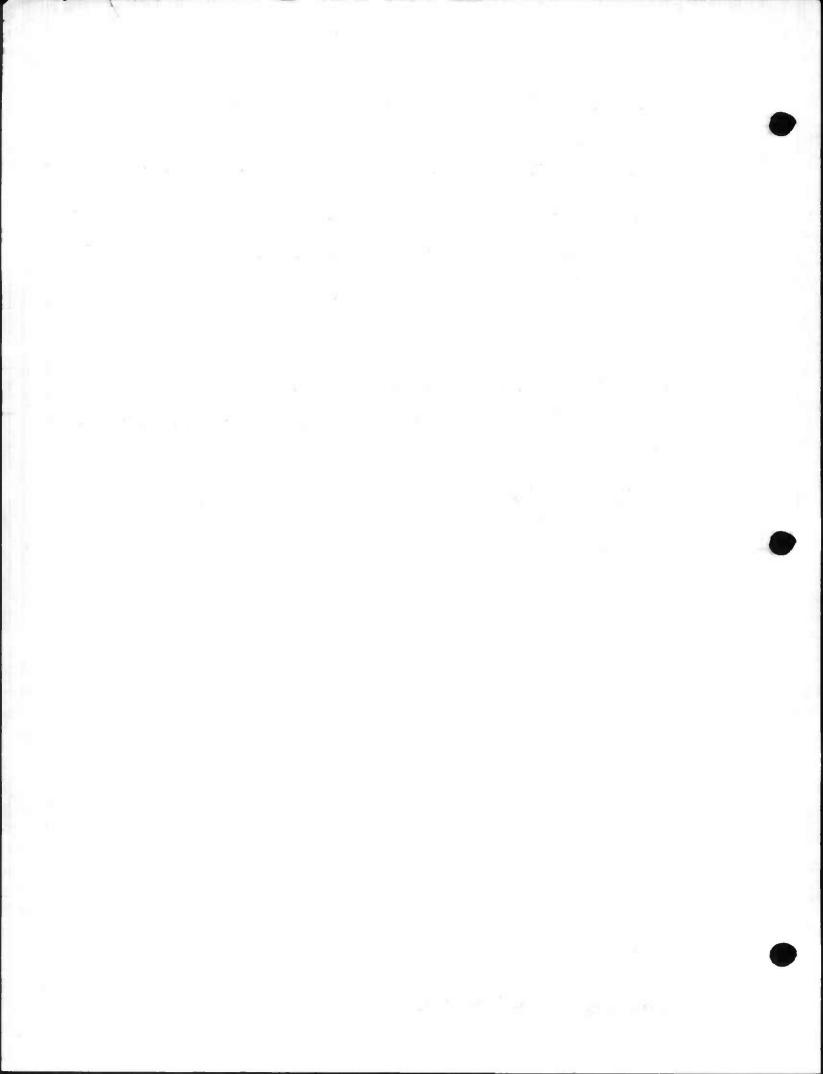


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

31591

			Certificate of Death	F	leg. No.	
ı	Physic		1. Decedant's Nama (First, Middia, Last) HERBERT C BUTLER JR	2. Data of Dea Month OCT	Day	3. Tima of Death
	/Medi Examir		4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or	Location of Death	4c. County of	1
		-	3001 ROSEDALE CT BALT		N/	A
	Funeral Director		5. Social Sacurity Number 215-46-9746 1 M 2 F 7. Aga (In yrs. last birthday) ff Under 1 Year ff Under 24 Hrs. Months Days Hours Min.			9. Birthplaca (Stata or Foreign Country)
	pur *	1	Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town & Location			10d. Insida City Limits
	the Marylan 28s-f show	Director	md Na Balto			Yes 2 No
	with th	Dire	3001 Rosedale Ct. 21216		log. Citizen of W	hat Country?
50	filed within 72 hours after deeth with the Maryland Hygiene. ther than "netural", or items 23a or 28a-f show int, the Medical Examinat must be notified at	/ Funeral	11. Marital Status 12. Was Decedant Evar in U.S. Armed Forcas? 1 Navar Married 12. Was Decedant Evar in U.S. Armed Forcas? 1 Yas 2 No. Specify:	Specify Yas or No- to Rican, atc.)		- Amarican Indian, c, Whita, atc.
90	72 hours "netural",	d by	3 Wildowed 4 Divorced Yaar or Datas:	1		·2/acr
21215-0020	d within 72 piene. r then "net	Completed	15. Decedant's Education (Specify only highast grada completed) Elemantary/Secondary (0-12) Collega (1-4or 5+) Lar	rking	16b. Kind of Bui	Social
Maryland 2	2 = D >	Be	17. Sathar's Nama (First, Middle, Lest)	ma (First, Middla,	1	services tes
Ž	d 2 should th end Mer 7 is marks traumatic	7	19a. fnformant's Name/Raiationship (Type, Print) - 19b. Mailing Addrase (Street and Number or Ru	ma C		
	24 P		Durothy Butler- wite 3001 Rosedale	ct 1	3alto,	md 21216
Baltimore,			20a. Mathod of Disposition Burial 2 Cramation 3 Ramovai from Stata Donation 5 Othar (Specify) Control of Communication	10/24/96	Owinc	City or Town, Stata S Mills, md
Balt	Department of Important: If is any injury or once.		21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility M.A. D.C.H. 12. C.H. 12. C.M.	4200 144	DAGII A	V
			23a. Part1. Entar tha diseasa, or complications that caused the death. Do not antar tha mode of dying, such as cardiac shock, or heart failure. List only one cause on each line.			Approximata Interval Between
	Physician		shock, or haart failure. List only one cause on each line.			Intarval Between Onset and Death
7	/Medical		finmediata Causa (Final disaasa or condition rasulting in death) a. = 5006a 9206 Cc	76 CP1	_	Sworth.
	Examiner		rasulting in daath) Bua to (or as a consequence of):	, occ Cr		7.0
	P #	lnei				
	icete be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying			
68760,	siciar burti		Cause (Disaase or Injury			
0x 68	certificete be executed nding physician and use as the burial-transit	n/Medical	rasulting in death) Last Dua to (or as a consequence of):			
Bo		clar		1		
P.O.	at the deeth by the atte	by Physicia	Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	128	_	tribute to the cause of death? 3 Probably 4 Unknown
S.	es that igned t be det	by P		.,,,,,		Validation Valorities
Division of Vital Records,	v requir	Completed		24a. Was a perfor	an autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?
R	ician: The lav certificate has rector, page 2	E		1 D Y	as 2000	1 ☐ Yas 2 ☐ No
ta		Bec	25. Was casa rafarred to medical 26. Placa of Der	ath (Check only or	na)	
>	0 0	2	axeminer? 1 Yas 25 No Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing H	toma 5 Aasid	ence 6 Otha	r (Specify)
D C	ding Ph h. After th funeral		27. Manner of Death 28a. Date of Injury 28b. Tima of Injury at Work? 28c. Injury at Work?	28d. Dascribe h	ow Injury occurre	id
sio	Attending r death.	cat	2 Accident invastigation 3 Suicide 6 Could not be	00(1 10 10		8 18 11 1
Divi	after of Direct	Certification:	4 Homicide datamined 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)	281. Location (S City or Tow	treet and Numbern, Stata)	er or Rural Routa Number,
	To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	edical C	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place of the control	e, and dua to tha durred at the tima, o	ausa(s) and mar lata and place, a	nnar as stated. nd due to tha cause(s)
	o the o the omple	Me	29b. Signatura and titla of certifiar 29c. Licansa number		29d. Data signed	(Month, Day, Year)
	- s - ō		Musch bolet us 027938		A CONTRACTOR OF THE PARTY OF TH	
	EX1	-	30. Nama and address of person who completed cause of death (item 23a) (Type, Print) On OTRI Governor Again Again		, 0/	
	5		or oyer Gorsaly as 795 Agado	il Rd.	GB	mo 21061
	Sta Registr		OCT 23 1996 July 34 Products Sport 25 1996			



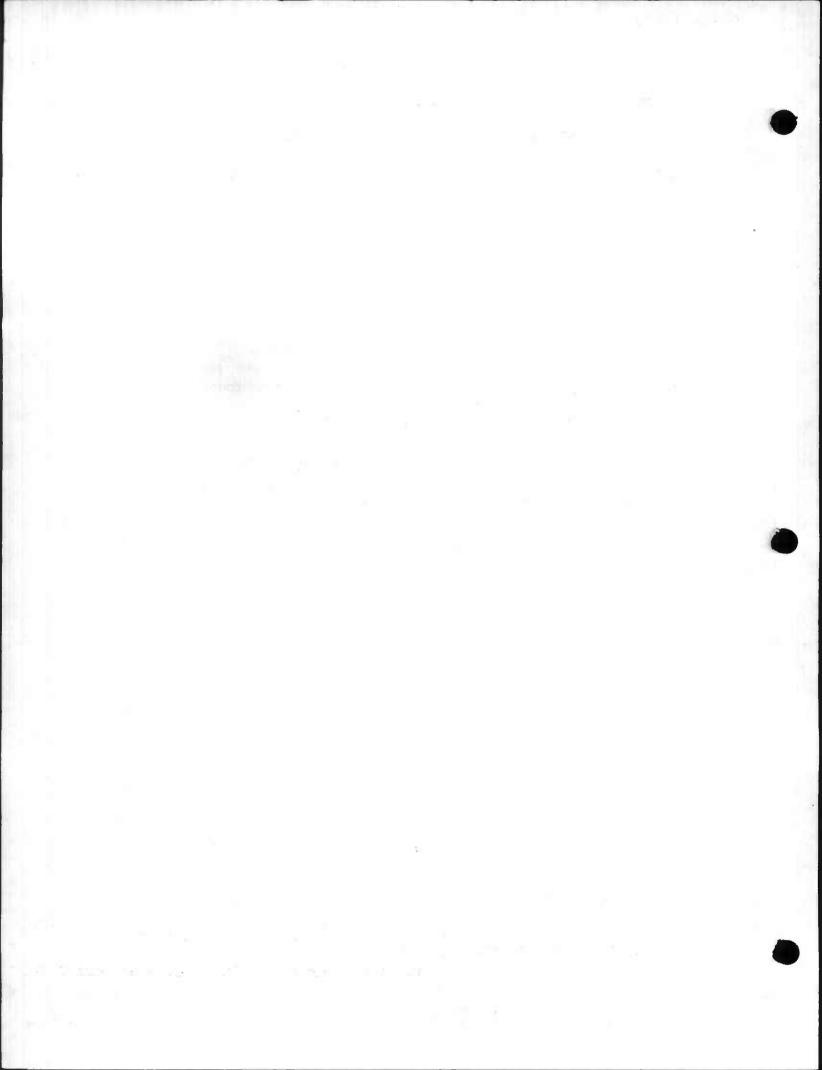
96-5971-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. asp ITEMS: 23 PART I, 27, State of Maryland / Department of Health and Mental Hygiene 28a-f. PER MED FILM G-741 11/7/96 t.t Certificate of Death 1, Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** CURTIS Month 18 Pey 1996 BOOTHE 1325 Jr. P /Medicai 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 119 N. BROADWAY BALTIMORE n/a 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Deys 1**X** M 2□ F Months Hours Director 39 July 20, 1957 213-64-4114 Maryland Usual Residence of Decedent the Maryland 10a Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f shov must be notified at 1 X Yes 2 □ No Director MD Baltimore n/a 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ 119 North Broadway items 23a 21231 USA Funeral 12. Wes Decadent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☑ No
If Yes, Give
Yeer or Detes: 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 72 hours after 1XX Never Married 2 Married Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 X No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced Black "naturel". Completed the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed withIn 7 Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Nat'l Health Ser. Inc. President - Pharmacy marked other permit. Pages 1 and 2 should be file Department of Heath and Mental Hy Important: If Item 27 Is marked othe any Injury or other traumatic event, 9000. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Irma Young Curtis Boothe, Sr. 19e. Informent's Name/Reletionship (Type, Print) sister 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Baltimore, Maryland 21216 3317 Presstman Street Yetive Y. Boothe 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Druid Ridge Cemetery Oct 25 Pikesville, Maryland 21. Signetury of Funerai Service Licensee 22. Name end Address of Fecility Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 Kallens Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or man failure. List only one cause on each line. 23e Fart1 Approximete Interval Between Onset and Deeth **Physician** Immediete Cause (Finel diseese or condition resulting In deeth) /Medical COCAINE INTOXICATION Examiner Due to (or as a consequence of): Examiner certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) physician e Box 68760 Physician/Medicai Due to (or es e consequence of): 950 ò P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were eutopsy findings 24a. Wes en eutopsy aveilable prior to completion of cause of death? performed? The lew page 1 Yes 2 □ No 12 Yes 2 No certificate of Vital Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) P Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Aresidence 6 Other (Specify) 1 XYes 2 No this funeral 28a. Dete of Injury (Month, Day Year) FOUND FOUND 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Division Attending 5 Pending investigation 1 Neturel r death. 10-18-96 FOUND 1:20 P 1 Yes 2 No SUBJECT INGESTED DRUGS 2 Accident 24 hours after deal Funeral Director: €(X) Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 119 N. BROADWAY 3 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 5 filled in FOUND AT HOME BALTIMORE, MD. 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, and due to the cause(s) and menner as stated.
2 X Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated. edicai 29a. Certifier within 24 hor To the Fune completely fi (Check only 29b. Signeture end title of certifier 29c. Licanse number 29d. Dete signed (Month, Day, Year) O.C.M.E OCT 19,1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Penn Street, Baltimore, Maryland 21201

State Registrar

Stephen Radentz, MD 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture

5,



State of Maryland / Department of Health and Mental Hygiene

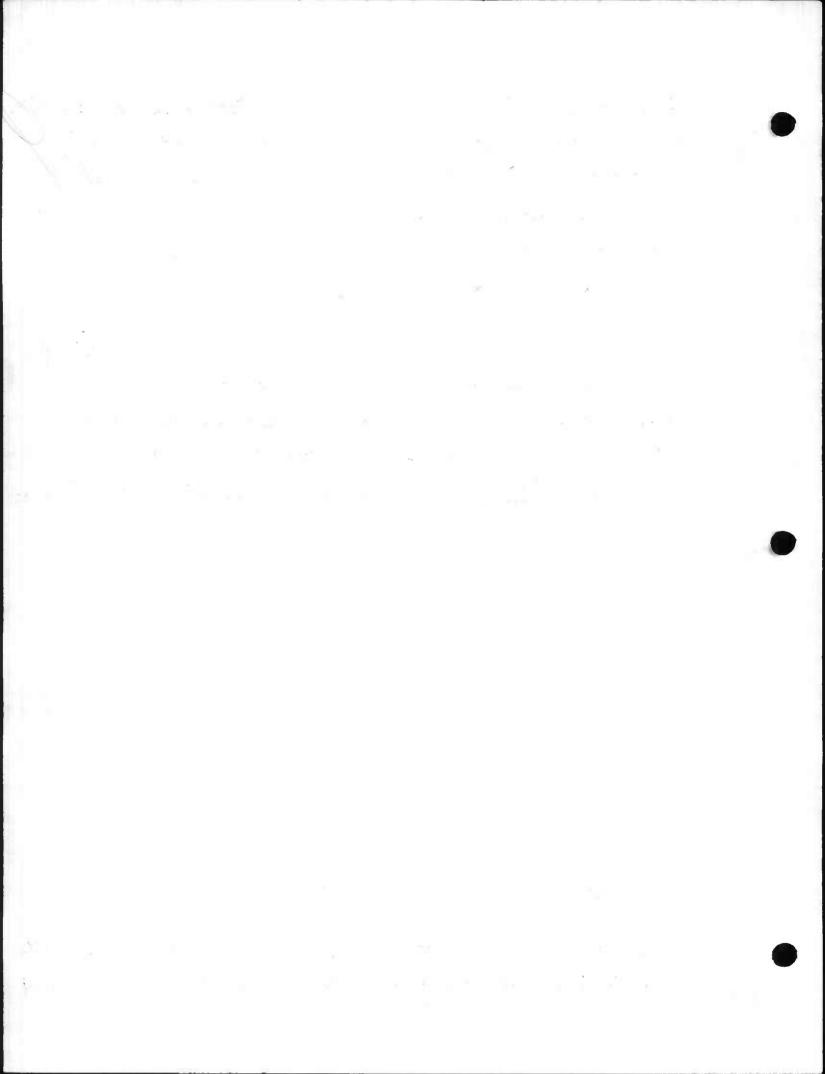
96

							Cei	tificate	e of l	Death			Reg. No.			
	Physic /Medi		1. Decedent's Nama (First, Midd	VICTOR		-	1	BREU				2. Data of De Month	R. 20	74. Yaar 1996	3. Tim	a of Death
	Exami	ner	4a. Facility Nama (If not institution	on, giva street and n	um <i>ber)</i>				4	b. City, To	wn, or Lo	cation of Deat	h 4c. Cou	inty of Death		
L			BelAir Nursin	ng & Rehab						Beli			H	larford		
	Funeral		5. Social Security Number	8. Sax	7. Aga	(In yrs. last b		if Undar Months	1 Yaar Days	If Undar Hours	24 Hrs. Min.	8. Data of Bit (Month, De	th v, Year)	9. Birthp	iaca (Sta	ata or Foreign
	Director	١.	218-36-4277	10 M 20 F	97	7 .	Yrs.					8-15-	1899	Vir	gini	.a
	8 8		Usual Rasidance of Decedant 10a. Stata 10b. County			10c. City, Toy	un or Lo	nation							Out In add	la Oltri Limita
	at a se de la se del se de la se de la se de la se de la se de la se de la se de la	7	11 1255													la City Limits Yas 2 No
	7 Park	Director	Maryland Balti	more		Bal	Ltim									X.10
	after death with the Marylal or Items 23a or 28a-1 show iminer must be notified at		10e. Street and Number					10f. Zip	Code				10g. Citizan	of What Coun	itry?	
	# 23 mat	Funeral	9319 Simms		1		1		2123				1	.S.A.		
	ar de	nu	11. Maritai Status	12. Was Dec Armed F	orcas?		13. V	Yas Deced	ant of H ify Cuba	ispanic On in, Maxicar	gin? (Spe i, Puarto	ecify Yas or No Rican, atc.)		Race - Amaric Black, Whita,		n,
Maryland 21215-0020		by	1 Nevar Married 2 Mar 3 Widowed 4 Divorced	If Yas (-	2 No liva Datas:	0	1	☐ Yas 2	No No	Specify:			Spe	ecity: W	hite	
5	natural national Ex	te	15. Decedar	nt's Education	0	188	. Deced	ant's Usua kind of wor OO NOT us	i Occup	ation	t of work	16b. Kind of Business/Indus			dustry	
7		Completed	Elementary/Secondary (0-12)		/ (1-4or 5+	-)		omema		1)	t or work	Own Home			mo	
7	od with	S	7				п,	Jillellia.	ver					Owli no	me	
밀	al Hyg	Be	17. Fathar's Nama (First, Middla,	, Last)						18. Moths	ar's Nama	(First, Middle	, Maidan Sun	nama)		
<u>K</u>	Menta Menta arkad alic ev	2	Charles		Scho	ooler					Rho	noda Montana Marks				
ar	2 sthe		19a. Informant's Neme/Relations	ship (Type, Print)		19	b. Meilin	g Addrass	(Street	and Numbe	er or Run	Tural Route Number, City or Town, State, Zip Code)				
	and and		Melinda E. Lau	apert (Dau	ighte	er)	912	Oyst	er (Cove	Driv	/e, Gra	rasonville, Maryland			nd 216
Baltimore,	T Specification		20a. Mathod of Disposition	- 55		20b. Place o	of Dispo	sition (Nam	a of thar place	(e)		Data 20c. Location - City or Town, Stata				a
Ĕ	Pag Print You		1 ☑ Burlai 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (5		n Stata						k 10.	-23-96	23-96 Parkville, Maryland			
量	permit. Pa Departmen Important: any Injury once.		21. Signatura of Funaral Sarvice	Licansee				. Nama and								
Q	201 E 8		Wallace	CRI	-cho	0						Home,				
1			23a. Part1. Enter the disease, or shock, or heart failure. List	_ /	caused	tha daath. Do	not anti	50 Your tha mode	rk F	Road,	TOW:	son, Md	. 2120	14	Approxi	lmata
	Physician		shock, or haart failura. List	t only ona causa on	aach lina	а.								į	Intarvai Onsat a	Between and Death
	/Medical		Immediata Causa (Final disease or condition rasulting in death) a. Acute Myocardial Infanction Due to (or as a consequence of): Coronary Antiry Disease										į	1 m	nul!	
	Examiner		disaasa or condition rasulting in daath)	a. Vill		1190	000	ivai	9/	19,	MAN	Criur			/ ////	inul1
		ě		Can	nnh	MAN A	CODEO	LIC.		Di	101	,			Tu	Miac
	od d ansit	Ē								(18) 70	44.7		
Ó	exection and and right-fr		Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury			(0. 60 6	00.1009	ua.ioa 0,,.								
68760,	certificate be executed ding physician and se as the burial-transit	edical	trial militation events													
9	iffica og ph as tr	Pe	d									t				
Box	esu.	M/u											<u> </u>			
	that the death c	Physician	Part II. Other significant condition	ons contributing to	death but	not rasuitino	in tha ur	ndarivino ca	ausa olv	an in Part I		23b. Dld	tobacco use	contribute to	the cau	use of death?
P.0	by th	hys		•				,						lo 3 Proi		4 Unknown
	signed to	by P													,	**
Ď	requires that the seen signed by the												an autopsy			osy findings
8	- 53 (0	lete										pert	ormed?	00	ailable pr mpletion death?	of cause
Re	The law ate has b	Completed													_	
Ø	iclan: The		or 111										Yas 2KIN	0 11	Yas	2LI No
⋚	Physician: r this certific ral director.	Be	25. Was casa referred to medica axaminar?	Hospital:					Oth			(Check only				
of Vital Records,	5 00	2	1 Yas 2 No	10	inpatian		<u> </u>		A	4 V N	-	ma 5 ☐ Ras			y)	
2	Ing After	lo	1 Natural 5 Pandir	19	of injury		Tima of Injury		Bc. Injur			28d. Dascribe	now injury oc	curred		
Division	tend for: /	cat	2 Accidant invasti 3 Suicide 6 Could	not be				М		Yas 2						
\leq	frer of the control o	Certification:	4 Homicida datam	nined Zoa. Flac	e of injur ding, atc.	y - At homa, f <i>(Specify)</i>	arm, str	eat, factory,	, office			28f. Location (City or To		um <i>ber</i> o <i>r Rurs</i>	I Routa I	Number,
	is a selled															
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	(Check only 2 Medical	ng Physician: To the Examiner: On the b	basis of e	examination as	e, daath nd/or inv	occurred a astigetion,	it tha tin in my o	na, data an pinion, daa	d piace, th occurr	and dua to tha ed at tha tima,	causa(s) and deta and pia	manner as a ca, and dua to	tsted. tha cau	se(s)
	the the	Med	one)	and mar	nnar state	ed.										
	5 ± 5 %		29b. Signatura and title of certifia	445				296.		a number	~7			gned (Month,		
	C		NI	110				I	108	165	_	4	krob.	~ d1,	199	
	V		30. Nama and addrass of person	who complated cau	sa of dea					-	U	IR		4.45	2.	. 1. 1
			Scott H	1swell	d	NORT	# 1	ACE.		BEL	A	IK /	MARYL	AND	11	014
	Sta		31. Data filed (Month, Day, Year)		Degistrar	's Signatura	5									
	Registi	ar	OCT2	31996 8	Mark	widow	Service of the servic	A Blan	.,							
			4414						-							

Fig. 1953. We say

State of Maryland / Department of Health and Mental Hygiene

Physici /Medic Examir Funeral Director	al	1. Decedant's Nama (First, Middla, L ELAINE E.	nst)				La Data of Da	- 44	2.3	The state of the state of	
Funeral Director	ier	PRINCIPAL PROPERTY OF THE PROP	BEAL				2. Data of De	Dey 2	146 8	7 : 20 PM	
		4a. Facility Name (if not institution of a Sociel Security Number 8. 213-32-2491 Usual Rasidence of Dacedant	Hospital	yrs. lest birthdey) Yrs.	If Under 1 Yaa Months Deys		8. Data of Bir (Month, De	AME 7	Hrunde	State or Foreign	
Maryland a-f ahow offied of	ctor	10a. Stata 10b. County Maryland Anne A		City, Town or Lo Pasadena				10d. Ins			
th with the	ai Director	10e. Street end Number 8361 Country Li	fe Road		10f. Zip Code 2	1122		10g. Citizen of V U.S			
be filed within 72 hours after death with the Maryland tel Hygiene. d other than "natural", or items 23s or 28s-f show svent, ma Modical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar i Armed Forcas? 1 ☐ Yes 2 M No If Yes, Giva Yaar or Datas:		Ves Decedant of Yas, specify Cu	Hispanic Origin? (Sp ban, Maxican, Puarto o <i>Specify</i> :	ecify Yes or No Rican, atc.)	or No- 14. Race - Amarican Indian, Black, White, atc. Specify: White			
72 hours "natural",	Completed	15. Decedant's E (Specify only highast gr	ducation ada completed)	16a. Deced	ant's Usual Occi	upation a during most of work red)	ing	16b. Kind of Bu	sinass/Industry		
within ene. than	Jumo	Elemantary/Secondery (0-12)	Collega (1-4or 5+) N/A		oo NOT usa ratir ol Bus D			Brannoc	ks Bus	Service	
d 2 should be filled within 72 hours aft the and Mentel Hygiene. To le marked other than "natural", or traumatic event, the Medical Evann	To Be Co	17. Fathar's Nama (First, Middla, Las George				18. Mothar'a Name	a (First, Middla, ttie		a)		
		19a. Informant'a Name/Raiationship Charles J. Beal	(Type, Print)			et and Number or Run				,	
@ D		20a. Mathod of Disposition 1	Removel from Stata	b. Place of Disposicementary, cran	atory or other pi	Park 10	Data)-25-96	20c. Location - Elkridg			
pillinit. Page Department of Important: If any injury on once.		21. Signature of Fundral Service Lice Francis S.	Kauczmapek	W.	Name end Add	rass of Facility 320 uneral Hon	04 Mount ne of Pa	tain Roa asadena	d, Pasa Maryla	dena nd 2112	
The lew requires that the deeth certificate be executed to the has been signed by the attending physician and page 2 should be detached for use as the burial-transit	an/Medical Examiner	Immediata Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enfar Underlying Cause (Disease or injury that initiated evants resulting in death) Lasf	b	o (or as a consag	uance of):	CANCE	r				
t the deeth by the atte	sicia	Pert II. Other significant conditions	contributing to death but not	rasulting in tha un	darlying causa g	jivan in Part I.	23b. Did tobecco use contribute to the			ause of death?	
es that the igned by the	by Physician	GASTRO IN	TESTINAL	TRAL BLEEDING					1 Yes 2 No 3 Probably		
ne lew requires tr s has been signe ige 2 should be d	Completed						24e. Wes	en eutopsy ormed?	24b. Wara au avallable completi of death	fopsy findings prior to on of cause ?	
		25. Was casa rafarred to medical				00 51- 15 1	10		1 □ Yas	21 No	
Ing Phys After this funeral di	tion: To Be	axaminar? 1	28a. Data of Injury (Month, Day Year	2 ER/Outpetten 28b. Tima of Injury	28c. Inj	thar: 4□ Nursing Ho	th (Check only ona) oma 5 ☐ Rasidance 6 ☐ Othar (Specify) 28d. Dascribe how injury occurred				
Die eft	Certification:	3 Suicide 6 Could not be datarmined	28a. Place of Injury - A building, atc. (Spe	At homa, farm, atre	eet, factory, office	9	28f. Location (: City or Ton	ation (Street and Number or Rural Routa Number, or Town, Stata)			
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical	29a. Cartifiar 1 Certifying Pt (Check only one) 1 Medical Example 1	nysician: To the best of my ininer: On the basis of exam and menner stated.	knowledga, daath ination and/or inv	occurred at that astigation, in my	tima, data and place, opinion, daath occurr	and dua to tha red at tha tima,	causa(a) and ma data and piaca, a	nnar as stated. and due to tha c	ause(s)	
To the within 7 to the comple	Me	29b. Signatura and titla of certifiar			29c. Licer	nse number		29d. Dete signed	(Month, Dey, 1	(ear)	
()	-	30. Nama and address of parson who	complated cause of death (itam 23a) (Type I	D4	3977		October	21	1996	
\	te	31. Data filed (Month, Day, Yaar) OCT 23 1996	Julia Bridge	the Pi	AL D	RIVE, GH	EN BI	MANE	Swo	2061	



96-5980-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	96-24		item 19b per FH 10		laryland		rtment of	Health and			6 3	1595
	Physic /Medi	ian	1. Dacadent's Neme (First, Middle, CHRISTOPHER		BAI		moate c	Deali	2. Dete of Dea Month OCTOB	Day	3. Yeer 1996 1	Tima of Deeth
	Exami		4e. Facility Neme (If not institution, 1500 BLK. HART)			4b. City, Town, o	r Location of Death			
r	Funeral, Director	Г	5. Sociel Sacurity Number 2 1 3 - 9 4 - 6 1 6 7	6. Sex 7. A 1 ☐ M 2 ☐ F	ge (In yrs. Ias	t birthday) Yrs.	If Under 1 Ye Months Day	ar if Undar 24 H		V. Year)8,19	9. Birthplaca 7 9 ountry)	(Stata or Foreign
	Maryland a-f show	tor	Usuel Residence of Dacedent 10a. State 10b. County MD n	/ a	10c. City, 1	Fown or Loc	ation IMORE				10d. i	nside City Limit
	3a or 28	i Direc	10e. Street and Number 712 E. 41	ST STR	EET		10f. Zip Code		1218	10g. Citizen of W UNITE		ATES
020	within 72 hours after death with the Maryland ens. than "natural", or items 23s or 28s-f show he Modical Examinet must be noticed at	by Funeral Director	11. Maritai Status 11. Maritai Status 2 Married 2 Married 3 Widowad 4 Divorced	12. Was Dacedent Armed Forces d 1 Yes 2 N If Yes, Giva Year or Detes:	3,			es Decedant of Hispenic Origin? (Sp Yes, specify Cuben, Maxican, Pueric Yes 2XXIVo Specify: JA		14. Reca Bleck Specify:	Reca - Amarican Indian, Bleck, White, etc.	
Maryland 21215-0020	s 1 and 2 should be filed within 72 hours af Health and Mental Hygiena. Item 27 is marked other than "natural", or other traumatic event, the Medical Exam	Completed	15. Decedent's (Specify only highest Elementery/Secondery (0-12) 11 th	Education grade completed) College (1-4or	5+)		ent's Usuel Oct ind of work do NOT use ret ABORE	l Occupation k done during most of working e retired) RER		16b. Kind of Bus		ONICS
land	2 should be filed and Mental Hygie Is marked other aumatic event, #	To Be C	17. Fether's Neme (First, Middle, L	BAILEY					eme <i>(First, Middl</i> e, GENIE	Maiden Sumeme HAUGHT		
e, Mary	f and 2 short Health and A ferr 27 is man		19e. Informent's Neme/Relationshi	P (Type, Print) BAILEY		712	2 E.	eet and Number or I 41 ST	Rural Route Numbe STREE	T, ABL	IMORE ore	, MD
Baltimore,	00-		20e. Mathod of Disposition 1 ☑ Xuriel 2 ☐ Cremetion 3 4 ☐ Donetlon 5 ☐ Other (Special Control of	ecify)	cem	e of Disposi etery, creme DLAW	tion (Name of story or other p	elace) ETERY	10 - 23	BAL7	City or Town, S	
Bal	permit. Page Department of Important: If any Injury or		21. Signature of Funeral Service Li	Carar				MARCHF	H1101	E. NO	ORTH	AVE.
	Physiclan /Medical Examiner	er	23e. Pert1. Enter the disaasa, or of shock, or heart feilure. List of the control	a. Mult		Gun	shet			rest,	Inte	roximete rvel Between et end Death
,00	ata be executed hysician and the bunal-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initieted events	b	Due to (or es	e consequ	enca of):					
Box 68760,	death certificata b e attending physic of for use as the b	n/Medicai	thet initiated events resulting in deeth) Last	d	Due to (or as e consequence of):							
P.O.	that the ed by th detache	/ Physician/Med	Part II. Other eignificant condition	s contributing to death b	out not rasultin	g in the und	lerlying cause	givan in Pert I.		obacco use cont		cause of death
Records,	aw requir	Completed by							24a. Wes a perfor	n autopsy med?	avellable	utopsy findings e prior to ion of cause i?
=	The ate h page		- W						10Xx	as 2 No	12SYes	2□ No
Vital	Physician: this certific ral director,	To Be	25. Wes case referred to medical exeminer? 11℃ Yes 2□ No	Hospitel:	ont 2∏ER	Outpetient	3[] DOA	Mb an	eeth (Check only or Home 5 Resid		(Specks) C	m p p p m
	Ilng After fune	Certification: T	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investige	28e. Dete of Inju (Month, Da	y Year) 28	b. Time of Injury	28c. In		28d. Describe h	ow Injury occurre		ı KEET
DIV	frer frec frec in by		4,58Homicide determin	ed 286. Pleca of Inj building, et	c. (Specify)	ل	treet		Bull, C	treet and Number n. Stata) ISOC BIK	Hartsda	te Number & Ref
	the Hospital thin 24 hours a the Funeral C mpletely filled	edicai	29a. Certifier 1☐ Certifying (Check only one) 2☑ Medical Ex	Physician: To the best of aminer: On the basis of end menner sto	examinetion	dge, deeth o end/or inve	ccurred et the stigetion, in my	time, dete end pled optnion, deeth occ	e, end due to the c urred et the time, d	ause(s) end man lete and pleca, sr	ner as steted. nd due to the o	euse(s)
	within To the comple	×	29b. Signature and titia of certifiar	00			29c. Lica	nsa number	2	9d. Data signed	(Month, Day,	Year)

State

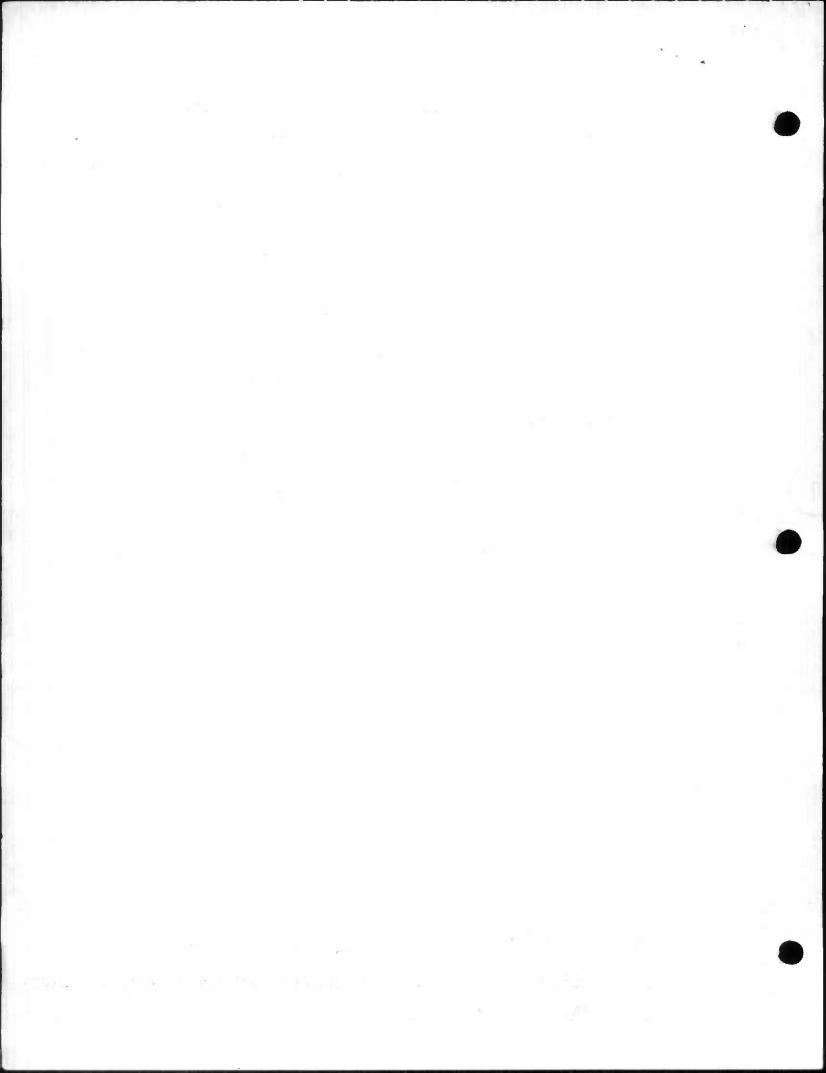
111 Penn Street, Baltimore, Maryland 21201

who completed cause of deeth (ttem 23a) (Type, Print)

O.C.M.E.

OCTOBER 19,1996

Registrar DHMH 16 Rav 6/95



1	TT	FMC.	23 PA	RT T	27	PFR	36	ype o	
	ŔĖ	0"F1 L	13 G-7	41 11	1/7/9	6 E.	t	State	of
i	1 m	G740	item	10c	per	FH	10-	23-96	r

1. Decedent's Neme (First, Middle, Last)

Maryland / Department of Health and Mental Hygiene Certificate of Death

BARNES

9	6	3	1	5	9	6
-	-	-		0	0	0

Physician
/Medical
Examiner

MADELINE June 4e. Fecility Neme (If not institution, give street and number)

Arundel

2. Dete of Deeth Month Month Dey Year OCTOBER 18, 1996 0840AM

3. Time of Deeth

10d. Inside City Limits

1 Yes 2 No

, Funeral

213-28-2127 Usuel Residence of Decedent 10e. Stete 10b. County Anne Arudel Co.

5. Social Security Number

315 HAILE AVENUE 7. Age (In yrs. lest birthday) 10 M 20 F Yrs. 66

10c. City, Town or Location

10f. Zip Code

Baltimore (Brooklyn Park)

21225

BROOKLYN PARK if Under 1 Year If Under 24 Hrs. Months Deys Hours Min. October

4b. City, Town, or Location of Deeth

ANNE ARUNDEL

9. Birthpiece (State or Foreign Country)
0 OHIO 1930

10g. Citizen of What Country?

U.S.A.

4c. County of Deeth

Director

MD. al Director 10e. Street end Number 315 Haile Avenue

with the Manyland

items 23a or 28a-f show per must be notified at

Baltimore, Maryland 21215-0020

Physician /Medical

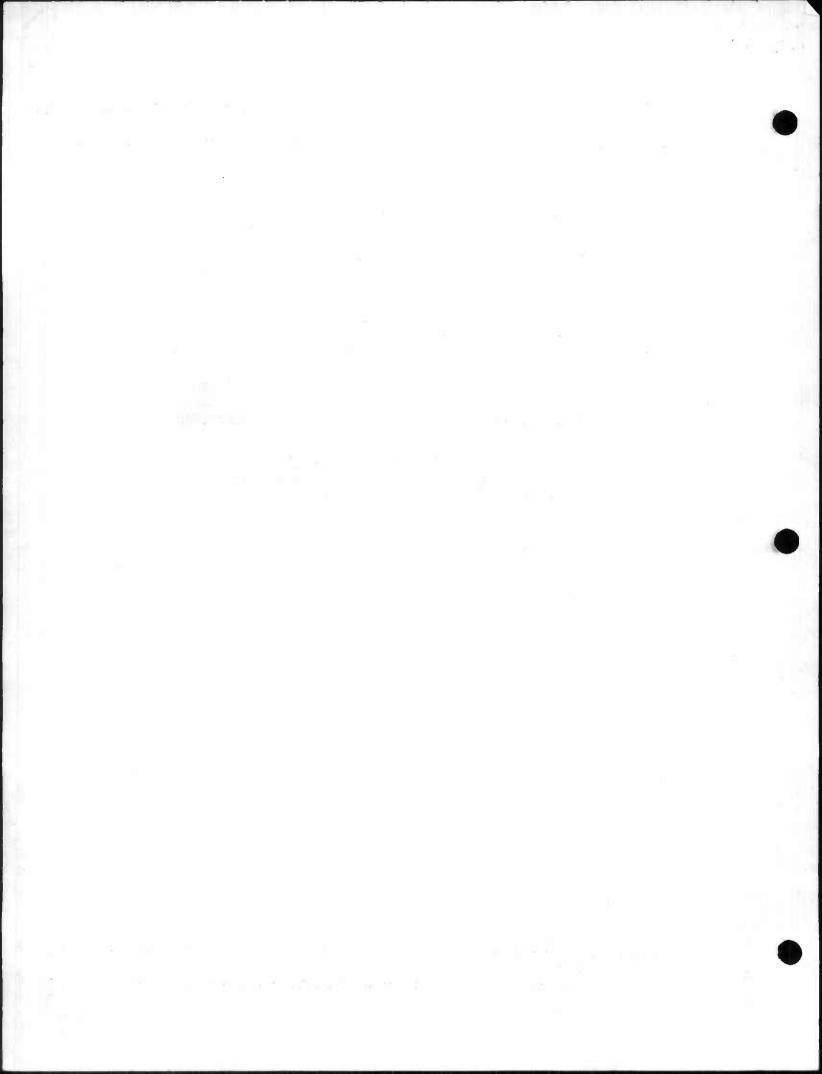
Division of Vital Records, P.O. Box 68760,

within 24 hours aftar death.
To the Funeral Director: After this certificate has been signed by the attending physician and

by Fune	11. Marital Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever In U Armed Forces? 1 □ Yes 2 2 No If Yes, Give Yeer or Detes:	1	Ves Decede I Yes, spaci I □ Yes 2	fy Cuban,	enic Origin? (Mexican, Pue Specify:	Specify Yes or N rto Rican, etc.)	o- 14. Rece - American Indien, Bleck, White, etc. Specify: White			
Be Completed by	15. Decadent's Ed (Specify only highest gra		(Give	lent's Usuel kind of work	done dun	on ing most of wo	orking	16b. Kind of B	usiness/Indus	try	
dwo	Elementery/Secondary (0-12)	College (1-4 <i>o</i> r 5+)		oo vor use Homema				House	ewife		
0	17. Fether's Neme (First, Middle, Last)			TOTAL		3. Mother's Ne	me (First, Middle		Maiden Sumame)		
ToB	Samuel Kendrick	sr.		Della Colligar							
ľ	19e. Intorment's Name/Reletionship (7) Francis C. Barnes								er, City or Town, State, Zip Code) Maryland 21225		
	20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☑ Donetion 5 ☐ Other (Specify			rises of Disposition (Name of emetery, cramatory or other placa) en Haven Memorial Park 10/22/96 Glen Burnie, M							
	21. Significant of Funerel Service Licen	Kevin E. Eck		237 E	E. Pa	tapsco	Ave, Ba	Brookly		25	
	23a. Pert1 Enter the disease, or comp shock for heert feilure. List only of	olicetions thet caused the dea one ceuse on each line.	th. Do not ente	er the mode	of dying,	such es cardia	c or respiretory	errest,	in	pproximete lervel Between nset end Deeth	
	Immediate Cause (Finel disease or condition resulting in death)	e. PNEUMONIA									
ē		Due to (or es e consequenca of):									
Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury Couse (Disease										
Completed by Physician/Medical	thet initieted events resulting in deeth) Lest Due to (or es e consequence of): d.										
Physicia	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributes 1 Yes 2 No 3 Pro										
by											
letec	24e. Wes en eutopsy performed?								aveila	eutopsy findings ble prior to etion of cause	
ошо								/	of dee	,	
CC	25. Wes case referred to medical						110	Yes 2 □ No	1 BY	es 2 No	
To Be	exeminer?	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpetient	3□ DOA	Other		eth (Check only				
tification: T	27. Menner of Deeth 1 IONeturei 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Day Year)	28b. Time of injury		c. Injury et Work?			idence 6 □Oth how Injury occurr		Flon	
Sertific	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Pleca of Injury - At he building, etc. (Specif	ome, ferm, stre	ne, ferm, street, fectory, office 28f. Location				(Street and Number or Rural Route Number, own, State)			
Medical Cer	29a. Certifier 1 ☐ Certifying Phy (Check only one) 2 Medical Example	reician: To the best of my kno fner: On the basis of examine end menner steted.	owledge, deeth ation end/or inv	occurred et estigetion, in	the time, on my opinion	dete end plece on, deeth occu	e, end due to the urred et the time,	ceuse(s) end me date end placa, o	nner as stete and due to the	d. e cause(s)	
×	29b. Signeture and title of cartifier 29c. License number 29d. Date signed (f								(Month, Day	r, Year)	
	Sennis CC	buteno			0.C	м.Е.		OCTOBE	R 19,	1996	
	Dennis J. Chu	ompleted cause of deeth (Item			Stree	et, Ba	altimor	e, Mar			
te ar	31. Dete filed (Month, Day, Year) QCT, 2, 3 1996	33. Registrer's Signer Savidson									

DHMH 16 Rev 6/95

Sta



-						
(1)	-	0	10	grown	0	-
1	6	3		Ben	1.3	
- 1		. 1		. 1	-	- 1
400			- 6		not	- 8

100	-	Decedant's Nama (First, Middle, L	ast)		Cer	tificate	e of	Death	2. Data		. No.		3. Tima of	f Dogth
Physi		JAMES RANDALL							Mont	h	Day	Year	UNKNO	
/Med		4e. Fecility Nema (If not institution, g		ar)				4b. City, Town, o		OBER	4c. County		UNKNO	MATA
Exam	imer	2515 CHRISTIAN S		,								UI Dealii		
F	7			Age (In yrs. last t	hirthday)	If Under	1 Year	If Undar 24 Hr	LTIMOF		N/A	0 Riebe	piace (State o	ne Enrois
Funera Directo	_	173-14-1048 Usuai Rasidence of Decedant	NEM OFF	9	Yrs.	Months	Days	Hours Mi	n. (Mont	8. Data of Birth (Month, Day, Year) 9. Birthplace (State Country) MARCH 24,1917 PENNSYLV.			ntry)	
/land	1	10a. Stata 10b. County		10c. City, To	wn or Loc	ation						1	I0d. Inside Ci	ity Limits
Man	ģ	MD	N/A			BALT	TMOI	न 9					17 Yas	2 N
r 28s	Director	10e. Street and Number	21,722			10f. Zip		.CL		100	. Citizan of V	What Cou	ntry?	
3a o		2515 CHRISTIAN S	TREET			i i	212	223			U.S.			
daath	Funeral	11. Marital Status	12 Was Decada	nt Evar in U,S.	13. W	as Daced			Specify Yas	or No-			an Indian,	
A 14 13-004.0 d within 72 hours after death with the Manyland gjena. rr then "naturel", or ferms 23a or 28a-f show rr then "naturel", or ferm the notified at	by	1 ☐ Navar Married 2 🕅 Married 3 ☐ Widowad 4 ☐ Divorced	Armed Forca 1 AYes 2 I If Yas, Giva Yaar or Datas			Yes, spec		ant of Hispanic Origin? (Specify Yas or I fy Cuben, Maxican, Puerto Rican, atc.) [MNo Specify:).)		ck, Whita, /: WHI		
n 72 ho	De De	15. Decedant's E (Specify only highast gi	ducation	16	a. Daced	ant's Usua	Occup	ation		16	b. Kind of Bu	usinass/în	dustry	
within ena.	Completed	Elementary/Secondary (0-12)	College (1-4o	r 5+)	lifa. D	O NOT us	e retired	during most of w	orking					
filed within Hygiena.	5	12TH GRADE	2 YRS		SALES	MAN					AUTOMO	BILE		
should be filled of Mental Hygis merked other metic event, imatic event,	Be	17. Fethar's Nama (First, Middla, Las	t)					18. Mothar'a Na	ama (First, M	iddla, Ma	iden Sumam	na)		
Menid the	2	JAMES R. BISS						KATHER	INE BI	SS				
d 2 should be the and Mental I is marked of traumatic eve		19a. Informant's Name/Ralationship	(Type, Print)	19	b. Malling	Addrass	s (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda)					Coda)		
Haalth Health Hem 27		FRANCES BISS		2	2515	CHRI	STIA	N STREE	T - BA	LTIM	MORE, MD 212		1223	
Permit Paper 1 and 2 should be file operation of Health and Mental Hyg mportant if Nem 27 is merical other my injury or other traumetic event,		20a. Method of Disposition	70	20b. Place	of Dispos	ition (Nam	a of		Deta		c. Location -		own, Steta	
Pages tent of mt. H it ary or o		1 ☑ Buriel 2 ☐ Cramation 3 ☐ Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Cematary, cramatory or othar place) GLEN HAVEN CEMETERY 10/18 GLEN BURNI							JRNIE	. MD				
Department Parameter Important:	8	21. Signature of Euneral Service Lice	nspe /	1/	22.	Nama and	Addra	ss of Fecility	1				,	
Ded de la	Ř	11/mm. 1	41 +	-				JNERAL H						
		23a Part1. Enter the disease or con	pilications that caus	ad the dieath. Do	o not ante	the mode	LLKE	ENS AVEN	UE-BAL	TIMO	RE, MI	21	229 Approximet	9
Physiciar		hock, or haart failura. List only	ona causa on aach	lina.						,			Interval Bate Onsat and I	wean
/Medica	_	Immediate Causa (Final											3 mg	4.6
Examine	r	disaasa or condition resulting In death)	a	esopha	gent	Can	10	V				1	JMA	ntus
100	9			Dua to (or as a	a consequ	rance of):								
ificata be axecuted g physician and as tha burial-transit	Examiner		b. ————	Due to fee as	-1.200	, , ,								
axec a and al-tre	EXa	Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Olseasa or injury c.										- 1		
ficata be axecuted g physician and as the burial-transit		Cause (Diseasa or injury that Initiated evants	C											
ficate of phy is the	edical	rasulting in daath) Lest		Dua to (or es e	consequ	ance of):								
centi oding			d											
eath certi	clar													
requires that the death cert seen signed by the attendin hould be detached for use	Physician/M	Part II. Other significant conditions	contributing to death	but not resulting	in Iha un	dariying ca	iuse giv	an in Part I.	23b.				the cause o	
that that ded b										1 Yes	2□ No	3 Pro	bably 4	Unknov
sign ed b	d by								240	Was an a	utonau	24b W	ara autopsy f	Undinge
ha law requires to a has been signe aga 2 should be o	Completed								240.	performe	d?	av	ailable prior to mplation of c	0
The law ate has b	E E											of	death?	
Fad										1 🗆 Yes	2 No	1[Yas 25	No
Physician: The this cartificata ral director, pa	Be	25. Was casa referred to medical axaminar?	Hospital				Out	26. Place of De	eath (Check	only one)				
Physic rail dir	To	1 Yas 2 No	Hospital: 1 Inpa					4 Li Nursing	1	-			y)	
Aftar Aftar funan	on:	27. Manner of Death 1 Natural 5 □ Panding	28a. Data of In (Month, E	jury 28b. Jay Year)	Tima of injury		Bc. fnjun Wor		28d. Daso	ribe how	injury occurr	ed		
Attending ir death. ector: Aftai by tha funa	cat	2 Accidant invastigetic				М	10	Yas 2□No						
or Attending after death. Director: After d in by the funa	Certification:	3 ☐ Suicida 6 ☐ Could not t 4 ☐ Homicide datermined	288. Place of I	njury - At homa, t atc. <i>(Specify)</i>	farm, stra	at, factory,	office		28f. Locat City o	ion (Street or Town, S	et and Numb State)	er or Rura	I Routa Num	ber,
les a les les les les les les les les les les														
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai	29a. Certifier 1 M Certifying Pl (Check only one) 2 Medical Example 1 Medical Exampl	nysfcian: To the bes niner: On tha basia and mennar:	of axamination a	a, daath nd/or inva	occurred a istigation,	t the tim in my o	na, data and plac pinion, daath occ	e, and dua to curred at the t	the caus ime, date	a(s) and ma and place, a	nnar as a and dua to	tated. the cause(s	•)
within 2 To the comple	Σ	29b. Signatura and titla of certifier				29c.	Licans	a number		29d.	Deta signed	d (Month,	Day, Year)	
_		1 /2 Olh	- MD			7	40	150			OCTOR	BER 1	6, 199	96
10		30. Name/and address of person who	completed cause of	daath (Item 23a)	(Type P		100	, , , ,						
U		DR. YVONNE OTTAV					Δ 17 E	MIIF - P	ΔΙΤΤΜΟ	DF .	MD	2122	0	
9	ate	31. Data filad (Month, Day, Year)		trar's Signatura	, , , , ,	MIUN	AVE	MUE - D.	WPT THO	INE 9	HD	2122	7	
Regis		0CT 2 3 199				1								
		110 T O 7 100	CHILIA !	audana B	MATA DO									

State of Maryland / Department of Health and Mental Hygiene

31598

						Jerinicale o	Dealli		Reg. No.		
	Physic /Medi		1. Decedant's Name (First, Middle, Last). BEL				2. Data of D Month	Day	3. Tima of Death Year 1996 8:20 Ar	
	Exami		4a. Facility Name (If not institution, give NORTHWESTHO	The state of the s	6600	- 6 0	4b. City, Town, or	Location of Dea	th 4c. County	of Death	
L		H	5. Social Security Number 6. Se		In yrs. last birth					ALTINO RE	
	Funeral Director			M 2DE	74 Yı	Months Day		Dec. 2	ay, Year)	9. Birthplaca (Stata or Foraige Country) Maryland	
	yland		10a. Stete 10b. County	1	Oc. City, Town	or Location				10d. Inside City Limits	
	Sa-f al	ctor	Maryland Baltimo	re		Roc	kdale			1 ☐ Yes 2 No	
	72 hours after death with the Maryland natural', or items 23s or 28s-f show dissal Examiner must be notified at	Completed by Funeral Directo	10e. Street and Number 3505 Rolling Road			10f. Zip Code	21244		10g. Citizan of What Country? United States		
	r dea	Jue	11. Maritel Status	12. Was Decedent Ev Armed Forcas?	er in U,S.	13. Was Dacedant of If Yes, specify Cu	Hispanic Origin? (Specify Yes or N	o- 14. Rac	e - American Indian, ck, Whita, etc.	
0050	ours afte	1 by Fu	1 Navar Married 2 Married 3 Widowad 4 Divorced	1 XYes 2 No	w.w.II	1□ Yas ŽŽN				Caucasian	
5-0	n 72 hours natural,	etec	15. Decedant's Edu (Specify only highast grad	cation a completed)	18e. D	lecedant's Usual Occ Giva kind of work dor ifa. DO NOT usa reti	upation e during most of wo	orking	16b. Kind of B	usinass/Industry	
21215-0020	2 should be filed within and Mental Hygiene. Is marked other than " eumetic avant, the Mer	Compl	Elementary/Secondary (0-12)	College (1-4or 5+)		ifa. <i>DO NOT</i> usa reti thlehem St			Steel	L Worker	
pu	al Hygi I other vent,	Be (17. Fathar's Nama (First, Middla, Last)				18. Mothar's Na		a, <i>Maidan Suma</i> n		
yla	should be nd Mental marked or umatic ave	1º	George William				Mary		eth Be		
, Maryland	s 1 and 2 should be filed within 72 hd if Health and Mental Hygiene. Item 27 is marked other than "natur other treumatic avant, the Modical		19a. Informant's Name/Raiationship (7) Evelyn L. Bell	rpe, Print)	^{19b.} 8	Mailing Addrass (Stre 5 Rolling	et and Number or F Road Bal	timore,	MD 2124	State, Zip Code)	
Baltimore,	permit. Peges 1 end 2 Department of Health 4 Important: If item 27 is any injury or other tre once.		20a. Mathod of Disposition 1 ☼ Burial 2 □ Cramation 3 □ F 4 □ Donation 5 □ Other (Specify)		cematary,	Disposition (Nama of cremetory or other property Cemetory)		Deta 23,199		City or Town, Stata	
Balti	permit. Departmine imports any injuited once.		21. Signatura of Funarai Service Licens	K - 00.	1 /	22. Nama and Add	ers Fune	ral Dire	ectors,	Inc.	
	Physician /Medical Examiner	V	23a. Part1. Entar tha disease, or compi shock, or haert fallura. List only of Immediate Causa (Finel diseasa or condition rasulting in daath)	na ceusa on aach iina.	(n)	t antar tha moda of d	ying, such as cardie			Approximata fintarval Batween Onset and Death	
	البجد	ner	Dua to (or as a consequanca of):								
oʻ	an and rifel-transi	Examiner	Sequentielly list conditions, if any, leading to immadiata cause. Enter Underlying Causa (Disease or injury that initiated evants	Dι	ua to (or as a co	nsequanca of):					
ox 68760,	n certificate be executed anding physician and use as the burial-transit	n/Medical	Causa (Disease or injury that initiated evants rasulting in death) Last	Du	Dua to (or as a consaquanca of):						
Bo	ath ce			d						1	
P.O.	the de	Physici	Part II. Other significant conditions con	ntributing to death but i	not rasulting in t	ha underlying cause	givan in Part I.	23b. Did	I tobacco use co	ntributs to the causs of death	
	res that the death igned by the etter be detached for	y Ph						10	Yss 2 No	3 Probably 4 Unknow	
of Vital Records,	requir	Completed by						24a. We	s an autopsy ormed?	24b. Wara autopsy findings available prior to complation of cause	
Re	The law ate has b page 2 s	g E								of death?	
<u>ra</u>	iclan: The lav certificate has rector, page 2		25. Was casa rafarred to medical				00 Diam of D		Yes 2 No	1 ☐ Yes 2 ☐ No	
>		To Be	axaminar?	lospital:	2 ☐ ER/Outp	atlent 3 DOA	Where	eath (Check only	ona) idence 6 □Oth	ser (Snecify)	
0	aling Phys h. After this funeral d		27. Manner of Death	28a. Data of Injury (Month, Day)	28b. Tin	na of 28c. In		T	how injury occur		
Division	Attending I or death. ector: After by the fune	catlo	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant invastigation 3 ☐ Suicide 6 ☐ Could not be			M 1	☐Yas 2☐No				
Div		Certification:	4 Homicida datamined	building, atc. (- At homa, farm Specify)	i, straat, factory, offic	8		(Street and Numi own, Stata)	per or Rural Routa Number,	
	To the Hospital or Attenswithin 24 hours efter deat To the Funeral Director: completely filled in by the	Medical	29a. Cartifiar 1 Cartifying Physical Check only 2 Madical Examination	sician: To the best of r ner: On the basis of a and menner stete	camination and/c	death occurred at the or invastigation, in my	tima, data and place opinion, daath occ	e, and dua to the urred at tha tima	causa(s) and m , data and place,	anner as stated. and dua to the causa(s)	
	Vithi To the	M	29b. Signature and titla of cartifiar	RAO. MI	0		nse number	2		d (Month, Dey, Year) A 21 1996	
								7			
	10		30. Nama and address of person who co) - NORT	13 31 m H	1920H =	TAGE	E いし E	RA	1404662 100	

DHMH 16 Rev 6/95

State Registrar

State of Maryland / Department of Health and Mental Hygiene

FilmG740 item 7 per fh 10-23-96 rja Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Deeth 3 Time of Death **Physician** Month 5:10 PM CORNBROOKS ELIZABETII 1996 10 /Medical 4e. Facility Neme (If not Institution, give street end number 4h City Town or Location of Death 4c. County of Death **Examiner** BALTIMORE RANKLINGOOD Baltimore 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month), Days Houra Min. (Month, Day, Year) 9. Birthplace (State or Foreign Country)
Pennsylvania 6. Sex **Funeral** 1 □ M 2 12 F 86 Yrs. 217-30-4898 87 Director 10/3/09 Usuai Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Peges 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health and Mental Hyglene. Improchant: if item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic avent, the Medical Examiner must be notified as any injury or other traumatic avent, the Medical Examiner must be notified as 1 Yes 2 No Director Maryland Baltimore Baltimore. 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 5342 Kelmscot Road 21237 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐X No Specify: White Specify: þ 3 XWidowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working iife. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Public School Elementary/Secondery (0-12) College (1-4or 5+) English Teacher Grades 1-12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) William Albert Phillips Minnie B. Harris 19a. Informant'a Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carol F. Street (daughter) 5342 Kelmscot Road, Baltimore, MD 20b. Piaca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Moreland Memorial Park 10/25/96 Baltimore. Maryland 21. Signature of Funerel Service Licensee 22. Neme and Addresa of Facility Schimunek Funeral Homes, Inc. 23a. Part. Enter the disease, or complications that caused the death. Do not antar the mode of dying, auch as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate Interval Between Onsel and Death **Physician** /Medical Immediate Cause (Final a. A cute my elonous cy tie leukemia.

Dua to (or as a consequence of): disease or condition resulting In death) Examiner My elody splas, physician and the burial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disaase or injury that initiated events resulting in death) Last Box 68760 Physician/Medical Due to (or as a consequence of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed this certificate 1 ☐ Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical 25. Was case referred to medical Be 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Panding 1 Yes 2 No 2 Accident Investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner stated. 29a. Certifier Medical (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date aigned (Month, Day, Year) 30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print) NEETA DESHPANDE, M.D. Deshipande MD 9105 FRANKLINSRUARE DRIVE BACTIMORE. 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State

will Savidson-Randelle

DHMH 16 Ray 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

						Cert	ificate of	Death		Reg. No.		
	Physic		1. Decedant's Nama (First, Middle, L		R.		Cole	MAN	2. Data of Da. Month	ath Day	Yaar	3. Tima of Death
	/Medi Exami		4e. Facility Name (If not Institution, gi	ve street and number)	1 1				or Location of Death		1996 of Deeth City	10.15 81.
	Funeral Director		Social Sacurity Number 6.	Sax 7. Ag	a (In yrs. last bii 90		If Undar 1 Year Months Days	r if Undar 24 H	rs. 8. Data of Birt		9. Birthp	olaca (State or Foreign 177) . Md .
	Maryland a-f show	ctor	10a. Stata 10b. County Md. Balti	more	10c. City, Tow		ation tonsvil	le			1	0d. inside City Limits 1 ☐ Yes 2 No
	23a or 28	Funeral Director	10e. Street and Number 801 Winter Lan	e			10f. Zip Coda	21228		10g. Citizan of	What Cour	ntry?
020	s 1 and 2 should be filed within 72 hours efter death with the Manyland if Health and Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other than "netural", or items 23a or 28a-f show other traumatic event, the Medical Examples must be notified at	by	11. Maritai Status Y Navar Marrled 2 Married 3 Widowed 4 Divorced	12. Wes Dacedani Armed Forcas? 1 Yas 2 Y If Yas, Giva Yeer or Datas:			as Decedent of Yes, specify Cut ☐ Yas		(Specify Yes or No arto Ricen, atc.)	Specify	ce - Amaric ck, Whita, y: W	
21215-0020	I within 72 ho iene. Then "netur	Completed	15. Decedant's E (Specify only highest gr Elamantary/Secondary (0-12) High School	ducation ade completed) Collega (1-4or 5	i+)	(Give ki	O NOT usa retire	during most of w		16b. Kind of B	usinass/in	dustry
Maryland 2	should be filed vand Mental Hygies marked other t	To Be C	17. Fathar's Name (First, Middle, Last William H))				_	ama (First, Middle,		ne)	
	1 end 2 sho Health end I em 27 Is me other traume		19a. Informant's Name/Ralationship Mrs. Ruth Meade	(Type, Print) (Friend)		305	Orley		Rural Route Number Catonsvi			
Baltimore,	permit. Pages 1 end Department of Health important: If item 27 any injury or other tr once.		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	fy)	camete	ry, crema	tion (Name of tory or other pla et Ceme		Data OCTOBER 22, 1996	Balti		
Bal	Depari Impor any ir		21. Signature of Funaral Sarvice Lice	Eli	ne	EL		ERAL HOM	E Reiste	Reister erstown,		
	Physician /Medical		23a. Fin1. Entar tha disaasa, or constitute, or haart tailura. List only	iplications that caused ona causa on each lir)			ing, such as cerdi	ec or raspiratory ar	rast,		Approximata Intarval Batween Onset end Death
	Examiner	e.	disaasa or condition resulting in daath)	a	Dua to (or as a							1 week
oʻ	icete be executed physician end s the buriel-transit	Examiner	Sequantially list conditions, if any, leading to Immediata cause. Enter Underlying Cause (Disease or Injury that initiated events	b	Dua to (or as a	consequa	ance of):		A	-		
Box 68760,	ing e	n/Medical	Causa (Disease or Injury that initiated evants rasulting in daeth) Last	d	Dua to (or as a c	consequa	ince of):					
0	the school	Physician	Part II. Other significant conditions of	contributing to death bu	it not rasulting in	tha und	arlying causa gi	ivan in Part I.				the cause of death?
	een sign hould be	by	Congentive	near 1	Jan				24a. Was	an autopsy med?	24b. Wa	ara sutopsy findings allable prior to applation of ceusa
<u> </u>	ician: The law certificate has b rector, pege 2 sl	Be Completed	25. Was casa rafarred to-medical					26 Plans of D	1 ☐ Y		112	death? Yas 2 No
2		0	axaminar? 1 ☐ Yas 2 ☑ No	Hospital:	nt 2 ER/Ou	tpatient	3 DOA Ot	har:	Homa 5 ☐ Rasid	The second	ar /Snacifi	4
	After fune	Certification: T	27. Manner of Death 1 Natural 5 Panding 2 Accidant Invastigation	28a. Data of Injur (Month, Day	y, 28b. T	lima of	28c. Inju Wo		28d. Dascribe h			,
DIV	D effe		3 Suicide 6 Could not b datarminad	building, atc	(Spacify)				28f. Location (S City or Tow	m, State)		
	within 24 hours To the Funeral	Medical	29a. Certifiar (Check only one) 1 ☐ Certifying Ph 2 ☐ Medical Exar 29b. Signature and titla of certifier	ysician: To the bast of niner: On the basis of and manner sta	axamination and	, daath o	ccurred at tha ti stigation, in my o	opinion, daath occ	curred at tha tima, o	causa(s) and ma data and place, a 29d. Dete signe	and dua to	Iha causa(s)
)			30. Nama and address of person who	Koules h	e M		Di	48704		oct		
	Sta			CAN KON N	c, s	1	AUN E	s Hos	PITAL	BL	T /	40

ITEMS: 23 PART I, 27, 28a-f State of Maryland / Department of Health and Mental Hygiene

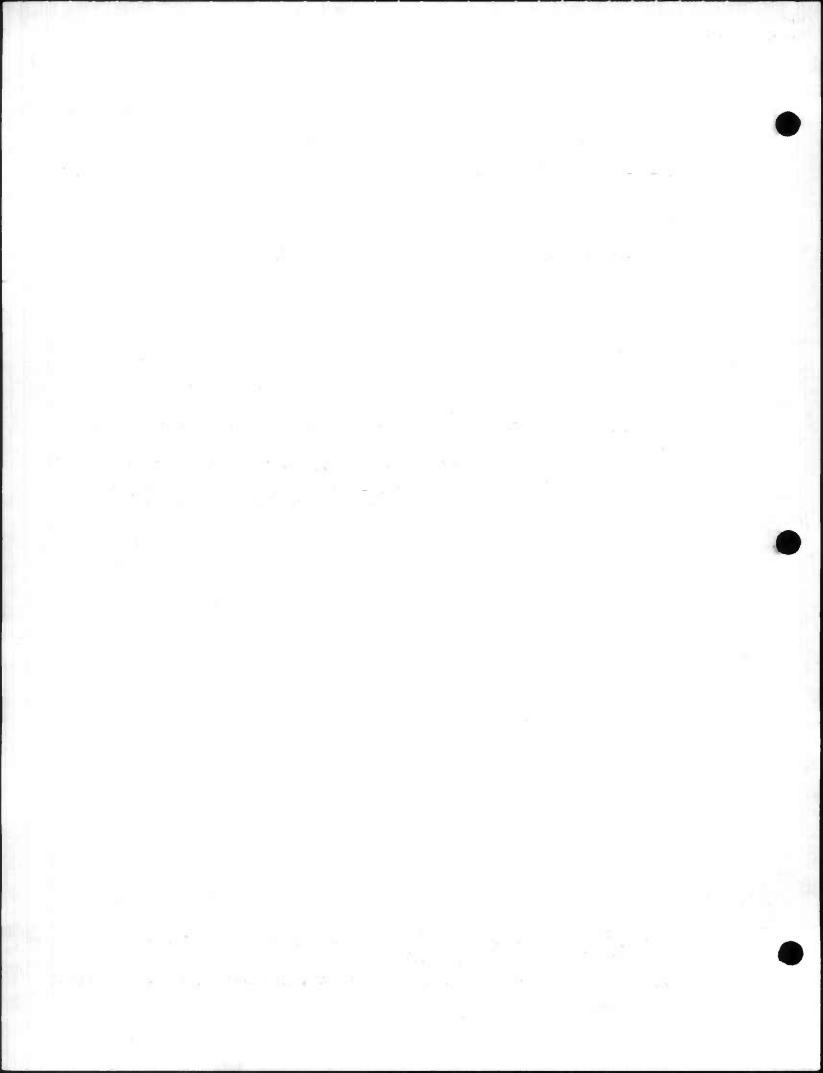
PER MED FILM G-741 11/13/96 tt Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** OCT. 20 Day 1996 HUGH 0. CASTEEL 1:14 PM. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HOPKINS BAYVIEW HOSPITAL JOHNS BALTIMORE 8. Date of Birth (Month, Dev. Year) (Month, Dev. 16, 1956 N/A 5. Sociei Security Number If Under 1 Year if Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) Funeral Days 1XFM 2□ F Yrs. 214-62-2828 40 Maryland Director Usuai Residence of Deceden the Merylend 10e. Stete 10b. County 10c. City, Town or Location 10d. tnside City Limits 28a-f show traumatic event, the Medical Expressings must be notified at 1 Yes 20XNo Directo Maryland Baltimore Dundalk 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 6 1102 Fallwood Court 21222 Нета 23а United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 20 No If Yes, Give Year or Detes: 14. Rece - American Indien, Black, White, etc. 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours efter 1 ☐ Never Married 2 ☐ Married 21215-0020 8 1 Yes 2 No Specify. þ Specify 3 ☐ Widowed 4 ☐ Divorced White "natural" Completed 15. Decedent's Education (Specify only highest grede completed) Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 end 2 should be filed within nent of Health and Mental Hygiena. int: if Item 27 Is marked other than ' Elementary/Secondary (0-12) College (1-4or 5+) 12 Years Disabled N/A Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Hughie Casteel Alberta DiPaolo 19e. Informent's Name/Relationship (Type, Print) Parents 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 s Department of Health ar Important: If Nem 27 Is any Injury or other trau 1102 Fallwood Court Dundalk, Maryland Mr. & Mrs. Hughie Castell 20a. Method of Disposition 20b. Piace of Disposition (Neme of cemetery, cremetery or other piece) 20c. Location - City or Town, State Date XXBuriai 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley Mem. Pk. 10/22/96 Timonium, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, 7922 Wise Ave. Dundalk, Maryland Inc. 21222 SIAK Johnnes Part Ameritae disease, or complications that caused the death. Do not enter the mode of dying, such as cardlac or respiretory errest, should or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final COMBINED DRUG INTOXICATION disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be executed the burial-transit Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or as a consequence of) Box 68760. ding physician Physician/Medical Due to (or as a consequenca of) Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yee 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24a. Wes an eutopsy performed? Completed Yes certificate 2 No Yes 2□ No Division of Vital or Attending Physician: after death. Be 25. Wes case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 💆 ER/Outpatient 3 ☐ DOA 9 1⊠ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of FOUNDury Medical Certification: 28c. Injury at Work? 28d. Describe how injury occurred After 1 Neturel 5 Pending 1 ☐ Yes 2 💢 No SUBJECT TOOK OVERDOSE OF PILLS Investigetion 2 Accident FOUND 10/20/96 12:00 PM Director: XX Sulcide 6 Could not be determined 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify)
FOUND AT RESIDENCE 28f. Location (Street and Number of Rural Route Number, City or Town, State) 1102 PALLWOOD CI. Š 4 Homicide within 24 hours after To the Funerel Direcompletaly filled in b BALTIMORE, MARYLAND the Hospital 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) O.C.M.E. OCT. 21, 1996 7 30. Name and eddress of person who completed cause of death, Item 23e) (Type, Print)

State Registrar 31. Date filed (Month, Dey, Yeer) OCT 2 3 1996

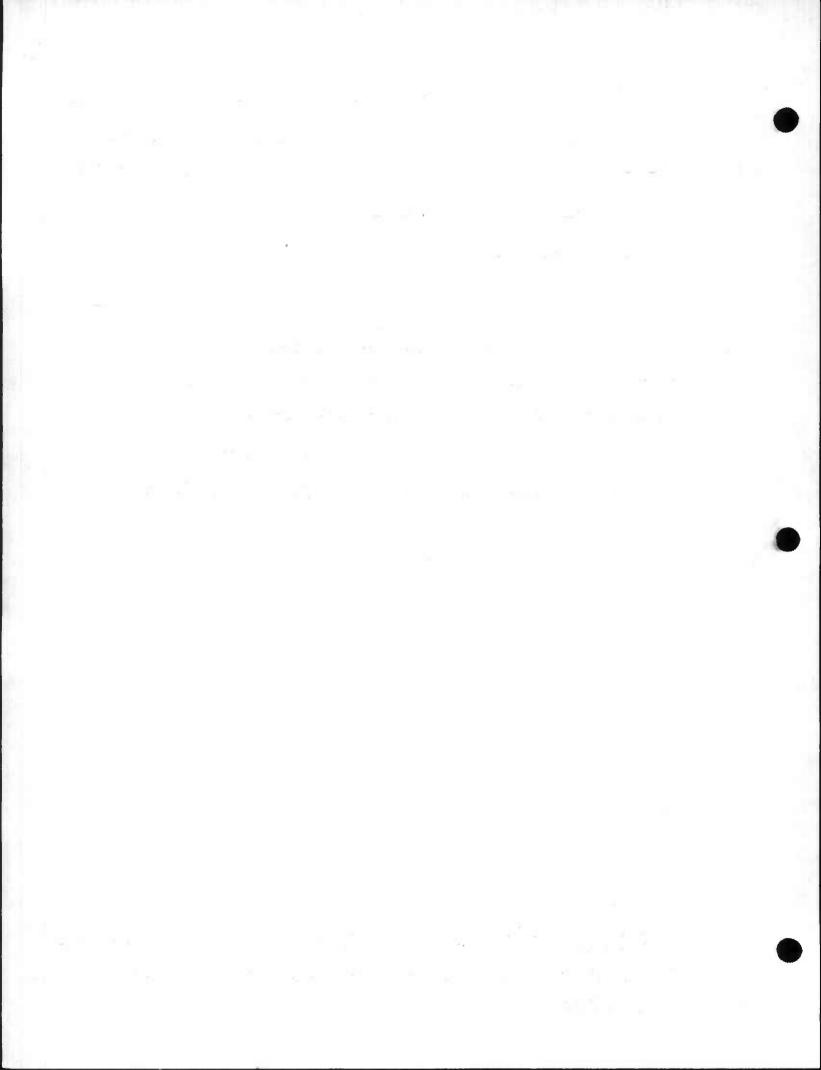


111 Penn Street, Baltimore, Maryland 21201



State of Maryland / Department of Health and Mental Hygiene 96 3 | 602

						Cei	rtificate	of.	Death			Reg. No.		
	Dharain		1. Decedent's Name (First, Midd		~		00'				2. Date of De Month	ath	Van	3. Time of Death
	Physic /Medi			Bart	bara Jeo	inne Co	elens				Octobe	л 18, 1	996	4:00 AM
	Exami		4a. Facility Name (If not institution	on, give street and no	umber)				4b. City, Tov	vn, or Lo	cation of Deat		y of Death	
			9101 Throgmor	ton Rd.					Balti	more	9	Balt	imore	3
	Funerai Director		5. Social Sacurity Number 153-34-0825	6. Sax 1 ☐ M 2 ☑ F	7. Age (In yrs. 52	last birthday) Yrs.	If Under 1 Months [Year Days	If Undar 2 Hours	Min.	8. Date of Bir (Month, Da June	th Year) 44	9. Birth Cou New	pleca (State or Foreign into) Jersey
	pue *		Usual Residence of Decedent 10a. Stata 10b. Count	,	10c Ci	ty, Town or Lo	cation							10d. Inside City Limits
	Sa-f show	Director	Md. Balt:			Baltim								1 ☐ Yas 2 ☒ No
	23a or 2		10e. Street and Number 9101 Throgn	norton Rd.			10f. Zip Co		1234 °			10g. Citizen of	What Cou USA	ntry?
020	72 hours after death with the Maryland natural", or flems 23a or 28a-f show after Exament must be notified at	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Mai 3 ☐ Widowed 4 🚰 Divorcad	Armed F	2X No	1	Was Decedent Yes, specify	2	lispanic Orig an, Mexican, Specify:	in? (Spe Puerto	ecify Yas or No Rican, etc.)	Speci	ick, White,	can Indian, , etc. nite
5-0	hin 72 hours e. an "neturel", Medical Exp	etec	15. Deceder	nt's Education)	16a. Deced	dent's Usuai C	ocup	ation	of worki	na	16b. Kind of E	Business/Ir	idustry
21215-0020	d withir jene. r than	Completed	Elementery/Secondary (0-12)		(1-4or 5+) +4		kind of work of DO NOT use i Ware S					Compute	r Inc	dustry
Maryland	a d fa	To Be C	17. Father's Name (First, Middle, Robert	(Charl	Les	М	ack		18. Mother Doro			Maiden Suma Elizabe		
	.1 and 2 should be f Health and Mental I em 27 is marked of other traumatic ave	1	19e. Informant's Name/Relations Curtis B. Coll									er, City or Town		
altimore,			20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5		Stete	Plece of Disponentery, crementery, crementery	natory or othe	rplac	*	10	Data 0-24-96	20c. Location		
Balti	portmit. Pages Department of Important: If I any Injury or once.		21. Signature of Funeral Service	Licenter	,	22		ck	Towso	n Fu		Home In		
ì	VIEW I		23e. Part1. Enter the disease, o shock, or heart failure. List	r complications that	caused tha deat	h. Do not ent							1204	Approximate
	Physician /Medicai Examiner	Je.	Immediate Cause (Finel diseasa or condition resulting In death)	a	Apmah	or as e consec	neum	on.	ia					Interval Between Onset and Death
Box 68760,	leath certificate be executed r attending physician and d for use as the bunal-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to Immediata causa. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in death) Last	b		or es a consequer as a conseq			mic I	nux	Typle	ACUAN		10 years
о. В	0 0 2	Physician	Part II. Other significant condition	one contributing to d	leath but not res	ulting In the u	nderlying caus	e giv	en in Part I.		23b. Did	tobacco uee co	ontribute t	o the cause of deeth?
s, P.(by Phy									10	Yee 24 No	3 Pro	bably 4 Unknow
Records	e law requires l has been sign ge 2 should be	Completed b										en autopsy rmed?	av	Vere autopsy findings valiable prior to ompletion of cause death?
œ	0 - 0	E C									10,	Yes No	11	□Yas 2□ No
	dcian: The	Be	25. Was case referred to medica	1					26. Place	of Death	(Check only o	one)	1	
>	0 0	2	examiner?	Hospital:	Inpatiant 2	ER/Outpatien	t 3□ DOA	Oth	er:			dence 8 🗆 Oti	nar (Specia	fy)
	After fune	ertification:	27. Manner of Death Neturel 5 Pendir Neturel Investi	'8	of Injury ith, Day Year)	28b. Time of Injury	28c.	injun Worl	yat k? Yes 2 □ N		28d. Describe I	now injury occu	rred	
	P # 5 =	Certific	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	ined 286. Place	e of Injury - At ho ing, etc. (Specif	ome, farm, stre	eet, fectory, of	fica		2	28f. Location (3 City or Tox	Street and Num vn, State)	ber or Rura	al Routa Number,
	To the Hospital within 24 hours a To the Funeral Completely filled	edical	29a. Certifier (Check only one)	g Phyelcian: To the Examiner: On the b and man	best of my kno asis of exemina ner stated.	wledge, deeth tion and/or inv	occurred at the estigation, in	he tim	ne, dete and pinion, death	placa, a occurre	and due to the ed at the time,	cause(s) end m data and placa,	enner as s and due to	tated. the cause(s)
	Tot Tota	W	29b. Signature and title of certifia	1/4	novan,	m.D	-	cense	7632			29d. Date signe	21	Day, Year) - 96
y	1		30. Name and eddress of person V. CROSSAN O	who completed cause		23a) (Type, I	Print) Du	NI	ALK	itu	E. 7	3 ALTO	mD	21222
ŀ	Sta Registr	te ar	31. Date filed (Month, Day)	32. F	Registrat's Sign	Andres.	. 1							

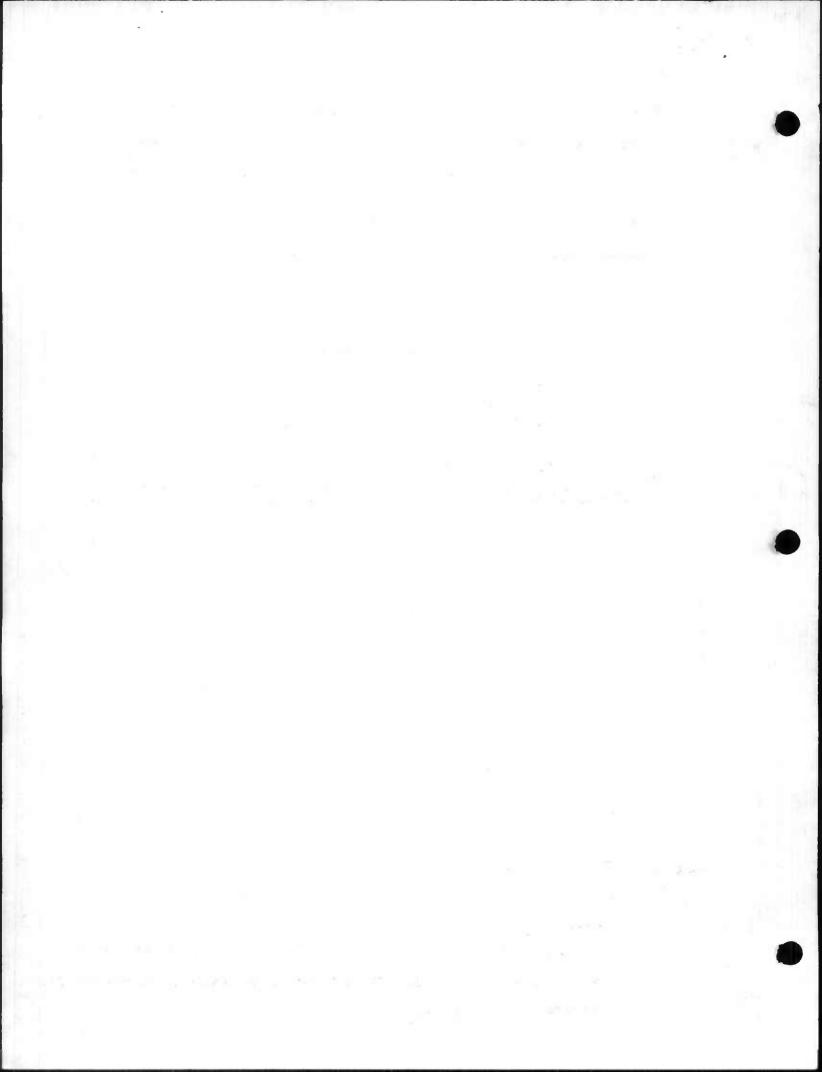


96-5901-510

DHMH 16 Rev 6/95

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

	Film G7	40	item 10e,10f per FH	10-23-96 rja		Cen	tificate d	of Death		Reg. No.		01000
	Dhuala	ian.	1. Decedent's Neme (First, Middle, La	st)					2. Dete of D	eeth	14.00	3. Time of Death
	Physic /Med		WILLIAM	J.			(CARR	Month OCTOB	Day ER 14	Year 1996	7:19P.M.
	Exami		4e. Fecility Name (If not institution, give	re street end number)					or Location of Dee		ty of Deeth	
匚				TREET				BALT	IMORE	Non	.e	
	, Funeral		5. Social Security Number 6. S	Sex 7. Age	(In yrs. lest b	irthdey)_ Yrs.	If Under 1 Ye Months Da		lin. (Month, L	irth ey, Year)	9. Birth	place (Stete or Foreign intry)
	Director		218-03-9270 Usuel Residence of Decedent		79	115.			11-27-	-16		land
-	B m		10a. Stete 10b. County		10c. City, To	wn or Loc	ation					10d. Inside City Limits
1	1 1 1	to	Maryland None			Ra1	timore					Ø☐ Yes 2☐ No
1	123	Director	10e Street and Number	mudah Ca A	4 51	Duz	10f. Zip Cod	le		10g. Citizen of	What Cou	intry?
1	238		1333 E. Northern	quith St., Ap	ot. 5J			21202 21239		US	USA	
-	Sir, or flerns 23a or 28a-f show Exeminer must be notified at	Funeral	11. Marital Stetus	12. Wes Decedent E Armed Forces?	ver in U,S.	13. W	es Decedent	of Hispenic Origin? Cuben, Mexican, Pu	(Specify Yes or N	o- 14. Re	ce - Ameri	ican Indian,
2	5 6		1 Never Married 2 Married	1 ☐ Yes 2 ☐ No	0		Yes 2 🔯		eno mican, etc.)		eck, White,	, etc.
0020	E E	d by	3 ☐ Widowed 4 🖾 Divorced	Year or Dates:						Specil	В1	Lack
2	분성	Completed	15. Decedent's Ed (Specify only highest gre	ducation de completed)	168	(Give k	ent's Usuel Oc ind of work do	ne during most of	vorking	16b. Kind of E	Business/In	ndustry
1212	1 6 M	E C	Elementary/Secondary (0-12)	College (1-4or 5+	+)		o NOT use re Bondi			Unkno		
0	Hyg ent,	Be Co	17. Father'a Name (First, Middle, Last)			DOOK	Donar		lame (First, Middle			
Maryland 21215-0020	ked ked	To B	William James Car	rr Sr.				Unknov				
ary	a man	-	19e. Informant'a Name/Relationship (19	b. Mailing	Address (Str	eet end Number or		ber, City or Town	, State, Zi	p Code)
	salth a 27 is or tra		Rosetta Powell /	Daughter				hern Pkwy				
more,	도 보면 등		20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 ☐				ition (Neme of		Dete	20c. Location	- City or T	own, Stete
Ĕ å	ment if		4 □ Donation 5 □ Other (Speni	Hemovel from State	Metr		,,	,	10-22	Baltim	ore.	Maryland
8	pour y inj		21. Signature of Funeral Service Chen	See		22.	Name end Ad	dress of Fecility				,
٠,	Dep Imp		Denie	CDC								yland 2121
1	hysician 'Medical xaminer		23a. Part1. Enter the disease, or companies shock, or heart feilure. List only immediate Cause (Final disease or condition resulting in deeth)	· Athero	sdoru	hz	Caro					Approximate Interval Between Onset and Death
		ē		U	ue to (or as e	conseque	ence of):				1	
X DO/OU, entificate be executed	physician and s the burial-transit	Examiner	Sequentially list conditions.	b	ue to (or as e	conseque	ence of):				1	
5 8	ian a		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			,					1	
GO / OU,	hysic the b	edicai	Cause (Disease or Injury thet Initieted events resulting in death) Last	C	ue to (or es e	conseque	ence of):					
A O	Se as	2		d								
death o	attending ph of for use as the	lan		d								
. 5	w x	Physician	Perl II. Other significant conditions co	ontributing to death but	not resulting i	n the und	lerlying cause	given In Part I.	23b. Did	tobacco use co	entribute to	o the causa of death?
	ed by detac								1 🗆	Yes 2□ No	3 ☐ Pro	bably 4/2 Unknown
e law requires that the	sign of be	d by							040 11/0		245 141	ere autopsy findings
5 6	TI (5)	ete							perf	an autopsy ormed?	av	relieble prior to
The law	ate has page 2	Completed									of	death?
	certificate rector, pag		25. Wes cese referred to medical							Yes 2 PNo	1[☐ Yes 2☐ No
Physician:	s certific director,	To Be	examiner?	Hospital:	2 ER/O	the editors.	3□ DOA	Other	eath (Check only			
Phys	5 6		27. Manner of Death	28e. Dete of Injury	28h	Time of	28c. fr		Home 5 N Res 28d. Describe	how Injury occur		у)
Attending	ath. r: After ne funer	atlo	1 Naturel 5 Pending 2 Accident investigation	(Month, Dey')	rear)	Inju ry		Vork7 ☐ Yes 2 ☐ No	1			
or Attending	after death Diractor: / I in by the f	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of fnjury building, etc.	y - At home, fa	arm, stree	t, fectory, offic	X8			ber or Run	al Route Number,
5 5	al Div	Ce	-210	bunding, etc.	(эрвспу)				City or 10	wn, Stete)		
To the Hospital or A	within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifier (Check only one) 1 Certifying Phy one) 2 Medical Example 1	raician; To the best of r fner: On the basis of ex end menner atate	xaminetion an	e, death o	ccurred at the stigation, in m	time, date end pla y opinion, death oc	ce, and due to the curred at the time,	ceuse(s) and me date and piece,	enner es s and due to	tated. the ceuse(s)
Tot	within 2 To the comple	Σ	29b. Signature and title of certillar	0/1			29c, Lice	ense number		29d. Dete signe	d (Month,	Day, Year)
			1	141			0	.C.M.E.		ОСТОВЕ	R 15	.1996
	1		30. Name end address of person who o	ompleted cause of dea	th (Item 23a)	(Type, Pri					- 23	
	V)			ruler		111	Penn	Street,	Baltim	ore, M	aryl	and 2120
	Sta		31. Date filed (Month, Dey, Yeer)	32. Registrar's	s Signeture							
	Registr	ar	OCT 2 3 1996) Jan - 1 30	idson-78	ndelle						



State of Maryland / Department of Health and Mental Hygiene

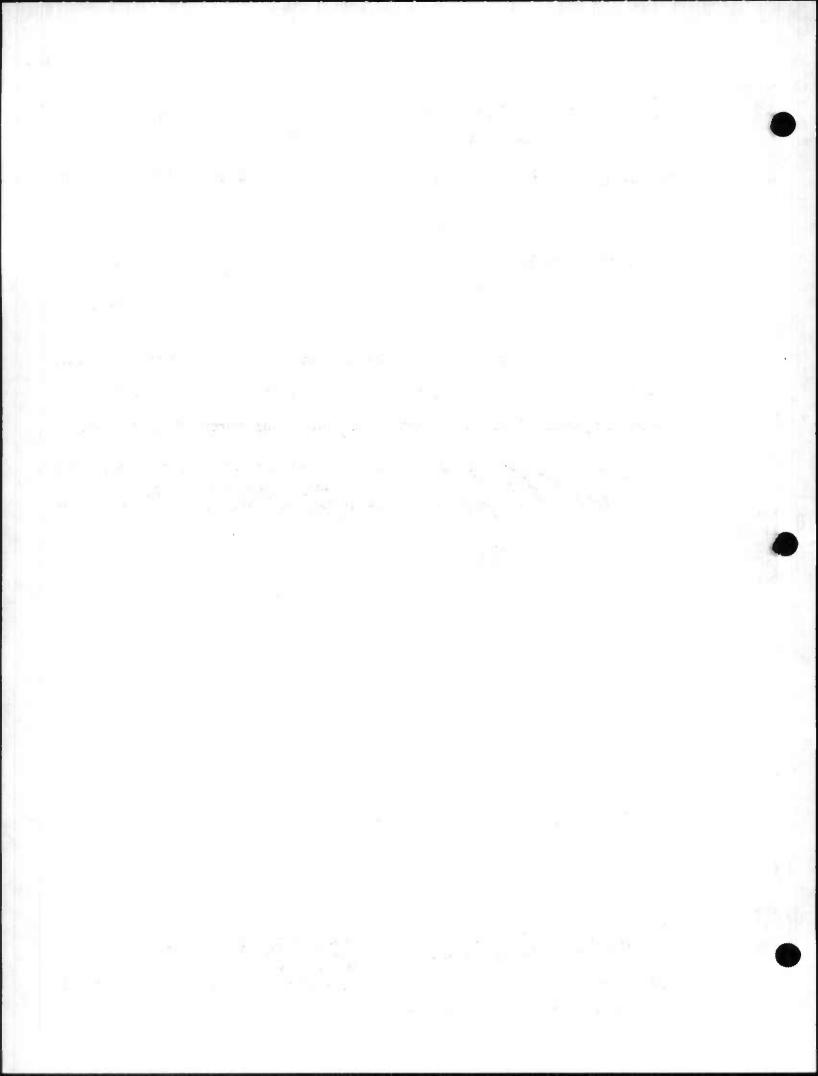
31604

					Cer	tificate of	Death		Reg. No.		01001
Plant of		1. Decedent's Name (First, Middle, La	st)					2. Dete of D	eath		3. Time of Deeth
Physic /Med		Janice V.C.	habla	in				Month	Dey 14	1996	12:17 PA
Exam		4a. Fecllity Neme (if not institution, giv					4b. City, Town,	or Location of Dea			
		Mercy Med	dical	Con	105	_	Balt,	more	13/2/1	imi	ore City
Funera		5. Sociel Security Number 6. S		e (In yrs. le	st birthday)	If Under 1 Year	if Under 24	Hrs. 8. Date of B	irth		lace (State or Foreign
Directo	_	219-38-6183	□M 2007F	55	Yrs.	Months Deys	Hours N	Min. Month, D	13 194	Coun	ry) RYLAND
9		Usuel Residence of Decedent						44//	,,,,,,,		K Z LITIND
how how	١,	10a. State 10b. County		10c. City,	Town or Loc	cation		•		1/	0d. Inside City Limits
N PER	Sto	MD ANNE ARU	JNDEL	C	ROWNS	ILLE					1 ☐ Yes 2 ☑ No
with the Maryland a or 28a-f show Libe notified at	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Coun	try?
h wo		1023 DOCKSER DRIV	/E			210	32		U.S	.A.	
or death with the Marylar Herrs 23a or 28a-f show DEL must be notified at	Funeral	11. Marital Status	12. Was Decedent I Armed Forces?	Ever In U,S	. 13. V	as Decedent of I	Hispanic Origin	? (Specify Yes or Nuerto Rican, etc.)	o- 14. Rad	e - America	
		1 ☐ Never Married 2 🔀 Merried	1 ☐ Yes 2 ☐ N	No				ueπo Hican, etc.)	Bla	ck, White,	etc.
-0020 hours after bursif, or its	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dates:		1	☐ Yes 2 🛣 No	Specify:		Specif	v: 1	WHITE
21215-0020 d within 72 hours at giene. ir than "natural", or if the Medical Exami	Completed	15. Decedent's Ed (Specify only highest gra			16a. Deced	ent's Usual Occup kind of work done	petion		16b. Kind of B	usiness/inc	lustry
21 Me m	pjdu	Elementary/Secondery (0-12)	College (1-4or 5	i+)	life. D	O NOT use retire	d) most or	Working			
	000	12TH GRADE			TELEF	PHONE OP	ERATOR		COMMUN	[CATI	ONS
D SEE	Be	17. Fether's Name (First, Middle, Last)					18. Mother's	Name (First, Middle	e, Meiden Sumen	10)	
yla Merita	0	FREDERICK O. STRO	DESSNER				GERT	RUDE FRAN	ICES PAU	LY	
Maryland d 2 should be file th and Mental Hy T is marked othe treumetic event		19e. Informant's Neme/Relationship (7	Type, Print)		19b. Mailin	g Address (Street	end Number o	Rural Route Numi	ber, City or Town,	Stete, Zip	Code)
		GEORGE CHAPLAIN ((HUSBAND)		1023 I	OCKSER I	DRIVE -	CROWNSVI	LLE, MD	21033	2-1048
More, Pages 1 a ent of Hea nt. if Item ry or othe		20a. Method of Disposition 1 ☑ Burlel 2 ☐ Cremation 3 ☐	Demousliferen Chata	20b. Pie car	ca of Dispos	ition (Neme of etory or other ple	ce) CEMETI	Date	20c. Location	City or To	wn, Stete
Page Page Page Page Page Page Page Page		4 Donation 5 Other (Specify				LE VETE		10/18	CROWNS	/TIIF	
Ball Depart mports any inj		21. Signature of Funerel Service Licar	669			Name and Addre				خابابا ـــ	
m 88 E 8 8		M. Teall	06-		HU	BBARD FI	JNERAL I	HOME, INC	MODE M	0.14	0.00
-		23a. Pert1. Enter the disease, or comp	olications that caused	the death.) 21.	229 Approximate
Physician		shock, or heart failure / List only	one ceuse on each lin	10.		,		,			Interval Between Onset and Deeth
/Medicai		Immediate Ceuse (Final	//	110		rail.	. = 0				1100.00
Examiner		disease or condition resulting in death)	0	ver		Fai/L	16				1 cocys
	ē		Meta.	Dne to (or t	as a consequ			arcin	. 0 0		11110000
58760, icete be executed physician and sthe bunial-transit	Examiner		U.		70	,	3/ (CEI CIM	DING	- 1	14ears
D, exec n an ial-tr	Exa	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying	,	Due to (or a	as a consequ	ience ot):					
68760, filcete be ex physician se the bunal	edical	Cause (Disease or Injury that initiated events	C	Due to toe						t	
x 68760, entificete be executed ding physician and se es the bunal-transi	B	resulting in death) Last	·	Due to (or a	is a consequ	ence or):					
0 63	Z		d								
d for the date of	Physician	Part II Other elegificant conditions on	manth, at a second second second					1			
P.O.	hys	Part II. Other significant conditions co	ontributing to death bu	it not resuit	ing in the un	deriying cause gr	en in Part I.				the cause of death?
S, P	by P							_ 1	Yes 2 No	3 Prob	ably 4 Unknown
rds uires sign								24s Was	en eutopsy	24b. Wa	re autopsy findings
Record e law require hes been si	Completed								ormed?	ava	illeble prior to
He law	ם									of d	leath?
E 0 0								10	Yes 2 No	1 🗆	Yes 2□ No
VIC	Be	25. Wes case referred to medical examiner?	A benefit of					Death (Check only	one)		
0 5 5 5	5	1 195 2 M 140	Hospital: 1 Inpatier		P/Outpatient		4 Nursin	g Home 5 ☐ Res	idence 8 Oth	er (Specify)
Ing P	on	27. Manner of Death 1 Natural 5 □ Pending	28a. Date of Injun (Month, Dey	Year) 2	8b. Time of Injury	28c. tnjur Wor	y et k?	28d. Describe	how Injury occur	ed	
SIC feath for: /	cat	2 Accident Investigation 3 Suicide 6 Could not be				M 1 🗆	Yes 2 □ No				
DIVISION Of VITAI I or Attending Physicien: T after death. I Director: After this certificat d in by the funeral director, p	Certification:	4 Homicide determined	28e. Place of Inju building, etc.	ry - At hom . (Specify)	e, farm, stree	et, factory, offica			'Street end Numb wn, State)	er or Rurei	Route Number,
led in the leading of											
Hosp 4 ho Fune tely f	edical	(Crieck Drilly 2 Medical Exam	sician: To the best of iner: On the basis of	f my knowle examination	edge, deeth on and/or Inve	occurred at the tire	ne, date and pig	ace, and due to the	cause(s) and me	nner as sta	ited.
To the Hospital o within 24 hours af To the Funeral Di completely filled is	Med		and manner stat	led.							
N S S	-	29b. Signeture end title of certifier	Atte	ndi	ng	29c. Licens			29d. Dete signed		
		Morrin J.	dellun	M Me	,	DO	7930	6	Octobe	21/4	4, 1996
16		30. Name and address of person who c	ompleted cause of de	ath (Item 2		rint)	. ^	. 0/	0 /	,	1, 1996 re, Ad 2121
9		Marvin J.F	eldma	n, N	10 3	301 St	Paul	Place	Balt	imp	re, Ad 2121
Sta		31. Date fited (Month, Dey, Year)	32. Registra	r's Signatur	9						
Regist	ar	OCT 2 3 1996	guha Davi	doon-A	andell						
DHMH 16 Rev 6/9	5			-							

State of Maryland / Department of Health and Mental Hygiene

96

nysician					00111	110010	of Death	R	g. No.		
	_	. Decedent's Neme (First, Middle, L	.ast)		18			2. Date of Deat	h	W. W.	3. Time of Death
Medical		John G.	Chojn	ack	ì			Month	Dey	Year 96	10PM
xaminer		e. Fecility Neme (If not Institution, g	ive street and number	7)			4b. City, Town, o	r Location of Death	4c. County		
	ı	Church H	rospita	1			B91-	honore	N	14	
eral	5			ige (In yrs. las		If Under 1 Ye	ar If Under 24 Hr	s. 8. Date of Birth	M1	9. Birthple	ace (State or Forei
ora.	L	214-58-6013 Usual Residence of Decedent	1☐M 2□ F	46	Yrs.	Months Day	ys Hours Mir	June 2	1950	Mary	rland
rector	1	0a. State 10b. County		10c. City,	Town or Local	tion				10	d. Inside City Limit
ţ	M	Maryland NA		Bali	timore						Yes 2 N
Director	1	0e. Street and Number		Duz	021(02.0	10f. Zip Code	9	11	Og. Citizen of	Whet Count	ry?
		North East Avenu	108			212	24		TT	S.A.	
Funeral	1	Manitel Stetus	12. Wes Deceden	t Ever in U,S.		s Decedent o	f Hispanic Orlgin? (Specify Yes or No-	14. Rac	e - America	
3		1 Never Married 2 Merried	Armed Forces				uben, Mexican, Pue	rto Rican, etc.)	Bia	ck, White, e	tc.
by		3 ☐ Widowed 4 ☐ Divorced	if Yes, Give Year or Dates:		16	Yes 201	lo Specify:		Specif	Whit	:e
Completed		15. Decedent's E	Education		16a. Deceden	nt's Usual Occ	cupation		16b. Kind of B		
pie	-	(Specify only highest gr Elementary/Secondery (0-12)	Coilege (1-4or	5+)	life. DO	NOT use ret	ne during most of wi ired)	orking			
5		12	NA NA	01,	El	lectri	rian		Liquo	r Ware	house
Be	1	7. Father's Name (First, Middle, Las				LCCCLL		ame (First, Middle, A			iiouse
To		John	I.	Choir	nacki		Cora		Be	entz	
		9a. informent's Name/Reletionship	(Type, Print)			Address (Stre	eet and Number or F	Rural Route Number			Code)
		Karen Chojnack	i (Wife)	Vorth F	Fast At	79. 108 B	altimore,	Marrela	and 21	224
	2	0a. Method of Disposition	1 11110	20b. Plac	ce of Dispositi	ion (Name of			Oc. Location		
		1 ⊠ Buriel 2 □ Cremation 3 [•	netery, cremat						
		4 Donation 5 Other (Special Signature of Fundral Service Lies) Holl	ly Hill		Octobe	r 22 W	nite Ma	arsh,_	Maryland
	1	1/1/ 1//	1011/	. /	TAT	Dahron	ress of Facility	nacki F.H	PA		
	1	23a. Fart1. Eigher the disease, or con shock, of heart failure. List only	Chan	really	- 100	5 Dung	lalk Ave.	Baltimore	e. Mars	rland	21224
1	1	23a. Flarf1. Egfer the disease, or con shock, of heart failure. List only	plications that cause one cause of each	d the deeth.	Do not enter t	the mode of d	lying, such as cardia	ac or respiratory erre	st,		Approximate Interval Between
an			//								Onset and Death
al er	d	mmediate Cause (Finai fisease or condition	. / My	ocard	al I	in far	ton				
	47	esulting In deeth)		Due to (or a							
Examiner					s a conseque	nce of):					
am			. (01	Drani							
	S	Sequentially list conditions,	b	On any		vy I	Isease				
	SHO	Sequentially list conditions, any, leading to Immediate ause. Enter Underlying	b. (0)	Due to (or e	A +	nce of):	Isease				
Ca	tt	Sequentially list conditions, any, leading to Immediate ause. Enter Underlying ause (Disease or Injury nat Initieted events	6. Cor	1 abe	Artes 1	ry I nce on: Telli	Isease				
ledicai	tt	sequentially list conditions, any, leading to Immediate ause. Enter Underlying Jause (Disease or Injury nat Initieted events esulting in death) Lest	b. Co.	1 abe	A +	ry I nce on: Telli	Isease				
in/Medical	tt	sequentially list conditions, any, leading to Immediate ause. Enter Underlying Lause (Disease or Injury at Initieted events essulting in death) Lest	b. <u>Co</u>	1 abe	Artes 1	ry I nce on: Telli	Isease				
	tt	esulting in death) Lest	c	Due to (or es	Artes a consequer	reg D nce of):	lus Lus	22h Distance			
	tt	Sequentially list conditions, any, leading to Immediate ause. Enter Underlying ause (Disease or Injury at Initieted events esulting in death) Lest	c	Due to (or es	Artes a consequer	reg D nce of):	lus Lus				the cause of death
Physician/	tt	esulting in death) Lest	c	Due to (or es	Artes a consequer	reg D nce of):	lus Lus	23b. Did to			
by Physician	tt	esulting in death) Lest	c	Due to (or es	Artes a consequer	reg D nce of):	lus Lus	1)X(Y	s 2□No	3 Probe	ably 4 Unkno
by Physician	tt	esulting in death) Lest	c	Due to (or es	Artes a consequer	reg D nce of):	lus Lus		8 2 No	3 Probe	e autopsy findings lable prior to pletion of cause
by Physician	tt	esulting in death) Lest	c	Due to (or es	Artes a consequer	reg D nce of):	lus Lus	1XY	8 2 No	3 Probe	ably 4 Unkno
Physician/	tt	esulting in death) Lest	c	Due to (or es	Artes a consequer	reg D nce of):	lus Lus	1XY	autopsy	3 Probs	e autopsy findings lable prior to pletion of cause
by Physician/	Pr	esulting in death) Lest	dcontributing to death I	Due to (or es	Artes a consequer	nce of): della nce of): erlying cause	A SEA SE THE S Given in Pert I. 26. Piece of De	24e. Was ar	autopsy sed?	3 Probs	e autopsy findings lable prior to pletion of cause eath?
Completed by Physician	Pi Pi	art II. Other significant conditions of the cond	dcontributing to death I	Due to (or expout not resulting	A ke s a consequer fes	nce of): della nce of): erlying cause	A SEA SE LUS given in Pert I. 26. Piece of De	24e. Was ar perform	autopsy ed?	24b. Wern avail corn of de	e autopsy findings lable prior to pletion of cause eath?
To Be Completed by Physician	Pi Pi	art II. Other significant conditions of the cond	dcontributing to death I	Due to (or expout not resulting	s a consequer s e consequer g in the unde	nce of): Action cause orlying cause	Sea Se Lo S given in Pert I. 26. Plece of De Other: 4 Nursing	24e. Was ar perform	autopsy ed? No No No No No No No No No No No No No	3 Probe 24b. Wer avair com of de 1 er (Specify)	e autopsy findings lable prior to pletion of cause eath?
To Be Completed by Physician	Pi Pi	5. Wes case referred to medical examiner? 1 Yes 2 No 7. Manner of Death 1 Natural 5 Pending investigation	d	Due to (or expout not resulting	s a consequer s e consequer g in the unde	DOA 28c. In	Sea Se Lo S given in Pert I. 26. Plece of De Other: 4 Nursing	24e. Was ar perform 1 Ye eath (Check only one	autopsy ed? No No No No No No No No No No No No No	3 Probe 24b. Wer avair com of de 1 er (Specify)	e autopsy findings lable prior to pletion of cause eath?
To Be Completed by Physician	Pi Pi	art II. Other significant conditions of the saminer? 1 Yes No 7. Manner of Death 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	d	Due to (or export to for expor	s a consequer s e consequer g in the unde	nce of): DOA 28c. In W	26. Plece of De Other: 4 Nursing jury at ork?	24e. Was ar perform 1 Ye Path (Check only one) Home 5 Reside 28d. Describe ho	autopsy ed? s 2 No nce 6 Oth winjury occur	3 Proba 24b. Wer avail com of de 1 er (Specify) red	e autopsy findings lable prior to pletion of cause seath? Yes 2 No
To Be Completed by Physician	Pi Pi	art II. Other significant conditions of examiner? 1 Yes 25 No 7. Manner of Death 1 Natural 5 Pending Investigatio 2 Accident Investigatio	d	Due to (or expound to the control of	s a consequer s e consequer g in the unde	nce of): DOA 28c. In W	26. Plece of De Other: 4 Nursing jury at ork?	24e. Was ar perform 1 Ye eath (Check only one Home 5 Reside 28d. Describe ho	autopsy ed? s 2 No nce 6 Oth winjury occur	3 Proba 24b. Wer avail com of de 1 er (Specify) red	e autopsy findings lable prior to pletion of cause seath? Yes 2 No
Certification: To Be Completed by Physician	25 27 27 27 27 27 27 27 27 27 27 27 27 27	5. Wes case referred to medical examiner? 1 Yes 2 No 7. Manner of Death 1 Natural Investigatio 3 Suicide Gould not be determined.	d	Due to (or export to (or expor	s a consequer s e consequer s e consequer youtpatient b. Time of Injury a, farm, street,	ance of): DOA 28c. In W 1 A factory, office courred at the	26. Piece of De Other: 4 Nursing jury at ork? Yes 2 No	24e. Was ar perform 1 Ye Path (Check only one Home 5 Reside 28d. Describe ho 28f. Location (Str. City or Town.)	autopsy led? s 20 No nation No s 20	3 Proba 24b. Wer avail com of de 1 ter (Specify) red	e autopsy findings lable prior to pletion of cause sath? Yes 2 No
Certification: To Be Completed by Physician	25 27 27 27 27 27 27 27 27 27 27 27 27 27	5. Wes case referred to medical examiner? 1 Yes 2 No 7. Manner of Death 1 Natural Investigatio 3 Suicide Gould not be determined.	d	Due to (or export to (or expor	s a consequer s e consequer s e consequer youtpatient b. Time of Injury a, farm, street,	ance of): DOA 28c. In W 1 A factory, office courred at the	26. Piece of De Other: 4 Nursing jury at ork? Yes 2 No	24e. Was ar perform 1 Ye Path (Check only one Home 5 Reside 28d. Describe ho 28f. Location (Str. City or Town.)	autopsy led? s 20 No nation No s 20	3 Proba 24b. Wer avail com of de 1 ter (Specify) red	e autopsy findings lable prior to pletion of cause seath? Yes 2 No
To Be Completed by Physician	2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2	art II. Other significant conditions of the saminer? 1 Yes No 7. Manner of Death 1 Natural S Pending Investigation 3 Suicide Homicide Germined 9a. Certifier Check only Small State State 1 Certifying Ph	d	Due to (or export to (or expor	s a consequer s e consequer s e consequer youtpatient b. Time of Injury a, farm, street,	DOA Cacurred at the tigation, in my	26. Piece of De Other: 4 Nursing jury at ork? Yes 2 No	24e. Was ar perform 1 Ye eath (Check only one Home 5 Reside 28d. Describe ho 28f. Location (Str. City or Town e, and due to the caurred at the time, de	autopsy led? s 20 No nation No s 20	3 Proba 24b. Wer avail com of de 1 er (Specify) red anner as stelland due to to	e autopsy findings lable prior to pletion of cause sath? Yes 2 No Route Number,
edical Certification: To Be Completed by Physician	2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2	art II. Other significant conditions of the seaminer? 1 Yes No 7. Manner of Death 1 Natural	d	Due to (or export to (or expor	s a consequer s e consequer s e consequer youtpatient b. Time of Injury a, farm, street,	DOA Cacurred at the tigation, in my	26. Piece of De Other: 4 \(\text{Nursing jury at ork?} \(\text{Yes} \) 2 \(\text{No} \) time, date and piece of popinion, death occording to the control of the control	24e. Was ar perform 1 Ye eath (Check only one Home 5 Reside 28d. Describe ho 28f. Location (Str. City or Town e, and due to the caurred at the time, de	autopsy led? s 2 No nautopsy led? s 2 No noe 6 Oth w injury occur eet and Numb State) use(s) and ma te and plece, d. Date signe	3 Proba 24b. Wer avail com of de to the com of de to the common of de to the common of de to the common of de to the common of de to the common of de to the common of de to the common of de to the common of de to the common of de to the common of de to the common of	e autopsy findings lable prior to pletion of cause sath? Yes 2 No Route Number, ted. he cause(s)
edical Certification: To Be Completed by Physician	2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2	art II. Other significant conditions of the state of the	d	Due to (or exposed to constitute of my knowled ated.	s a consequer s e consequer s e consequer do not be unde t/Outpatient sb. Time of Injury e, farm, street, rdge, death oc a and/or invest	DOA Carrying cause of the course 26. Plece of De Dther: 4 Nursing jury at lork? Yes 2 No e	24e. Was ar perform 1 Ye eath (Check only one bound of the case	autopsy led? s 20 No nautopsy led? s 20 No b) noce 6 Oth w injury occur eet and Numb State) use(s) and mate and plece, d. Date signe	3 Proba 24b. Wer avail com of de 1 er (Specify) red anner as stelland due to to	e autopsy findings lable prior to pletion of cause sath? Yes 2 No Route Number, ted. he cause(s)	
edical Certification: To Be Completed by Physician	2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2	art II. Other significant conditions of the seaminer? 1 Yes No 7. Manner of Death 1 Natural	d	Due to (or export to (or expor	s a consequer s e consequer s e consequer do not be unde t/Outpatient sb. Time of Injury e, farm, street, rdge, death oc a and/or invest	DOA Carrying cause of the course 26. Plece of De Dther: 4 Nursing jury at lork? Yes 2 No e	24e. Was ar perform 1 Ye eath (Check only one Home 5 Reside 28d. Describe ho 28f. Location (Str. City or Town e, and due to the caurred at the time, de	autopsy led? s 20 No nautopsy led? s 20 No b) noce 6 Oth w injury occur eet and Numb State) use(s) and mate and plece, d. Date signe	24b. Wer avail com of de 1	e autopsy findings lable prior to pletton of cause sath? Yes 2 No Route Number, ted. he cause(s)	



State of Maryland / Department of Health and Mental Hygiene 96 3 1 6 0 6

Certificate of Death

			mad l								
sician edical		Decedent's Name (First, Middle, L.	Walte		ana Dearbo	rn		2. Date of De Month Octob	er 19,	1 996	3. Time of Dec 10:10F
miner		la. Fecility Name (If not institution, gi	ve street end numbe	er)			4b. City, Town, or L		h 4c. Count	y of Death	
	ı,	3030 Edgewood A					Parkvi	lle	Ba	ltimo	
rai tor		190-20-4836	Sex 7 10X(M 2□ F	Age (In yrs.	Yrs. If Ur Mont	ths Days		8. Date of Bir (Month, De NOV.	th by, Yeer) 30, 1927	9. Birth Cou Pe	place (Stete or Fo intry) nnsylvan
	1	Jsual Residence of Decadent 10a. State 10b. County	2 0 4 4		ity, Town or Location	n.	1				10d. Inside City L
Director		Maryland Oe. Street and Number	Baltimore		1.01		rkville		and the second		1 🗆 Yes 2)
rai Director	2	3030 Edgewood Av	enue		101.	Zip Code	21234		10g. Citizen of United		
by Funeral	2	1. Marital Status 1. Never Married 2. Married 3. Widowed 4. Divorced	12. Was Deceder Armed Force 1 [3] Yes 2 [If Yes, Give Year or Dates	s? ⊒ No	If Yes, s		Hispanic Orlgin? (Spoan, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		ce - Ameri ck, White y: Whi	
ted		15. Decedent's E (Specify only highest gr	ducation		16a. Decadent's U	Jsuai Occu	pation	vin e	16b. Kind of B	Jusiness/Ir	ndustry
To Be Completed		Elementary/Secondery (0-12) 12 Years	College (1-4o	or 5+)	Store		during most of worked) Ger	ang	Auto	omoti	ive
To Be C	3 1	7. Father's Neme (First, Middle, Las: Walter Dearborn	,				18. Mother's Nam Elizabe			me)	
		19a. Informant's Name/Relationship			19b. Mailing Addr	ress (Stree	t end Number or Rui	ral Route Numb	er, City or Town	, Stete. Zi	p Code)
		Kathryn A. Marte		er			Drive K				
		Oa. Method of Disposition		20b. F	Place of Disposition (Neme of		Date	20c. Location		
SUE6.		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		(8)	cred Ht.			1/22/96	Dundal	P.K. N	aruland
9	2	21. Signature of Funeral Service Lice		Jul	22. Name	and Addr	ess of Fecility				
G	L	1 Johnwelte	NS				ck Funeral se Ave. 1				21222
	1	23a. Part1. Erner the disease, or com shock, or heart failure. List only	plications that caus	ed the deet	th. Do not enter the n	node of dy	ing, such as cardiac	or respiretory e	rrest,	ina	Approximate
n	1	SHOCK, SP Heart lample. Elat Only	one cause on each	iline.							Interval Between
										1	Onset end Dea
_	(mmediete Ceuse (Final	Advaca	CONOM		Musm	Primer				Onset end Dea
er	r	mmediete Ceuse (Final disease or condition esulting In death)	· Adense		cy F Un		Primas				6 nouths
er	r	disease or condition	· Adeusca		y f Un		Primry				
r	r	disease or condition resulting in death)	o. Adence	Due to (d	y f Un	of):	Prima			-	
Examiner	C 1	disease or condition resulting in death)	b.	Due to (d	cy F Un	of):	Primry			-	
Examiner	C 1	disease or condition	e. Adexc.	Due to (d	cy F Un	of): of):	Primry				
Examiner	C 1	disease or condition resulting In death) Sequentially list conditions, I eny, leading to immediate ause. Enter Underlying Cause (Disease or Injury hat Initiated events	o. Ademas.	Due to (d	or as a consequence or es a consequence	of): of):	Primry				
an/Medical Examiner	Sitt	disease or condition resulting In death) Sequentially list conditions, leny, leading to immediate ause. Enter Underlying Zeuse (Disease or Injury hat Initiated events esulting In deeth) Last	b	Due to (o	or as e consequence or as	of): of):					
an/Medical Examiner	Sitt	disease or condition resulting In death) Sequentially list conditions, I eny, leading to immediate ause. Enter Underlying Cause (Disease or Injury hat Initiated events	b	Due to (o	or as e consequence or as	of): of):			tobacco uss co	ontributa t	6 rowins
Physician/Medical Examiner	S iii o C ti n	disease or condition resulting In death) Sequentially list conditions, leny, leading to immediate ause. Enter Underlying Zeuse (Disease or Injury hat Initiated events esulting In deeth) Last	b	Due to (o	or as e consequence or as	of): of):		23b. Did	tobacco uss co Yes 2 ⊅4o		6 POLTHS
by Physician/Medical Examiner	e di n	disease or condition resulting in death) Sequentially list conditions, leading to immediate ause. Enter Underlying Dause (Disease or Injury hat initiated events esulting in deeth) Last	b	Due to (o	or as e consequence or as	of): of):		23b. Did	Yee 2 □ ¶o	3 □ Pro	o the cause of d
by Physician/Medical Examiner	e di n	disease or condition resulting in death) Sequentially list conditions, leading to immediate ause. Enter Underlying Dause (Disease or Injury hat initiated events esulting in deeth) Last	b	Due to (o	or as e consequence or as	of): of):		23b. Did (1 1 2 2 4 e. Was		3 □ Pro	o the cause of cobably 4 Un
by Physician/Medical Examiner	e di n	disease or condition resulting in death) Sequentially list conditions, leading to immediate ause. Enter Underlying Dause (Disease or Injury hat initiated events esulting in deeth) Last	b	Due to (o	or as e consequence or as	of): of):		23b. Did 1	Yee 2 No an eutopsy med?	3 Pro	o the cause of debably 4 Un
Completed by Physician/Medical Examiner	e ii o c ii n	Sequentially list conditions, leavy, leading to immediate ause. Enter Underlying Dause (Disease or Injury hat Initiated events esulting in deeth) Last	b	Due to (o	or as e consequence or as	of): of):	ven in Part I.	23b. Did 1 1 24e. Was perfo	an eutopsy med?	3 Pro	o the cause of control of the cause of control of cause of cause of control of cause
Be Completed by Physician/Medical Examiner	e ii o c ii n	disease or condition resulting In death) Sequentially list conditions, leny, leading to immediate ause. Enter Underlying Jause (Disease or Injury hat Initiated events esulting In deeth) Last art II. Other eignificent conditions of the condition	b c d contributing to death	Due to (c	or as e consequence or as	of): of): of):	ven in Part I. 26. Place of Deat	23b. Did (1) 24e. Was perfo	an eutopsy med? Yes 2 No	3 Pro	o the cause of debebly 4 Un Vere eutopsy find valiable prior to impletion of cause death? Yes 25 No.
To Be Completed by Physician/Medical Examiner	P 2	disease or condition resulting in death) Sequentially list conditions, leading to immediate ause. Enter Underlying Jause (Disease or Injury hat inflated events esulting in deeth) Last art II. Other eignificent conditions of the conditions of th	b c d contributing to death	Due to (c Due to (c) Due to (c) but not resi	or as e consequence or as	of): of): of): DOA	ven in Part I. 26. Place of Deather: 4□ Nursing Ho	23b. Did 1 1 24e. Was perfo	an eutopsy med? Yes 2 No	3 Pro	o the cause of debebly 4 University University of cause death?
To Be Completed by Physician/Medical Examiner	P 2	disease or condition resulting in death) Sequentially list conditions, leading to immediate ause. Enter Underlying Dause (Disease or Injury hat Initiated events esulting in deeth) Last art II. Other eignificent conditione of the condition of	b c d contributing to death Hospital: 1 □ Inpat 28a. Date of In (Month, D)	Due to (c Due to (c Due to (c) Due to (c) but not resident 2 □ lury lury ley Year)	or as e consequence or as	of): of): of): of): Of): DOA Of 28c. Inju Wo 1 □	26. Place of Deather: 4□ Nursing Hory et fk? Yes 2□ No	23b. Did 1 1 24e. Was perfo	an eutopsymmed? Yes 2 No one) dence 6 □Oth now Injury occur	3 Pro	o the cause of competition of cause death? Yes 25 No.
Certification: To Be Completed by Physician/Medical Examiner	e i i i i i i i i i i i i i i i i i i i	disease or condition resulting In death) Sequentially list conditions, leny, leading to immediate ause. Enter Underlying Jause (Disease or Injury hat Initiated events esulting In deeth) Last art II. Other eignificent conditions of the seaminer? 1 Yes 2 No 7. Menner of Deeth 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined.	b	Due to (c Due to (c Due to (c) Due to (c) Due to (c) but not resident 2 jury jury jury - At ha	or as a consequence or a consequence or a consequence or a consequence or a consequenc	of): of): of): DOA Ot 28c. Inju Wo tory, office	26. Place of Deather: 4□ Nursing Hory et fk? Yes 2□ No	23b. Did 1 24e. Was perfo 1 1 Check only of the control of the	an eutopsymmed? Yes 2 No one) dence 6 Oth now Injury occur Street end Number, State)	3 Pro 24b. W av cc of 1 her (Speciared	o the cause of cobably 4 Universe autopsy find railable prior to impletion of cause death? Yes 25 No.
Certification: To Be Completed by Physician/Medical Examiner	e i i i i i i i i i i i i i i i i i i i	disease or condition resulting in death) Sequentially list conditions, leading to immediate ause. Enter Underlying Cause (Disease or Injury hat inflated events esulting in deeth) Last art II. Other eignificent conditione of the condition of t	b	Due to (c Due to (c Due to (c Due to (c) Due to (o but not resi	or as e consequence or as	of): of):	26. Place of Deather: 4□ Nursing Hory et #7?	23b. Did 1 1 24e. Was performed to the control of t	an eutopsymmed? Yes 2 No one) dence 6 Oth now Injury occur Street end Number, State)	3 Pro 24b. W average coc of 1 24b. W average coc of 1 average coc of 1 average coc of 1 average coc of 1 average coc of of 1 average coc of of 1 average coc of of of of of of of of of of of of of	o the cause of disabely 4 University of the cause of disabely 4 University 4 Univer
To Be Completed by Physician/Medical Examiner	2	Sequentially list conditions, leny, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esulting in deeth) Last art II. Other eignificent conditions of the seximinar? 1	b	Due to (c Due to (c Due to (c Due to (c) Due to (o but not resi	or as e consequence or as	of): of):	26. Place of Deather: 4□ Nursing Hory et rk? Yes 2□ No	23b. Did 1 1 24e. Was performe 5 DA estrict of City or Town and due to the ed at the time,	an eutopsymmed? Yes 2 No one) dence 6 Oth now Injury occur Street end Number, State)	24b. Was a consider of the consider of the consider of the consideration	o the cause of debably 4 Un Vere eutopsy find (allable prior to unpletion of cause death? Yes 25 No.
edical Certification: To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Sequentially list conditions, leny, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esulting in deeth) Last art II. Other eignificent conditions of the conditions of t	b	Due to (co	or as e consequence or as	of): of):	26. Place of Deather: 4□ Nursing Hory et rk? Yes 2□ No	23b. Did 1 1 24e. Was performe 5 DA estrict of City or Town and due to the ed at the time,	an eutopsymmed? Yes 2 No one) dence 6 Oth now Injury occur Street end Numb on, State) cause(s) and ma dete end place,	3 Pro 24b. Water Cooper of 1 24b. Water Cooper of 1 24b. Water Cooper of 1 24b. Water Cooper of Runnary Cooper or	o the cause of debably 4 Un Vere eutopsy find (allable prior to unpletion of cause death? Yes 25 No.
edical Certification: To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	disease or condition resulting in death) Sequentially list conditions, I eny, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esulting in deeth) Last art II. Other eignificent conditions of the conditio	b	Due to (co	cor as e consequence or as	DOA Ot 28c. Injudice of at the till on, in my of 29c. Licens	26. Place of Deather: 26. Place of Deather: 1 Nursing Hory et rk? 1 Yes 2 No The property of the property	23b. Did 1 1 24e. Was performe 5 DA estriction (28d. Describe hand) of the control of the contr	an eutopsymmed? Yes 2 No one) dence 6 Oth now Injury occur Street end Numb vn, State) cause(s) and ma dete end place, 29d. Date signe	3 Pro 24b. Water Cooper of 1 24b. Water Cooper of 1 24b. Water Cooper of 1 24b. Water Cooper of Runnary Cooper or	o the cause of disably 4 United to the cause of disably 4 United to the cause of disable prior to unpletion of caus death? If yes 25 No. (y)
edical Certification: To Be Completed by Physician/Medical	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Sequentially list conditions, leny, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esulting in deeth) Last art II. Other eignificent conditions of the conditions of t	b	Due to (co	ca se consequence or as e	DOA Ot 28c. Injudice of at the till on, in my of 29c. Licens	26. Place of Deather: 26. Place of Deather: 4 \(\text{Nursing Hory et rk?} \) Yes 2 \(\text{No} \) me, dete and place, printon, death occurres an umber	23b. Did 1 1 24e. Was performe 5 DA estrict of City or Town and due to the ed at the time,	an eutopsymmed? Yes 2 No one) dence 6 Oth now Injury occur Street end Numb vn, State) cause(s) and ma dete end place, 29d. Date signe	3 Pro 24b. Water Cooper of 1 24b. Water Cooper of 1 24b. Water Cooper of 1 24b. Water Cooper of Runnary Cooper or	o the cause of a bably 4 Under the cause of

The state of the s 363164,700 96-5982-025

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryla

nd / Department of Health and Mental Hygiene	9	6	3	6	0	
Certificate of Death						

Physician /Medical Examiner

, Funeral Director

r 28a-f show notified at the the 8 must be filed within 72 hours after Hygiene.

Pages 1 and 2 should be nent of Health and Mental ort: if item 27 is vor of

more, Maryland 21215-0020

Ball

Physician /Medical Examiner

The law requires that the deeth certificate be executed P.O. Box 68760, the Se esn signed by ti Records, pege 2 should peen certificate hes Division of Vital Attending Physician: director, this Iuneral After death. spital or Attendi ours after death werel Director: A filled in by the I To the Hospital o within 24 hours at To the Funeral D pletely f

Reg. No. 1. Decedant's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Deeth Month Year **JAMES** JOSEPH DOMBROSKI OCTOBER 18,1996 5:36P.M. 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death HARFUED

If Under 24 Hrs.
Hours Min.

Known Day, Year)

Feb. 28, 1924 FALLSTON FALLSTON GENERAL HOSPITAL If Under 1 Year 5. Sociel Security Number 9. Birthplaca (Stata or Foreign Country) Maryland 7. Age (In yrs. last birthday) Months Days 10XM 2□ F Yrs 217-16-5491 72 Usuel Residence of Dacadent 10e State 10h County 10c. City, Town or Location 10d, Inside City Limits Baltimore Maryland Dundalk 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1828 Dunmere Road 21222 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: WW I I Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarlcan Indien, Black, White, etc. 11. Marital Status 1 ☐ Never Married 2 🛭 Married 1 Yes 2 No Specify: Completed by Specify 3 ☐ Widowed 4 ☐ Divorced White. 15. Decedent's Education 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) 6 Years Book Binder Book Bindery 17. Fethar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Walter E. Dombroski Tillie P. Lamka 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Donna L. Baber/Daughter 306 Fullerton Place Abingdon, MD 21009 20b. Place of Disposition (Name of cometery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 2 Burial 2 ☐ Cramation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Sacred Ht. of Jesus Cem. 10/23/96 Dundalk. Maryland 22. Name and Address of Fecility
Duda-Ruck Funeral Home of Dundalk, Inc. 21. Signeture of Furtir 7922 Wise Ave. Dundalk, Maryland 21222 Harm. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Death immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events rasulting in deeth) Lest Due to (or es a consequence of) Physician/Medical Dua to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to Completed 24e. Was an eutopsy performed? completion of cause of deeth? 1/2 Yas 1√Yas 2□ No Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 【XER/Outpetient 3 ☐ DOA To Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) 1 XYes 2 No 28e. Dete of Injury (Month, Day Year) Certification: 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. injury et Work? 5 Pending 1 Neturei moter vehicle accident 1646 pM 2 Accident Investigation 10-18-96 1 Yes 2 No 6 Could not be 28e. Piece of Injury - At home, ferm, efreet, fectory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Har Ford Co rid Medical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. (Check only one) 29b. Signature end titla of certiflar 29c. License number 29d. Date signed (Month, Day, Year) hute and O.C.M.E. OCTOBER 19,1996 30. Neme and eddress of person completed cause of deeth (Item 23e) (Type, Print) Chute my 111 Penn Street, Baltimore, Maryland 21201 lennis

State Registrar

31. Dete filed (Month, Day, Year) OCT 23 1996

30 Registrer's Canature

and a sub-all

SHI RETOIL

2822 Hollins Ferry Road Baltimore, Maryland 21230

				State of Maryland	d / Department of Certificate of		al Hygien Reg. N	20	31608	
П			1. Decedent's Nama (First, Middla, Last)			2. Da	ta of Death		3. Tima of Death	
я	Physic		Mary V. Drive:	r		oct	onth 22,D	1996 Yaar	3:00pm	
	/Medi Examir		4a. Facility Nama (If not institution, giva s			4b. City, Town, or Location	of Death 4	c. County of Death		
			325 @nd Avenue			Lansdowne		Baltimo	re	
	Funeral Director	-17	2.10-00-0007	7. Aga (in yrs. k	ast birthday) If Undar 1 Yas Months Day	r If Undar 24 Hrs. 8. Da s Hours Min. //M Jun	ta of Birth ponth, Day, Yeal	1910 Mai	olaca (Stata or Foraign of yland	
	Maryland -f ehow	tor	Usual Rasidance of Decedant 10a. Stata Maryland Baltime	ore 10c. City	Town or Location			1	0d. inside City Limits 1 ☐ Yaa 2 1 No	
	death with the Maryland me 23a or 28a-f show mast be hollined at	Funeral Director	10e. Street and Number 325 2ND Avenue		10f. Zlp Code 21227			itizan of What Cour		
Maryland 21215-0020	Dermit. Peges 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Health and Mental Hygiane. Important: If item 27 is merked other than "natural", or items 23a or 28a-f show rimportant: If item 27 is merked other than "bayloid Evantiner must be notified at once.	by	11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 3 🗗 Widowed 4 ☐ Divorced	2. Was Decedant Evar in U,\$ Armed Forcas? 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Datas:	5. 13. Was Decedant of If Yas, specify Cu	Hispanic Origin? (Specify Yaban, Maxican, Puarto Rican, o Specify:	aa or No- atc.)	14. Race - Amaric Black, Whita, Specify: Wh:		
5-0	72 hc	eted	15. Decedant's Educ (Specify only highest grade	cation complated)	16a. Decedant's Usual Occ	upation a during most of working	18b.	Kind of Business/In	duatry	
121	Mithin Pan	Completed	Eiamantary/Secondary (0-12)	Collega (1-4or 5+)		a during most of working red)	0.11	n homo		
Q	Hygia Hygia ther t	S	17. Fathar's Name (First, Middia, Last)		homemaker	18. Mothar's Nama (First,		n home		
an	d be sental	To Be	James Jackson			Petronell				
ary	ahoul Mari	F	19a. Informant's Name/Ralationship (Typ	pe, Print)	19b. Mailing Addrass (Stra	at and Number or Rurel Rout			Code)	
	aith a sith a 27 le		Mary Quinlan,	daughter	325 2nd Av	renue Lansdo	owne,	Marylan	d 21227	
Baltimore,	Peges 1 and of Ha mt. If Item ry or other		20a. Method of Disposition 1 Burial 2 Cramation 3 R. 4 Donation 5 Other (Specify)		ace of Disposition (Nama of matery, cramatory or other p dowridge Me			Location - City or To		
alti	Partin V Inju		21 Streature of Funeral Service License		22. Nama and Add	rass of Facility				
m	RSESS		May and Word and		Ambrose 2719 Ham	Funeral Home of Lansdowne monds Ferry Road 21227				
	Physician /Medical Examiner	7	23a. Part 1. Enter the disease, or complications, or heart feiture. List enty on Immediate Cause (Final disease or condition resulting in death)	Corona	Do not antar the mode of d	ying, such as cardiac or raspi	actory arrest,		Approximate Interval Between Onset and Death	
	P #	Iner		cerebro	MASTURON	accide	nd		exello.	
ó,	ate be executed hysician end the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disaase or Injury	Dua to (or	as a consequence of):		, ,] 		
Box 68760,	in de se	Physician/Medical	that initiated events resulting in death) Last	Dua lo (or	as a consequence of):					
	death	sicla	Part II. Other significant conditions conf	tributing to death but not rasu	iting in the underlying cause	givan in Part I. 2	3b. Did tobeco	o uss contributs to	the cause of death?	
s, P.O	as that the death cer igned by the attendin be dateched for use	by Phy					1 Yes	2□ No 3□ Pro	bably 4 Unknown	
Records,	aw requir	Completed				24	le. Was an aut performed?	av co	era autopsy findings ailable prior to mpletion of causa death?	
	는 물론	Co					1 🗆 Yas	2)KDNo 1[Yea 2□ No	
Vita	Physician: The this certificata rel director, page	Be	25. Was casa refarred to medical axaminar?	ospital:	10	26. Placa of Death (Checkher:	1			
ō	this rel di	. To	1 Yas 2 No	1 L Inpatient 2 L E	ER/Outpatient 3L DOA	4 Li Nursing Homa 5	Reaidance ascribe how in		(y)	
on	Attending I or death. ector: After by the funer	tlor	1 Accidant 5 Pending invastigation	28a. Data of Injury (Month, Day Year)	Injury W	ork? □Yas 2□No		, , , , , , , , , , , , , , , , , , , ,		
Division of	al or Attendi s after death. I Director: A ed in by the fe	Certification:	3 Suicida 6 Could not be datarminad	28a. Place of Injury - At hor building, atc. (Specify)	ma, farm, streat, factory, offic		cation (Street a ty or Town, Sta	and Number or Rura ita)	il Routa Number,	
	To the Hospital or Attenwithin 24 hours after deat To the Funeral Director: completely filled in by the	edical	29a. Cartifier 1 Certifying Physic (Check only one) 1 Medical Examin	Ician: To the best of my know er: On the basis of examination and manner stated.	rledga, death occurred at the on and/or invastigation, in my	time, deta and placa, and du- opinion, death occurred at the	a to tha ceusa(na tima, data a	(s) and mannar as a nd placa, and dua to	tated. o tha cause(s)	
	To the within 2 To the comple	×	29b. Signatura and titla of cartifiar Masse Q	Dobops		nsa number 9923	29d. D	Pata signed (Month,	Day, Year)	
•	./		OO None and address of account to	1 1 1 1 11				,		

State Registrar

Marie A. Dobyns

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

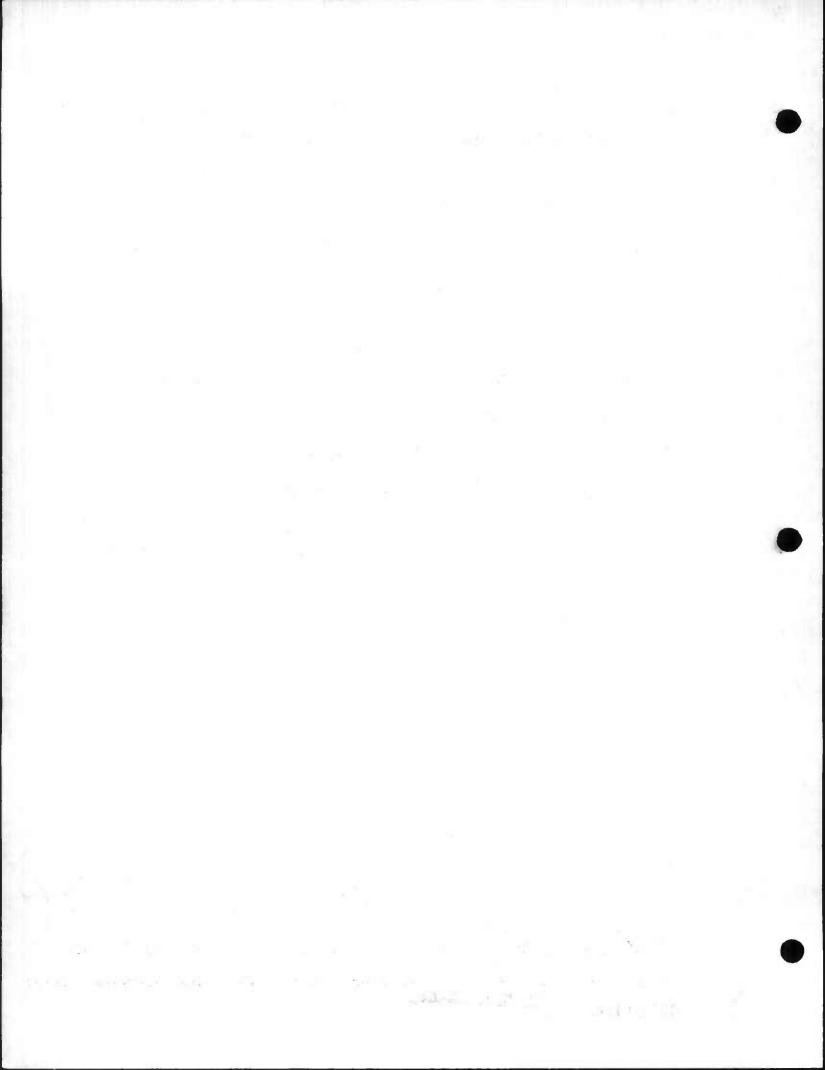
1. Decedent's Name (First Middle Last) 2. Data of Death 3. Tima of Death 21,1996 **Physician** DENNIS DAVIS JR. OCTOBER 12:39A.M /Medical 4a. Facility Neme (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Daath Examiner GOOD SAMARITAN HOSPITAL BALTIMORE BALTO 5. Social Sacurity Number If Under 1 Year if Undar 24 Hrs. Hours Min. 9. Birthplaca (Stata or Foreign Country)
N. Y 8. Data of Birth (Month, Day, Year NOV27 19 7. Age (In yrs. last birthday) Funeral Days 1 € M 2 □ F 075-66-7993 29 Yrs. Director 1966 Usual Rasidance of Dacedant the Maryland 10a Stata 10b. County 10c. City, Town or Location "natural", or items 23a or 26a-f show 10d. inaida City Limits N.Y BRONX BRONX Director Yas 2□No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? with 3360 FENTON AVE 10469 U.S.A. Funeral death 12. Was Decedant Evar in U,S. Armed Forcas? 1 □ Yas XIXNo If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. filed within 72 hours efter 1 Nevar Married 2 Married 21215-0020 1 ☐ Yas 2 ☒ No Specify: Completed by Specify: 3 ☐ Widowad 4 ☐ Divorced BLACK 15. Decedant's Education the Medical 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry (Spacify only highast grada permit. Pages 1 end 2 should be filed withir Department of Health and Mental Hyglena. Important: If Item 27 is marked other than any injury or other traumatic event, the Ma Elementery/Secondary (0-12) College (1-4or 5+) HOUSEKEEPING AIDE HOSPITAL 12TH N/ABaltimore, Maryland 17. Fether's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middle, Meidan Sumeme) Be DENNIS M DAVIS SR. MAUREEN J 19e. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) DENNIS M DAVIS FATHER 3360 FENTON AVE BRONX, NEW YORK 10469 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematery, cramatory or other place) 20c. Location - City or Town, Stata 1 Buria 2 □ Cramation 3 □ Ramoval from Stata KENSICO CEMETERY 10/25/96 BRONX tion 5 Othar (Specify) 21. Signatur uneral Service Licenses 22. Nama and Addrass of Facility MARCH F/H-WEST 4300 WABASH AVE ter tha disaasa, or complications that causad tha dalith. Do not antar tha mode of dying, such as cardiac or respiratory arrast, haert feilura. List only one cause on eech line. Approximata interval Batween Onsat end Death **Physician** aught Wound of abdomen With Completion /Medical immediete 2 ausa (Finel disaasa or andition rasulting in daath) Examiner Examiner The law requires that the death certificate be axecuted Sequentially list conditions, if eny, laading to immediate causa. Entar Undarlying Cause (Disaasa or Injury that initieted events rasulting in daath) Last the burial-tran Dua to (or as a consequence of): Box 68760, Physician/Medical Dua to (or as a consequence of): for use es P.O. | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by t d be detech 1 Yes 2 No 3 Probably 4 Unknown Records, þ Be Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? peed Aftar this cartificate hes Division of Vital or Attending Physician: 25. Wes case rafarred to medical exeminar? 26. Piece of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 9 1□XYas 2□ No 1 inpatient 2 ER/Outpatient 3 DOA the funeral 27. Mannar of Death 28e. Deta of injury (Month, Dey Year) Certification: 28b. Tima of 28c. injury et Work? 28d. Describe how Injury occurred 5 Panding invastigation 1 Natural injury Subject sho, 1069196 death. cuffeeoun 1 Yas 20 No 2 Accidant after death 6 Could not be determined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) filled in by 1w glocks road way Lock Raven Soulevard Bolt To the Hospital of within 24 hours at To the Funeral D completely filled in 1 Certifying Phyaician: To tha best of my knowledge, daeth occurred et tha tima, data and place, and due to tha causa(s) and mannar as stated.

| Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar stated. | Continued on the causa (s) and mannar stated. | Continued on the causa (s) and mannar stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa (s) and mannar as stated. | Continued on the causa Medical (Check only one) 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) ans O.C.M.E. OCTOBER 21,1996 30. Nama and address of person who completed cause of deeth (Item 23e) (Type, Print) 31. Data filed (Month, Day, Year) 111 Penn Street, Baltimore, Maryland 21201

State

Registrar

OCT 23 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 | 6 | 0 Film G740 item 4 per PH 10-23-96 Certificate of Death Rag. No. 2. Dete of Death 10/16/96 Year 1. Decedent's Name (First, Middla, Last) 3. Time of Deeth **Physician** Month 1954 DARCUS 9:35 AM /Medicai RHBY 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** PEACE PRO. 3820 COURT ABERDEEN GR. HARFORD if Under 1 Yaar 5. Social Security Number 7. Age (In yrs. lest birthday) If Undar 24 Hrs Funeral 8. Dete of Birth (Month, Day, Year) Birthpieca (State or Foreign Country) 1□ M 2XX Months Hours 262-19-1485 42 Days Director GA Usuai Residenca of Decedant with the Maryland 10e. State 10b. County 10c. City, Town or Location Show 10d. Inside City Limits other treumstic event, the Medical Examiner naust be notified at MD. ABERDEEN PROVING GROUND Director HARFORD 1 ☐ Yes 2/2/No 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 3820 21005 US PEACE COURT 234 permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene. Important: if item 27 is marked other than 'naturel', or items 23s any Injury or other treumatic avant Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - Amarican Indien, Bleck, White, atc. 1 ☐ Naver Merried 25 Married 1 XXX 2 If Yes, Give 2 No 1 ☐ Yes 2 📉 📉 Specify. Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) MILITARY ARMED FORCES 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be LESSIE ARRIE HAWKINS BROWN 2 19a. informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stata, Zip Code) 3820 PEACE COURT ABERDEEN, MD. 21005 SHAQUAWNNA BENJAMIN (DAUG.) 20b. Piece of Disposition (Name of 20e. Mathod of Disposition 20c. Location - City or Town, Stata cemetery, crematory or other piece) 1 ☐ Buriei 2 ☐ Cremetion 3 € Removel from State 4 ☐ Donation 5 ☐ Other (Specify) WASHINGTON PARK CEMT. 10/19 ORLANDO, FLA. 21. Signatura of Funaral Service Licenses 22. Name and Address of Facility PHILLIPS FUNERAL HOME Decler CFSP aretta 1721-27 N. MONROE ST. BALTIMORE, MD.21217 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or raspiratory errest, shock, or heart failure. List only one ceuse on each line. Approximata Intarvai Batween Onsal end Death An Cer, Measthic Immediate Ceuse (Final disaese or condition resulting in deeth) Due to (or es e consaquence of): Examiner The law requires that the death certificete be executed use es the bunal-transit Sequentially list conditions, if any, leeding to immadiete causa. Entar Underlying Ceuse (Diseese or injury Due to (or as a consequence of) ettending physician thet initiated evants resulting in deeth) Last Dua to (or es a consequence of):

Physician /Medical **Examiner**

21215-0020

Baltimore, Maryland

Division of Vital Records, P.O. Box 68760,

Physician/Medical by Completed Be 2 Certification:

9

certificate has

this

After 1

f Director: A

within 24 hours of To the Funeral D completely filled is

Medical

deeth.

efter

or Attending Physician:

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contributs to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown

24a. Wes en eutopsy

24b. Wara autopsy findings aveilebia prior to completion of cause of death?

1 Tyes

2 No 26. Piece of Death (Check only ona)

5 Rasidance 8 Othar (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 ☐ Yes 2 ☐ No

25. Wes case raferred to medical axaminer? 1 Yes 2 No 27. Manner of Deeth

5 Pending invastigation

6 Could not be determined

28e. Deta of Injury (Month, Day Year)

28b. Time of Injury

Place of Injury - At homa, ferm, straat, factory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpatient

Othar: 4 Nursing Home 3□ DOA 28c. Injury et Work?

1 ☐ Yas 2 ☐ No

28d. Describe how injury occurred

29e. Cartifian (Check only

1 Naturei 2 Accidant

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the ceusa(s) and menner as stated.
2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, date and piece, and due to the ceusa(s) end menner stated.

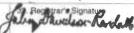
29b. Signeture and title of cartifier

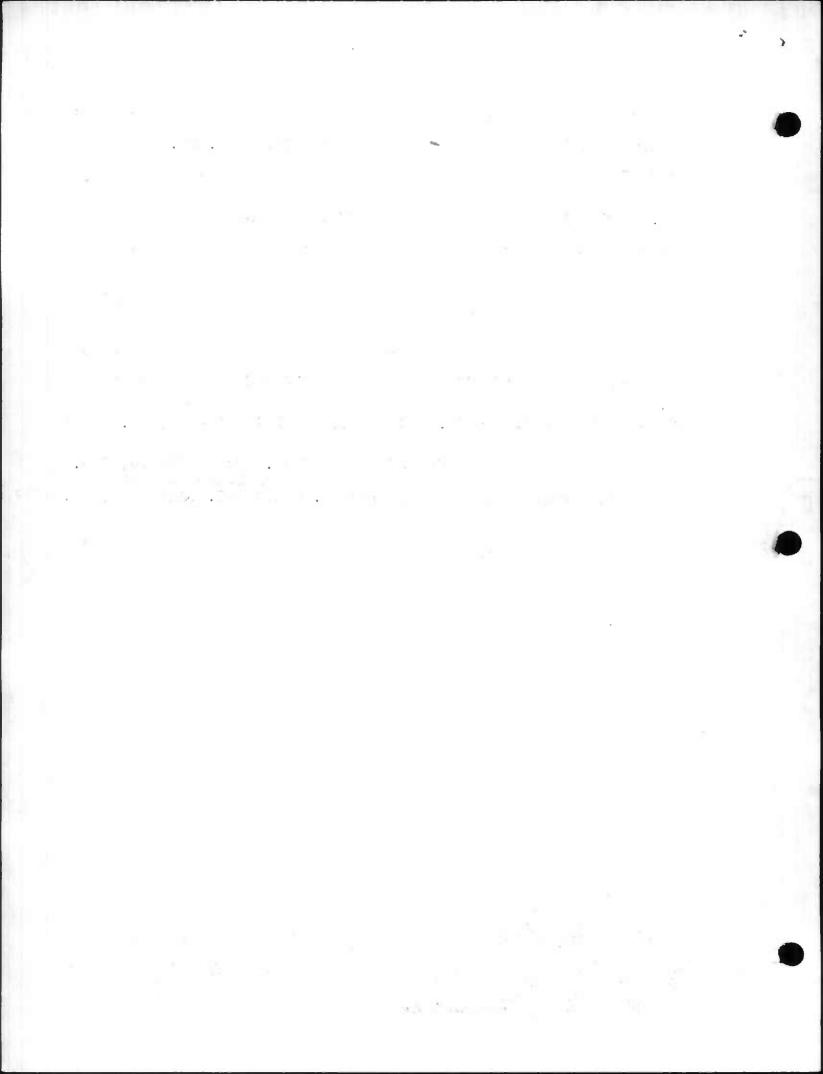
29c. License number H4058a

29d. Date signed (Month, Day, Year)

deeth (Item 23e) (Type, Print) movton Rd BU

State Registrar





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 17. & 18. PER F'.H. FILM, State of Maryland / Department of Health and Mental Hygiene 11/12/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Ramagauri October 8:27AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Laurel Regional Hospital Prince George Laurel If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Ye Birthplaca (State or Foreign Country) **Funeral** 1□ M 2 F Days Hours Min. Months Yrs. 80 Director 212-08-5201 India Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits ral", or items 23a or 28a-f shor Examiner must be notified at Yes 2□ No Director Prince George Bowie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20715 4307 Holmehurst Way West India death Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Race - American Indian, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours atter-nant of Health and Mental Hygiene.
mt: If item 27 is marked other than "natural; or ite rry or other traumatic event, the Medical Examina Yes ANNO 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2/1XNo Specify: þ Specify: Indian 3 XWidowed 4 ☐ Divorcad Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 18. Mother's Neme (First, Middle, Malden Sumame)

NERDAKUNVAR BHATT

Nemdakunvar Bhadd

NENDAKUNVAR BHATT 17. Father's Name (First, Middle, Last) Be Hargovindas -Bhadd BHATT 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kalavati Dave/Daughter 4307 Holmehurst Way West, Bowie, Maryland 20715 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State Important: If it any injury or 1 ☐ Burlai 2 X Crametion 3 ☐ Ramoval from State Department 4 ☐ Donation 5 ☐ Other (Specify) Baltimore-Washington Cr. 10/20 Laurel, Maryland 21. Signature of Funeral Sarvice Ligens 22. Name and Addrass of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707 23a. Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shody, or heart feilure. List only one cause on each line. Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) **Examiner** CARCINOMA OF BRAIN Examiner burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet Initiated events resulting in death) Last Physician/Medical the Dua to (or as a consequence of): for use Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? PERTENSION 1 Yas 2 No 3 Probably 4 Unknown þ pege 2 should Completed 24a. Wes an eutopsy performed? 24b. Were autopsy findings YEMI available prior to completion of cause of deeth? 1 ☐ Yes 2 1 No 1 Yes 20 No Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Certification: To

or Attending Physician: The law requires that the death certificate be executed certificate this After death. after death Director:

inby

hours a meral

Box 68760.

P.O.

Division of Vital Records.

timore, Maryland 21215-0020

Hospital: 1 Dinpatiant Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 28 No 2 ER/Outpatient 3 DOA

27. Manner of Deeth 28a. Date of injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 BNaturai 5 Pending

investigation 1 Tyes 2 □ No 2 Accident 3 Sulcide

6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Placa of Injury - At home, farm, streef, factory, office building, atc. (Specify) 4 Homicide

29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et tha time, dete end pleca, end due to the cause(s) and menner es stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated.

29b. Signature and title of certified 29c. License number 29d. Data signed (Month, Day, Year) Attend Phys 019897

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

V. SINCH 7209A HANNER PARKWAY GREENBELT MD 2077.

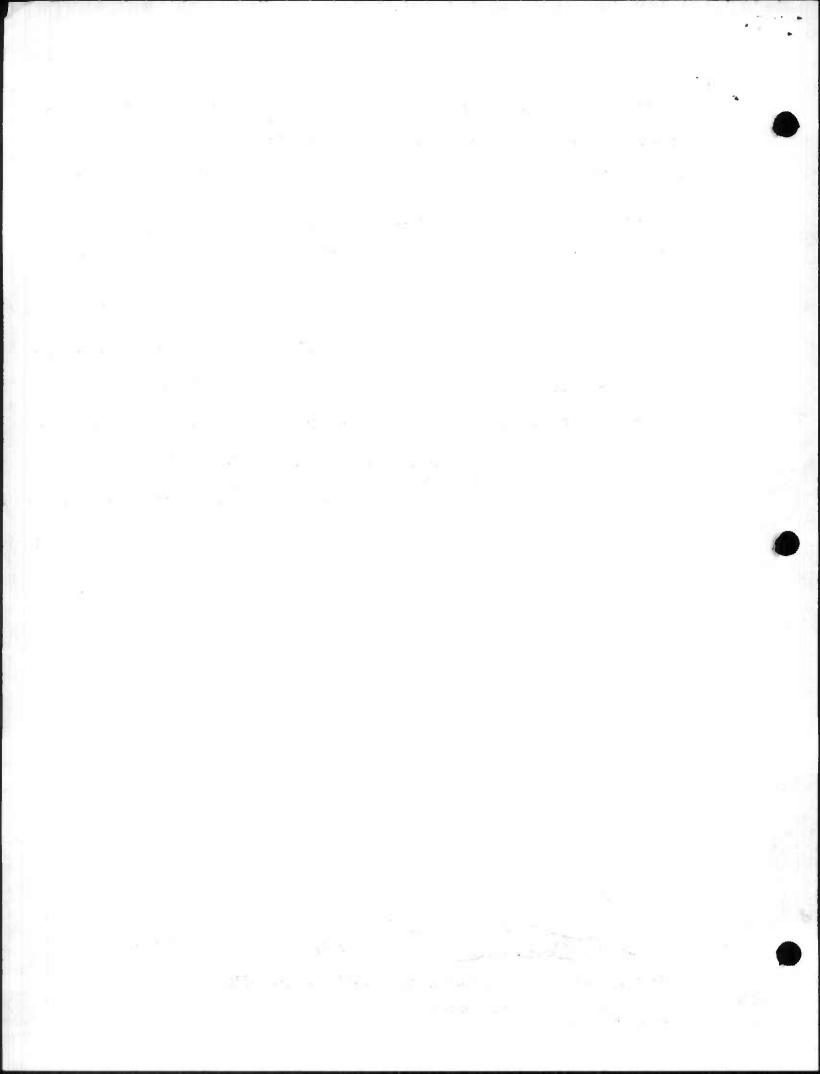
State Registrar

31. Date filed (Month, Day, Yeer)

State of Maryland / Department of Health and Mental Hygiene

0		1	1	0
45	-1	1	-1	1
		U	- 8	-

				Certi	ficate of	Death		Reg. No.		
D'Assalatas	1. Decedant's Name (First, Mid	dle, Lest)					2. Dete of De	eth		3. Time of Deeth
Aysician //Medical	Alexander	Joseph	Dixon				Octobe	r 20	1996	3:05 pm
xaminer	4a. Fecility Nema (If not instituti	on, give street and numi	per)		4	4b. City, Town, or	Location of Deat			
	Lorien - Fran					Baltimo	re	N/A		
ineral ector	5. Social Security Number 216-09-2039 Usuel Residence of Decedent	6. Sex 7 1 💢 M 2 🗆 F	Aga (In yrs. les) B	if Under 1 Yaar Months Deys	if Under 24 Hrs Hours Min	. (Month, Da	th ly, Year) 3, 1919	9. Birthpl Count Can	eca (Steta or Foreign try) ada
show sd.st	10e. Stete 10b. Count	у	10c. City, 7	Town or Loca	tion				10	Od. Inside City Limits
notified	Maryland N/	Δ	Ra	ltimor						1 🕱 Yes 2 🗆 No
9	10e. Street and Number	A	Da	TUINOT	10f. Zip Code			10g. Citizen of	What Count	tru?
Funeral Director	3227 Shannon D	rive			21213				d Sta	
Jera Fe	11. Mantal Status	12. Was Decad	ant Ever in U,S.	13. We		ispanic Origin? (Specify Yas or No rto Rican, etc.)		ce - America	
by Fur	1 Navar Marriad 2 Ma 3 Widowed 4 Divorce	If Vac Give		1.5	es, specify Cuba Yes 2 🛛 No		rto Rican, etc.)	Specif	ck, Whita, e	etc.
p p	15. Decede	nt'a Education		16e. Deceden	it's Usuel Occup	etion		16b. Kind of B		
n, the Medical	(Specify only high Elamentery/Secondary (0-12)	est grada complated)	o. F. \	(Give kin	d of work done of NOT usa retired	during most of wo	orking			
E	10	College (1-4	Or 5+)	Main	tenance	Worker		Telev	ision	Station
Be Comp	17. Fethar'a Name (First, Middle	, Last)				18. Mother's Ne	me (First, Middle,	Maiden Suman	ne)	
ToE	George D	ixon				Beat	rice (l	Inknown)		
	19a. Informent's Name/Reletion	ship (Type, Print)		19b. Meiling	Addrass (Street)	end Number or R	lural Route Numbe	er, City or Town,	Steta, Zip	Code)
or other treumatic	Mrs. Clara C.	Dixon / Wit			Shannon			nore, Ma		
et e	20e. Mathod of Disposition	DIXOII / III	20b. Piec	e of Dispositi	on (Neme of		Date	20c. Location -		
70	1 X Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (916		ory or other plea	· i	10/24/06	Dalaima	M	la mulland
	21. Signatura of Funarai Service				Redeemei		10/24/96	Baltimo	ore, r	laryland
any Injury or other tre	Male T.	Bayera	. Zavoy		eonard	J. Ruck, ford Roa	Inc.	imore.	Maryl	and 21214
	23a. Pert1. Enter the diseese, shock, or heert feilure. Lis	r comblicetions that cau	sed the deeth. I	Do not enter t	he moda of dyln	g, such as cardia	c or respiratory e	rrast,		Approximate interval Between
ian		,,							1	Onset end Death
dical	Immadiate Ceuse (Finel disaese or condition	Str	oke						13	Days
Aner	rasulting in deeth)	е	4.77	s a conseque	nca of):				10	buys
ner ner			,							
for use es the bunal-transit	Sequentielly list conditions.	6. —	Dua to (or es	s e conseque	nce of):					
Ä	Sequantielly list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disaasa or injury	J								
Cal	Cause (Disaasa or injury that Initiated events rasulting in deeth) Last	C	Due to (or as	e consequar	nce of):					
Medical	resulting in death) Last	ł.		4-24	- /				1	
2		d						_	<u> </u>	
S C	Part II. Other significant conditi	ons contributing to deat	h but not resultin	a in the unde	riving cause give	an in Pert I	23b Dld 1	lohacco use co	ntribute to	the cause of death?
oetached for us					, g casso give			Yes 2 X No		ably 4 Unknown
-	Alzheimer's	240						TAMES	0_1100	assy 45 Onknown
Completed by	Congestive He	art Failure						en eutopsy rmed?	avai	re autopsy findings liable prior to apletion of causa
page 2 s										eath?
							1 D Y	res 2 🛭 No	10	Yas 2X No
Be	25. Wes casa referred to medica examinar?					28. Pleca of De	ath (Check only o	ле)		
2	1 ☐ Yes 2 🔀 No		atient 2 ER	/Outpatient	3□ DOA Othe	9r: 4 🕱 Nursing H	dome 5 ☐ Raaid	dence 8 Oth	er (Specify))
	27. Manner of Death 1 Neturel 5 □ Pendi	28a. Date of I (Month,	njury 28i Dey Year)	b. Tima of injury	28c. Injury Work	at c?	28d. Describe I	now Injury occur	red	
the fu	2 ☐ Accident invast	igation				Yes 2 □ No				
S = 3	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicida detam	not be ninad 28a. Piace of building	injury - At home etc. (Specify)	, ferm, street,	factory, office		28f. Location (S City or Tox	Street and Numb	er or Rural	Routa Number,
S		Donally,	c. (opoury)				Only Of TOR	, 0.010)		
edical	29e. Cartifiar 100 Certifyin (Check only one)	ng Physician: To the be Examiner: On the basis end menner	of exemination	dga, daeth oc and/or invest	currad at the tim igation, In my op	e, dete end place pinlon, deeth occu	a, end due to the curred at tha time,	causa(s) and me dete end place,	enner es sta and due to t	ited. the cause(a)
completely filled in the Medical Certi	29b. Signeture end titla of cartifie				29c. License	number	1 :	29d. Date signe	d (Month, D	ey, Year)
	1 /	5			D 2000	72				
	20 1	been	2		D 206	13	de la companya della companya della companya de la companya della	10/23/	90	
	30. Neme end eddresa of person						0100			
	George Lowe		Belair R		Baltimo	re, Md.	21206			
State	31. Dete filed (Month, Dey, Year)	32. Hegi	March Signature							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

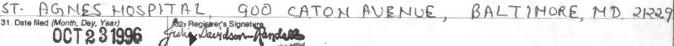
nysicia		Decedent's Neme (First, Middle, Les	it)					2. Dete of De		Vacr	3. Time of Deeth
Medica	_		Ann	a C. Du	ımler			Oct.15	,1996	Yeer	1:25 a.n
xamine	_	4e. Facility Neme (If not institution, give		7)			4b. City, Town, o	r Location of Deeth	4c. County	of Deeth	
		312 Tennessee Av	ve.				Pasader		Anr	ne Ar	undel
neral ector		5. Sociel Security Number 220-20-0179 Usuel Residence of Decedent	9X 7. A □ M 2ਊ F	ige (In yrs. lest 91		Under 1 Yeer onths Deys			th y, Year) ,1905	9. Birthple Count Mary	ace (Stete or Foreign ry) land
111		10e. Stete 10b. County		10c. City, To	own or Locatio	n				10	d. inside City Limits
Ded	ţō	Maryland Anne A	Arundel		Pasad	ena					1 ☐ Yes 2€ No
r not	Director	10e. Street and Number			11	Of. Zip Code			10g. Citizen of W	/het Count	ry?
dith		312 Tennessee Ave	е.			21	122		U.	S.A.	
	by Funeral	11. Maritel Status 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces 1 Tyes 2 M If Yes, Give Year or Detes:	? No		Decedent of H s, specify Cub res 2 No		Specify Yes or No arto Rican, etc.)		e - America k, White, e Whi	itc.
dical Ex	Completed	15. Decedent's Edi (Specify only highest grad		10	Se. Decedent's	Usuei Occup	petion during most of w d)	orkina	16b. Kind of Bu	siness/Indu	ustry
a.Me	ă	Elementery/Secondery (0-12)	College (1-4or	5+)				on ting			
		17. Fether's Neme (First, Middle, Last)	N/A		Nursi	ng Ass		om o /Final Adiabata			Hospital
9.00	m l							eme (First, Middle,		9)	
gem	2	Henry Hokamp 19e. informent's Name/Reletionship (T	vpe. Print)	1	9b. Meiling Ar	Idress (Street		own Kopa Rurel Route Number	-	State 7in	Code)
The second		Mrs. Catherine Ke						Pasadena			
iny injury or othe mos.		20e. Method of Disposition		20b. Plece ceme Glen	of Disposition	(Neme of		Dete	200 Looption -	City or Toy	
clan dical diner	sician/Medical Examiner		e. Cancan	Due to (or es	to not enter the	Blue of):	ng, such as cardi	pad Pasad ec or respiratory a	ena, Mary rest,		ZIIZZ Approximete Interval Between Onset and Deeth
as the bur	edical		d.		Mb	e of):	on in Part I	22h Did			the course of death?
eched for use as the bur	edical	Ceuse (Disease or Injury that initiated events resulting in death) Last			Mb	e of):	ven in Pert I.				the cause of death?
2 should be deteched for use as the bur	by Physician/Medical	Ceuse (Diseess of Injury that initiated events resulting in death) Last			Mb	e of):	ven in Pert I.	1 24a. Wes	Yes 2□ No en autopsy rmed?	3 Probe	
2 should be deteched for use as the bur	Completed by Physician/Medical	Ceuse (Disease or Injury that initialed events resulting in death) Last Pert il. Other significant conditions con			Mb	e of):		24a. Wes perfo	en autopsyrmed?	3 Probe	ably 4 / Unknown re autopsy findings liable prior to spletion of cause
2 should be deteched for use as the bur	be Completed by Physician/Medical	Ceuse (Disease or Injury that initiated events resulting in death) Last Pert il. Other significant conditions	ntributing to death b	out not resulting	NB in the underty	e of): ying cause giv	26. Plece of De	24a. Wes perfo	en autopsy med? Yes 2 □ No	3 Probe	re autopsy findings lable prior to pletion of cause eeth?
2 should be deteched for use as the bur	lo be completed by Physician/Medical	25. Wes case referred to medical exeminer? 1 Yes, 2 Neturel 5 Pending 2 Accident investigation	ntributing to death b	but not resulting	Mb	e of): ying cause giv DOA Oth 28c. Injur Wor	26. Piece of Dener: 4 □ Nursing	24a. Wes perfo	en autopsy med? Yes 2 □ No	24b. Wer avei com of de 1	re autopsy findings lable prior to pletion of cause eeth?
2 should be deteched for use as the bur	lo be completed by Physician/Medical	25. Wes case referred to medical exeminer? 1 Yes 2 No Noture 27. Menger of Death Noture S Pending	Hospital: 1 Inpatial 28a. Deteofinition (Month), Decay	but not resulting	Outpatient 3l	e of): ying cause give DOA Oth 28c. Injur Wor 1	26. Plece of Dener: 4 □ Nursing	24a. Wes perfo	en autopsy rmed? Yes 20 No ne) lenca 6 Dothe now injury occurre	3 Probe 24b. Were aveil com of de 1 // (Specify)	re autopsy findings lable prior to pletion of cause eeth? Yes 20 No Hoofice Chesquele
2 should be deteched for use as the bur	edical Certification: 10 be Completed by Physician/Medical	25. Wes case referred to medical exeminer? 1 Yes, 2 No 27. Menger of Death	Hospital: 28a. Dete of inju (Month, De	ent 2 ER/0 Jry Jry Jry - At home, Ic. (Specify) of my knowled, of examination a	Outpatient 3l. Time of Injury N	DOA Oth 28c. Injur Wor 1 1 1 cectory, office	26. Piece of De her: 4 □ Nursing y et k? Yes 2 □ No	24a. Wes perfo	en autopsy rmed? Yes 2 No ne) lenca 6 Dothe now injury occurre Street and Number m, State)	3 Probe 24b. Wer avei com of de 1 1 // or (Specify) er or Rural	re autopsy findings lable prior to spletton of cause eeth? Yes 20 No Hogsue Chespelu Route Number,
lled in by the funeral director, page 2 should be deteched for use as the bur	redical Cermication: 10 be Completed by Physician/Medical	25. Wes case referred to medical exeminer? 1 Neturel 5 Pending investigation 3 Suicide 4 Homicide 1 Cartifying Physic (Check only 2 Medical Exeminer) 2 Medical Exeminer 1 Cartifying Physic (Check only 2 Medical Exeminer) 2 Medical Exeminer 1 Cartifying Physic (Check only 2 Medical Exeminer) 2 Medical Exeminer Physic (Check only 2 Medical Exeminer Physical Physical Exeminer Physical Physical Exeminer Physical Physical Exeminer Physical Phys	Hospital: 1 Inpatis 28a. Dete of inju (Month, De 28e. Pleca of in building, el	ent 2 ER/0 Jry Jry Jry - At home, Ic. (Specify) of my knowled, of examination a	Outpatient 3l. Time of Injury N	DOA Oth 28c. Injur Wor 1 1 1 cectory, office	26. Plece of Dener: 4□ Nursing y et k? Yes 2□ No ne, dete end plec pinlon, deeth occ	24a. Wes performed to the control of	en autopsy rmed? Yes 2 No ne) lenca 6 Dothe now injury occurre Street and Number m, State)	3 Probe 24b. Wer avei com of de 1 1 7 or (Specify) ed 9 or or Rural nner as ste nd due to t	re autopsy findings lable prior to speltion of cause eeth? Yes 20 No Hogsel Chespelu Route Number,
2 should be deteched for use as the bur	redical Cermication: 10 be Completed by Physician/Medical	25. Wes case referred to medical exemine? 1 Yes, 2 No 27. Menger of Death 1 Neturel envestigation 2 Accident 3 Suicide 4 Homicide 29a. Certifler (Check only one) 2 Medical Examiner 2 Medical Examiner 2 Medical Examiner 2 Medical Examiner 2 Medical Examiner 2 Medical Examiner 2 Medical Examiner	Hospital: 1 Inpatis 28a. Dete of inju (Month, De 28e. Pleca of in building, el	ent 2 ER/0 Jry Jry Jry - At home, Ic. (Specify) of my knowled, of examination a	Outpatient 3l. Time of Injury N	DOA Oth 28c. Injur Wor actory, office 29c. Licens	26. Piece of De er: 4 Nursing y et k? Yes 2 No ne, dete end piec pinion, deeth occ e number	24a. Wes performent of the control o	en autopsy rmed? Yes 2 No en autopsy rmed? Yes 2 No ne) lenca 6 Dothe row injury occurre Street and Number m, State) ceuse(s) end mer date end place, a	3 Probe 24b. Wer avei com of de 1 / or (Specify) er or Rural nner as ste nd due to to (Month, D	re autopsy findings lable prior to speltion of cause eeth? Yes 20 No Hogsel Chespelu Route Number,
2 should be deteched for use as the bur	medical Certification: 10 be Completed by Physician/Medical	25. Wes case referred to medical exemine? 1 Yes, 2 No 27. Menger of Death 1 Neturel envestigation 2 Accident 3 Suicide 4 Homicide 29a. Certifler (Check only one) 2 Medical Examiner 2 Medical Examiner 2 Medical Examiner 2 Medical Examiner 2 Medical Examiner 2 Medical Examiner 2 Medical Examiner	Hospital: 1 Inpati 28a. Dete of inju (Month, De 28e. Pleca of in building, ef esician: To the best of end menner st	ent 2 EP/0 July Year) July - At home, c. (Specify) of my knowledd of examination all eled.	Outpatient 31 Time of Injury N farm, street, for ge, deeth occurrency or investig	pool of the time tion, in my o	26. Plece of Dener: 4 Nursing yet k? Yes 2 No	24a. Wes performent of the control o	en autopsy rmed? Yes 2 No en autopsy rmed? Yes 2 No ne) lenca 6 Dothe now injury occurre Street and Number m, State) Deuse(s) end mer date end place, a	3 Probe 24b. Wer avei com of de 1 / or (Specify) er or Rural nner as ste nd due to to (Month, D	re autopsy findings lable prior to speltion of cause eeth? Yes 20 No Hogsel Chespelu Route Number,

MANUFACTURE TO THE TOP

State of Maryland / Department of Health and Mental Hygiene 96 31614

						Certifica	ate of	Death		Reg. No.	20	01014	
ı	Physic	ion	1. Decedent's Neme (First, Middle, Les						2. Dete of De Month		Year	3. Time of Death	
J	/Medi				DAV	IDSON			OCT	16	1996	17:16	
1	Exami	ner	4e. Facility Neme (If not institution, give ST. AGNES HOSPITA					4b. City, Town, or Lo BALTIMOR		4c. County	y of Death N/A		
	Funeral Director		217 05 3555	MAY OF	e (In yrs. last 77	Yrs. If Und Month	der 1 Yaar Is Days	If Under 24 Hrs. Hours Min.	8. Data of Bir (Month, De MAY 5,	th y, Year) I 9 I 9	9. Birthp Coun MA1	olaca (Steta or Foreign htty) RYLAND	
	and		Usual Residence of Decedent 10a. State 10b. County		10c City T	own or Location					14	Od Jaalda City I Imite	
	e Maryl	ctor	MD BALTIM	ORE		ALTIMORE						0d. Inside City Limits 1 ☐ Yes 2 No	
	or 28	Dire	10e. Street and Number			10f.	Zip Code			10g. Citizen of	What Coun	itry?	
	s 23a	erai	1198 LINDEN AVENU					1227			5.A.		
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mantal Hygiene. Important: if Item 27 is marked other than "natural;, or Items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinet must be notified at sons.	by Funeral Director	11. Marital Sfatus 1 □ Never Married 2 □ Merried 3 ☑ Widowed 4 □ Divorced	12. Was Decedent I Armed Forces? 1 ☑ Yes 2 ☐ N if Yes, Giva Yaar or Dates:			cedent of the pecify Cub	dispanto Origin? (Spi an, Maxican, Puerto Specify:	ecify Yas or No Rican, etc.)	Specif	ce - Americ ck, White, y: WH		
5	72 ho	eted	15. Decedent's Edi (Specify only highast grad	ucation de complated)	10	6e. Decedent's U	sual Occup	petion during most of work	16b. Kind of Business/Industry			dustry	
121	within	Completed	Elementery/Sacondary (0-12) 8TH GRADE	College (1-4or 5	+)			during most of work d)		IMOME	1011011	0.0	
9	Hygie Hygie ent, p		17. Father's Name (First, Middle, Last)			PLANN	LK	18. Mother's Name	First, Middle,	WESTIN		5E	
lan	uld be Aantal rked c	To Be	JOSEPH H. DAVIDSO	N				BERTHA Z		LER			
Maryland	2 sho and h		19e. Informant's Name/Reletionship (T					end Number or Ruri			Stete, Zip	Code)	
	and laalth m 27		TERRY BARTH (DAUG	HTER)	_		_	VENUE - B	T		2122		
יסר	or of		20e. Method of Disposition 1 ☑ Bunal 2 ☐ Cremation 3 ☐ F		ceme	of Disposition (Natery, cremetory of	r other ple		Date	20c. Location		wn, State	
Baltimore,	artmar ortant injury		4 Donetion 5 Other (Specify, 21. Signature of Funeral Service Licens		BALT			EMETERY 1	0/21	BALTIN	10RE		
3	Depariment on the series		Almy	11		HUBBAI	RD FU	NERAL HOM			0.1	000	
			23a. Part1. Enter the disease, or comp	lications that caused	≯e eath. D			NS AVENUE			21	.229 Approximate	
Ÿ.	Physician		shock, or heart failure. List only o	ne cause on each lin	0							Interval Between Onset and Death	
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	a ACUT		1 Y D CA		1AL 1N	IFAR	CTIO	N	20 HOUR	
	sit s	iner		CORO	NOR	+ AR-	TER	Y D151	EASF			HEARS	
	a and al-tran	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury		Due to (or as	a consequenca o						SEUERAL	
68760,	e be e /siciar e buri	calE	that initiated events			1 VE H		TFA	ILUR	E	i	MONTHS	
	eath certificate be executed attending physician and for use as the bunal-transit	/Medical	resulting In death) Lasf					10				10000	
Box	0 2 4	any		a ADRT		STEN	100					1EARS	
0	0 0 2	by Physician	Part II. Other significant conditions con	nfribufing to death bu	f nof resulting	in the underlying	cause giv	en in Part I.	23b. Dld 1	lobacco use co	ntribute to	the cause of death?	
a.	that the ed by detac	/ Ph	PERIPHERAL	VASCI	ULA	R DI	SEI	ASE	120	Yes 2□ No	3 Prob	pably 4 Unknown	
or vital Records,	requiras that the								24a. Was	en eutopsy		ere autopsy findings	
O O	₹ 40 m	Completed	CHRONIC OB	STRUCT	INE	PULMI	MAI	RY DISEA	perfo	rmed?	con	ailable prior to mplation of causa death?	
ř	9 4 8	Om)							10)	as 22No		Yes 272 No	
<u> </u> [a		Bec	25. Was case referred to medical examiner?					26. Plece of Death		•			
5	hysic this co	2	1 Yes 2 No	Hospitel: 1 🗷 Inpatier		Outpetient 3 1		4 U Nursing Hor	ne 5 🗆 Resid	lence 8 □Oth	er (Specify)	
	Attending Physician: or death. ector: After this certific by the funeral director,	tion:	27. Menner of Deeth 1 Netural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Dey	Year) 28b	n. Time of Injury	28c. Injur Wor	y at k? Yes 2 □ No	28d. Describe h	ow Injury occur	red		
DIVISION	Attenc r deatl octor:	fica	3 Suicida 6 Could not be	28e. Plece of Inju	ry - At home,				28f. Location (5	Street end Numb	er or Rure	l Route Number.	
5	s afte	Certification:	4 ☐ Homicide	building, etc.	(Specify)				City or Tow	m, Stete)			
	To the Hospital or Attendi within 24 hours after death To the Funeral Director: A completely filled in by the fi	edical	(Check this) 2 Medical Exami	sician: To the best of ner: On the basis of	my knowled	ge, death occurre	d af the tin	ne, date and piece, a	and due to the d	cause(s) and ma	anner as sta	ated.	
	thin 2 the I	Med	one) 29b. Signature end fitte of certifiar	and mennar stat	ed.		9c. Licens						
	F3F8		Mandeep Sara	the co	U RES			The state of the s		29d. Date signe		1996	
)	20	-	30. Neme and address of person who co					9139 4DEEP		DNU	16	17/6	
	1.11	4	ATT DO A LOS		- III (IIIII) 236	, (1) Po, 1 (IIII)	11111	TURRET	SITM	31.10			

Registrar

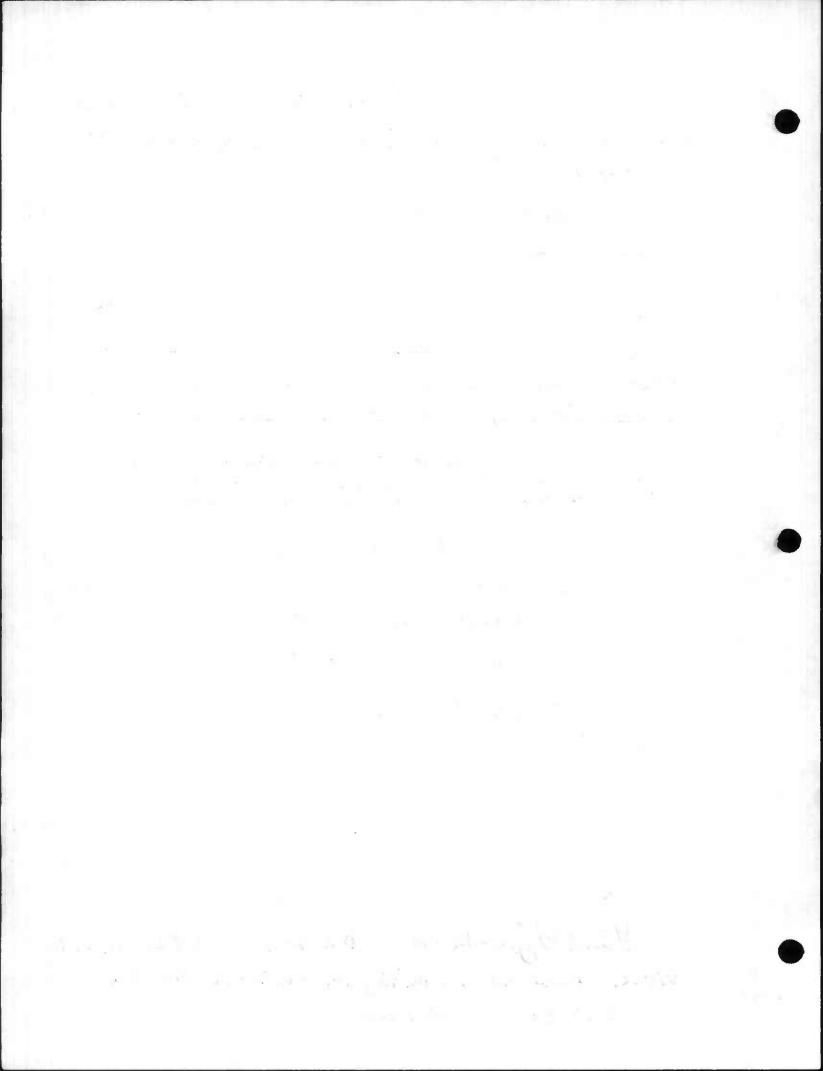


26

4,0

	FilmG740	ite	ms 24a 25 26 27 10-23	-96 rja	Cei	rtificate of	Death		Reg. No.	
J	Physic /Med		1. Decedent's Neme (First, Middle, Le	T.		EL.	ZA	2. Deta of De Clob	er 16,	3. Time of Death 1996 10:01A
	Exami Funeral Director		4a. Facility Neme (If not institution, given by the facility Number 6. S. Social Security Number 6. S. 206-20-5217 Usuel Residence of Decedent	el Hospil	AL/ lest birthday) 9 Yrs.	If Undar 1 Yaar Months Deys		Burni B. Data of Bi	e AN	9. Birthplece (Stete or Foreign Md.
	death with the Maryland ms 23s or 28s-f show	ctor	10e. Stete 10b. County Md. Anne Art		City, Town or Lo Glen Bu					10d. Inside City Limits 1 ☐ Yes 2 No
	ith with th	al Director	10e. Street end Number 204 Crain Court	Circle #1C		10f. Zip Code 2106	1		10g. Citizen of USA	Whet Country?
5-0020	hours after des ural', or ftems	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. Was Decedant Evar in Armed Forces? 1 ☐ Yes 2 🖾 No If Yes, Giva Yaer or Dates:	1	Was Decedant of I f Yes, specify Cub I ☐ Yes 2점 No	Hispenic Orlgin? (S een, Mexican, Puerl Specify:	pecify Yes or No to Rican, etc.)	Specify	ce - American Indian, ck, White, etc. White
21215-0	d within 72 giene. r then "net tre Medic	Completed	15. Decedent's E (Specify only highest gree Elementery/Secondery (0-12) 12	ducation ida completed) College (1-4or 5+)	16e. Deced (Give life. L Cashie		petion during most of world d)	rking	16b. Kind of B	usiness/Industry Foods
Maryland	d oth	To Be C	17. Fether's Neme (First, Middle, Last, William Howar		rwald		18. Mother's Ner Josephi			ne) itz
	alth ar 27 is r trau		19a. Informent's Neme/Relationship (Mr. Maurice H. El:	**			end Number or Ru . Westmir			
altimore,	(A) (C)		20a. Method of Disposition 1 ☑ Burlel 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	Removel from Stete		netory or other ple	m. Gdns.	Date .0/19/96		City or Town, State
Ball	permit. Page Department Important: If any injury or once.		21. Significe of Euroral Service Licer	500	Ruc		ess of Fecility n Funeral Rd. Towso			
Box 68760,	death certificate be assected where the attending physician and for use as the bunal-transit	cian/Medical Examiner	23a. Pent1. Enter the disease, or com shock, or heart feilure. List only immediate Ceuse (Finel disease or condition resulting in death) Saquentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or influry that Initiated events resulting in death) Last	e. auti b. Condiss Due to Condiss Due to Condiss Due to Condiss Due to Condiss Due to Condiss Due to	(or es e consague) (or es e consague) (or es e consague) (or es e consegue)	uence of): Shock uence of): ephalo uence of):	failure pathy naton	s and	at	I day I day
, P.O.	requires that the death cer seen signed by the attendin hould be detached for use	by Physician	Pert ii. Other significant conditions of				ven in Pert i.		tobacco use co Yes 2□ No	ntribute to the cause of death? 3 Probably 4 Unknown
Records,	aw requir	Completed b	Duseminated	Intravascul	er co	gulopa	Hhy	24e. Wes	en eutopsy ormed?	24b. Were autopsy findings available prior to completion of cause of death?
of Vital I	ysician: is certifica director,	To Be	25. Wes case referred to medical examiner? 1 ☐ Yes ※☑ No 27. Manner of Deeth		☐ ER/Outpatient		4 Li Nursing H	oth (Check only come 5 Resi	dence 6 □Oth	
Division	uttending death. ctor: After y the fune	Certification:	27. Meturel 5 Pending investigation 3 Suicide 4 Homicide Could not be determined		home, ferm, stre		ry et rk? Yes 2 □ No			er or Rural Routa Number,
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edical (29a. Certifier (Check only one) Certifying Physical Example 2 Medical Example 2	ysician: To the best of my kr itner: On the basis of examin end manner steted.	nowledge, deeth netion end/or inve	occurred at the tirestigetion, in my o	me, dete end plece opinion, deeth occu	, end due to the rred et the time,	ceuse(s) and me dete and piece,	onner es stated. and due to the cause(s)
	To th Within	M	29b. Signeture end the of certifier	Dawla	mo	29c. Licens	2483		29d. Dete signer	d (Month, Dey, Year)
-	10		30. Name and address of person who of STUART JACU 31. Dete filed (Month, Day, Year)	BE MD 36	of sheep		Glen B	urnie,	mo a	2106
Di	Sta Registr	_	OCT 2 3 1	32. Registrer's Signary Julia Dav	idson-Rank	Less				

Registrar DHMH 16 Rev 6/95



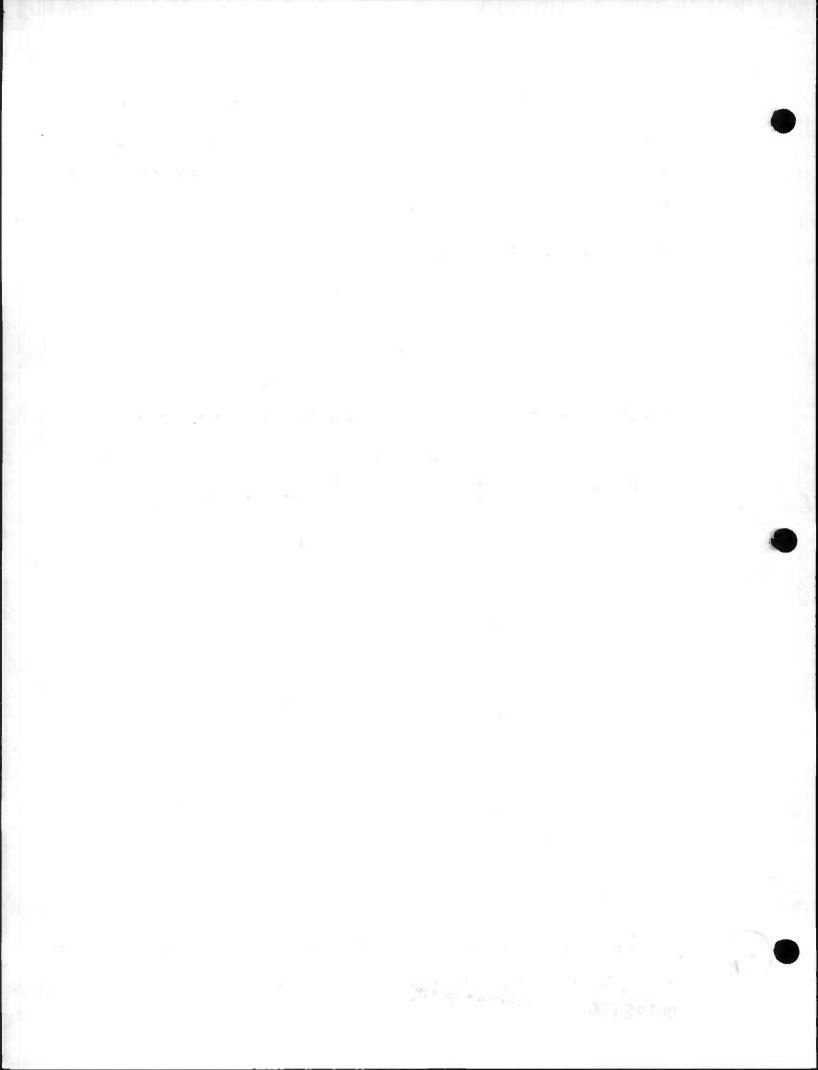
State of Maryland / Department of Health and Mental Hygiene 96

31616

						Certificat	e of	Death		Reg. No.		
	Dhunia		1. Decedent's Neme (First, Middle, L.	mst)					2. Date of De		Year	3. Time of Death
	Physic /Medi		BEATRICE	EVANS					ocT.1	4, 199	6	2:15 P.
	Examir		4a. Facility Name (If not institution, gi					4b. City, Town, or I				
L			UNIVERSITY O				1 Voor	BALTI If Under 24 Hrs.		N/		
	Funeral Director	Г			6 (In yrs. lest bin	Yrs. Months	Days		APRIL	oy5 ^{Year} 934	9. Birthr	plece (Stete or Foreign XYLAND
	land land		10a. Stete 10b. County		10c. City, Town	n or Location					1	IOd. Inside City Limits
	Mery	ō	MD. N/A		BALTI	MORE						1 X Yes 2 No
	284	Director	10e. Street and Number			10f. Zip	Code	10g. Citizen of Wi			Whet Cour	ntry?
	h witi	0	118 N. DENISO	N STREET			21	229	29 U.S. OF			
	deat	Funeral	11. Meritei Stetus	12. Was Decedent I Armed Forces?	Ever In U,S.	13. Was Dece	dent of I	Hispanic Origin? (S an, Mexican, Puert	pecify Yes or N	o- 14. Rac		can Indian,
020	in 72 hours effer death with the Meryland **netural*, or farms 23s or 28s-f show edical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 Yes 2011 If Yes, Give Yeer or Dates:	No	1 ☐ Yes			o rican, etc.)	Specif	ck, White,	
5	72 h	Completed	15. Decedent's E (Specify only highest gi	ducation ade completed)	16e.	Decedent's Usua (Give kind of wo	rk done	during most of wor	kina	16b. Kind of B	usiness/In	dustry
121	d within plene. r than	Ig I	Elementary/Secondary (0-12)	College (1-4or 5		life. DO NOT u	se <i>retire</i>	d)		2224	* am	0.00
7			11TH 17. Fether's Neme (First, Middle, Las	N/A		OMESTI	C-C	LERK 18. Mother's Nan	no (Final Adiabate	RETAI		ORE
and	ad be to be	Be C	FRED M. SAUND	•						JONES	ne)	
Mary	s 1 and 2 should be filed if Health and Mentel Hyg item 27 is marked other other traumatic event,	2	19a. Informant's Name/Relationship KAREN M. PETER	(Type, Print)	SHTER)	Mailing Address	(Street	end Number or Ru ENISON	ıral Route Numb	per, City or Town	Stete, Zip	Code) ID. 21229
Baltimore, Maryland 21215-0020	(h) ()		20e. Method of Disposition 1 XBurial 2 Cremetion 3 [4 Donation 5 Other (Speci	Removal from Stete	20b. Piace of cemeter	Disposition (Ner y, cremetory or o	ther ple		Date L9/96			DWM, State BALT
alti	교원문동		21. Signature of Funeral Service Line	• •	NN	22. Name er	d Addre	ess of Facility				
m	Depariment of the part of the		Louris	Lwgne		LEWIS		GWYNN				215
	_		23a. Part1. Enter the disease, or con shock, or heart lailure. List only	nplication that caused	the death. Do r	ot enter the mod	PAR le of dyi	K HEIGH	or respiratory	arrest,	TO.,	Approximste
1	Physician		snock, or near failure. List only	one cause on eech iir	10.						į	Interval Between Onset and Death
h	/Medicai		Immediate Cause (Final disease or condition	· CoPd A	ud Rasi	nicator	1 I	AilURE				MANY
П	Examiner		resulting in death)		Due to (or as a		7	HITURC				10123
	P 45	Iner	in	h								
	rtificate be executed ng physician and as the buriel-transit	Examiner	Sequentially list conditions,	0.	Due to (or as a o	consequence ol):						
80,	oe ex		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	C							i	
68760,	ohysi the t	edical	that initiated events resulting in death) Last		Due to (or es a c	onsequence of):					-	
	E 0 8	2		d							i	
Box	deeth ce e attendii ed for use	Physician/									i	
P. 0.	0 0 0	lys	Part II. Other significant conditions	contributing to death bu	rt not resulting in	the underlying o	ause gh	ven in Part I.				the cause of death?
	that the led by th detach								196	Yss 2∐ No	3 Pro	bably 4 Unknow
Records,	v requires that been signed I should be det	d by							24a. Was	s an autopsy		ere autopsy findings
000	w require been si should	lete							perf	ormed?	CO	allable prior to impletion of cause death?
8	The law ate has b page 2 s	Completed							. 52	Vac ODNa		
ta	delan: The certificate rector, pag		25. Was case referred to medicai					26. Place of Dea		Yes 2 No	11	☐Yes 2ENo
5		To Be	axaminer? 1. ■ Yea 2 □ No	Hospital:	nt 2□ER/Ou	tpetient 3□ DC	Ott	hor:		Idence 6 Oth	er (Specif	5/1
Division of Vital			27. Manner of Death	28a. Date of Injur	y. 28b. T		Bc. Inju			how injury occur		77
ō	Attending or death. ector: After by the fune	atlo	1 Natural 5 Pending 2 Accident investigation	(Month, De)	rear) II	njury M		Yes 2 □ No				
N S	or Attending after death. Director: After I in by the fune	tific	3 ☐ Suicide 6 ☐ Could not to determined	286. Place of Inju	iry - At home, fa	rm, street, lactor	, office			(Street and Numi	ber or Rura	al Route Number,
	s after all Direct of in the	Certification:	4 El Fornida	bullding, efc	. (Эрөспу)				City or 10	wn, Stete)		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier (Check only one) 1 Certifying Plant	nysician: To the best of miner: On the basis of and menner ata	examination and	, death occurred For Investigation	at the ti	me, date and place opinion, death occu	, and due to the rred at the time,	cause(s) and m	anner as s and dua to	tated. the cause(s)
	With To t	2	29b. Signature and title of cartifier					se number		29d. Date signe		Day, Year)
			1 / atthew	K stron			08	958		oct	14/	96
1	2		30. Name and eddress of person who	completed cause of de	Pour to	Type, Print)	11.	958 therville	e 11 1	7100	3	
	Sta	te	31. Date filed (Month, Dev. Year)	Registre	raginal ura	(5-)4	LU	NO(CL)/(/)	4/1/00	2109		
	Registr		QCT 2 3 1996	7 was will disent	-/-	;						

State of Maryland / Department of Health and Mental Hygiene 96 3 6 7

				Certificate of	f Death	F	Reg. No.		01017
cian	Decedent's Neme (First, Middle, La		_			2. Dete of Dee	oth	Yeer	3. Time of Deeth
lical		FURYE		<u> </u>		CETOSER		996	1241 pm
iner	4e. Fecility Name (If not institution, giv	e street end number)			4b. City, Town, or Lo		4c. County		
1	5. Sociel Security Number 6. S 212-27-0963	Sex 7. Age	(In yrs. lest birti	hday) If Under 1 Yea Months Dey	r If Under 24 Hrs.			9. Birthp	plece (State or Foreign htry) DLAND
or	Usual Residence of Decedent 10a. Stete 10b. County MD N/A		10c. City, Town	or Location ALTIMORE	•			1	0d. Inside City Limits 1 ☐¥es 2 ☐ No
Director	10e. Street end Number 5900 PARK HEIGHT	S AVE. ADT	216	10f. Zip Code	215	1	10g. Citizen of V		
erai	11. Maritel Stetus	12. Was Decedent Ev				poih. Voc or No		NONE	en Indien.
by Funeral	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		13. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☐ No		Rican, etc.)	Specify	k, White,	
etec	15. Decedent's Ed (Specify only highest gra	ducation	16e.	Decedent's Usuel Occu	upetion	ina	16b. Kind of Bu	usiness/înc	dustry
Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	(Give kind of work don life. DO NOT use retir	ed)	9			
	8 17. Father's Name (First, Middle, Last)		1	TAILOR	10 Mathada Mari	0 /First 14'-1-11		OTHI	NG
Be	SHMUEL		FURYE		18. Mother's Neme			e) JNKNO	EATINT .
10	19e. Informant's Neme/Relationship (7 ADELIYA FURYE (W.	Type, Print)	19b.	Mailing Address (Stree	et and Number or Run	el Route Numbe	r, City or Town,	State, Zip	
	20e. Method of Disposition 1	Removel from State	20b. Pleca of cemetery	Disposition (Neme of cremetory or other pl	ece)	Dete	20c. Locetion -	City or To	own, Stete
	4 ☐ Donetion 5 ☐ Other (Specify 21. Signeture of Funerel Service Licen		BALTI	MORE HEBRE			REISTER	RSTOW	N, MD
	Acato M	Cittle			ISON & BROSTERSTOWN I			E, MD	21208
	23e. Pert1. Enter the diseese, or comp shock, or heart failure. List only	olications thet caused the	ne deeth. Do no						Approximete Interval Between
	Towns day of the second	-							Onset end Deeth
П	Immediate Cause (Final disease or condition resulting in death)	· PNEU	MONIA					1	ONE DAY
<u>a</u>	,			onsequenca of):					
ië		b. CEREBR	OVASCU	LAR AC	CIDENT			7	TWO DAYS SIXTEEN
Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Di	ue to (or as e co	CAR ACCONSEQUENCE OI):				1 5	SIXTEEN
Medical	Cause (Disease or Injury that Initiated events resulting in deeth) Last	c. 1+774.88.00 D.	SCLEV ue to (or as e co	nsequenca of):	ISEASE				YEARS
by Physician/	Pert II. Other significant conditions co	ontributing to deeth but	not resulting in	the underlying cause g	iven In Pert I.	23b. Did to	bacco use cor	ntribute to	the cause of death?
y Ph	GICK SINUS SYN	DROME, H	YPERTE	NSION		1□ Y	ss 3 No	3 Prot	bably 4 Unknown
Completed t	<u> </u>					24e. Was e perform	n eutopsy med?	COL	ere autopsy findings elleble prior to mpletion of cause deeth?
NO.						1 □ Ye	es 2 No	1 🗆	Yes 2□ No
Be (25. Was case referred to medical examiner?				26. Piece of Deeti	h (Check only on	18)		
2	1 ☐ Yes 2 No	Hospitel: 1 Inpatient		patient 3 DOA	ther: 4 Nursing Ho	me 5 Reside	ence 6 Othe	er (Specify	1)
Certification:	27. Menner of Deeth 1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be			ury Wo	Yes 2□No	28d. Describe ho			
	4 Homicide determined	building, etc. (Specify)	n, street, fectory, office		281. Location (St City or Town	n, Stete)	er or Hura	г поиге гчит <i>рег</i> ,
edical	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	ysician: To the best of r iner: On the basis of ex end menner stete	ceminetion and/	deeth occurred et the for investigetion, in my	ime, dete end pleca, opinion, deeth occurr	end due to the co	euse(s) end me ete end piece, t	nner es st and due to	eted. the cause(s)
	29b. Signature and tale of certifier	1		29c. Licen	se number	2	9d. Dete signed	(Month, I	Dey, Year)
Σ									
Σ	Fire C.	Ce	uno	AS 24	102321-EC	-9005 C	CTOBEL	18	, 1996



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 96 10:45 am 10 20 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Union If Under 24 Hrs. 309 E. Locust Street
5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Bridge Carroll If Under 1 Year **Funeral** Birthplace (State or Foreign Country) Min. 8. Date of Birth (Month, Dey, Year) Months Days M 2□ F Hours Yrs **Director** 220-37-8744 3 Mar. 01 1993 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 ☐ No Carroll Union Bridge 10e Street and Number 10f. Zip Coda 10g. Citizen of What Country? 5 238 309 East Locust St. 21791 USA Funeral Hema 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. permit. Peges 1 and 2 should be illed within 72 hours effer c Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumetic event Bleck, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Never Married 2☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade complated) 16a. Dacedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) none none 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Scott A. Fritsch, Sr. Cynthia Jean Gutberlet 19a. Informant's Name/Ralationship (Typa, Print) 19b. Malling Addrass (Streat and Number or Rural Route Number, City or Town, State, Zip Code) Scott A. Fritsch Sr. father 309 E. Locust St. Union Bridge MD 21791 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 XBuriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Springfield Cemetery 10/24 Sykesville MD 21. Signature of Funeral Service Licenses 22. Nama and Address of Facility Haight Funeral Home P.O. Box 195 Sykesville MD 21784 23a. Part1. Enter the disease, or complications that have death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failura. List only one cause or each one. Approximete Intarval Between Onset end Deeth **Physician** /Medical tmmediate Cause (Final disease or condition resulting in death) hemiation Examiner Due to (or as a consequence of) Examiner ician and buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avants resulting in death) Lest Due to (or as a consequence of) physician s the buriel P.O. Box 68760. Physician/Medical Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causs of death? 1 Yss 2 No 3 Probably 4 □ Unknown should be det Records, Completed by 24b. Were autopsy findings evelleble prior to completion of cause of deeth? 24a. Was an autopsy performed? ate hes t certificate 1 Yes Division of Vital or Attanding Physician: funeral director, 25. Was cese referred to medicel examiner? Be 26. Place of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 28a. Date of Injury (Month, Day Year) 27. Manyer of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturai 5 Panding within 24 hours after death. To the Funeral Diractor: A completely filled in by the fu investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be datermined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, data and place, and due to tha cause(s) and mannar as stated. 29a. Certifier Medical (Check only one) 2 Madical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and manner stated. To the within 2 To the 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) DUTTIND 30. Name and address of person se of death (Item 23a) (Type, Print) eet, CMSC800, Ba 31. Dete filed (Month, Day, Year) 32. Registrar's Signature

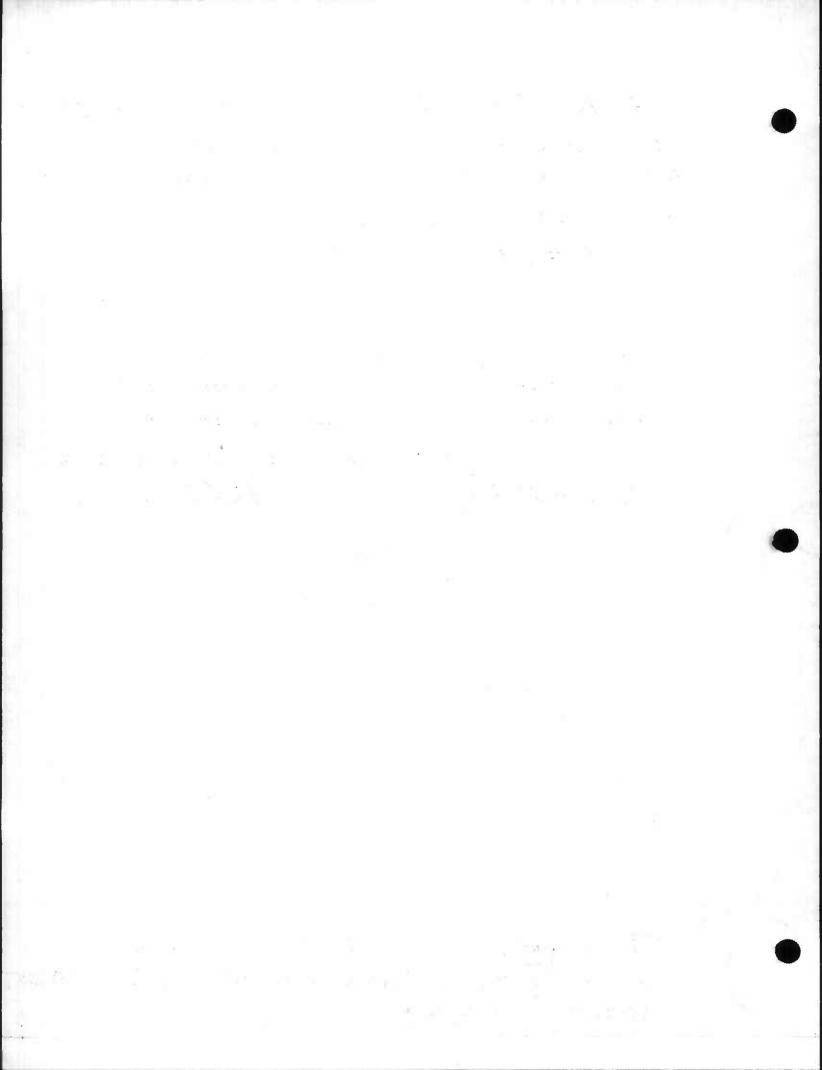
DHMH 16 Rsv 6/95

State

Registrar

OCT 2 3 1996

Vavelege Ran

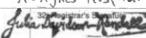


State of Maryland / Department of Health and Mental Hygiene 96

96 3 161

					Certificat	e of Death		Reg. No.		1015
Physicia	an	1. Decedant's Nama (First, Middla,	Last)				2. Deta of D Month			3. Time of Death
/Medic	100	GWEN GILMA						$15^{9}, 199$	96	08:10P.M
Examin	er	4a. Facility Name (If not institution, ST. AGNES HOSE		er)			wn, or Location of Dea TIMORE	7	of Death	
Funeral Director		5. Social Security Number 216-24-9129 Usual Rasidance of Decadent	. Sax 7.	Age (In yrs. last b	Yrs. If Under Months	1 Year If Undar Days Hours	Min. (Month, D	irth ay, <i>Year)</i> _3, 1929		a (Stata or Foraign) "LAND
ě u		10a. Stata 10b. County		10c. City, Tov	vn or Location				10d	Inside City Limits
28a-f show	tor	MD BAI	TIMORE		CATONSVI	LLE				1□Yas 2□No
- 14	al Director	10e. Street and Number 11 UNION HALL	CT.		10f. Zip	Code 21228		10g. Citizen of V		?
, or items arriner m	by Funeral	11. Marital Status 1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Daceda Armed Force 1 1 2 Yas 2 if Yas, Giva Year or Data	as? XNo	13. Was Deced if Yes, spec	cify Cuban, Maxicar	gin? (Specify Yes or N , Puarto Rican, etc.)	o- 14. Rac Blac Specify	e - American ck, White, etc	
dcel Examin	Pe	15. Decedant's	Education		ı. Decedant's Usua	al Occupation		16b. Kind of Be		
then the Me	Completed	(Specify only highast g Elemantary/Secondary (0-12)	College (1-40	or 5+)	(Giva kind of wo life. DO NOT us LECTUR)		t of working			TCHERS
d other event, t	BeC	17. Fathar's Nama (First, Middle, La	st)			18. Mothe	ar's Nama (First, Middle	a, Maidan Sumam	na)	
	To	DAVID		BARRON		AN	N	JAN	OFSKY	
and Mar is marks surrelic		19a. Informant's Name/Ralationship					er or Rural Routa Numi	ber, City or Town,	State, Zip Co	oda)
m ZZ her II		MRS. JUDITH GA	LUARDI (D			TATOR LAN		MILLS, M		
# Ite		20a. Mathod of Disposition 1 Burial 2 □ Cramation 3	☐Removal from Sta	cemate	of Disposition (Nan ary, cramatory or o	ther place)	Data	20c. Location -		
tart to		4 Donation 5 Other (Spec		BALT	IMORE HE		10/17/96	REISTE	RSTOWN	I,MD
my in		21. Signature of Funeral Sarvice Lic	ensaa			d Addrass of Facilit EVINSON &	BROS., IN	C.		
,		Local) The	uris	8900 1	REISTERST	OWN RD. P	IKESVII.L	E, MD	21208
FT-1200		23a Purtt Ently the disaesa, or co	mplications that causely ona cause on each	ed tha daath. Do h lina.	not antar tha mod	a of dying, such as	cardiac or respiratory	arrast,	in	pproximata tervei Between nset and Death
nysician Medical		immediata Cause (Finel		1 1-	اطرر	1				nset and Death
caminer		disaasa or condition rasulting in death)	a	tatus		KL COZ				1 NOVI
	Je.			Due to (or as a	consequence of):					
ansit	Examiner	Sequentially list conditions	b. —	Due to (or es e	consequence of):					
		Sequantially list conditions, if any, leading to immadiata cause. Enter Undartying Causa (Disaase or Injury		Dua to (or as a	consequence on).				1	
physician and s the burial-transit	edical	that initiated avants	C	Due to (or as a	consequance of):					
D 61	Med	resulting in death) Last			,				į	
attendii for use			d						1	
by the attending physician and ached for use as the bunal-transit	Physician	Part il. Other significant conditione	contributing to death	h but not rasulting	In the underlying c	ausa given in Part i	. 23b. Did	tobacco uee co	ntribute to th	e cause of death?
ed by t	Phy						1	Yee 2 No	3 Probet	y 45 Unknow
5.8	Completed by						24a. Wa	s an autopsy formed?	comp	autopsy findings ible prior to letion of cause
ate has b page 2 s	E C							Yas 203No	of dec	
certificate rector, pag		25. Was case referred to medical				OC Diago			1 U Y	as 25 No
s certific director,	To Be	exeminar?	Hospital:	atient 2/SER/O	utpatient 3 DC	Other	of Death (Check only insing Homa 5 Ras		er (Specific)	
		27. Mannar of Death	28a. Data of in			8c. Injury at Work?		how injury occur		
death. ctor: After y the funer	atio	1 Natural 5 ☐ Pending invastigation		Day Year)	Injury M	Work? 1 ☐ Yas 2 ☐	No			
or death. octor: After by the fune	O	3 ☐ Sulcida 6 ☐ Could not datarmine	d Zoa. Place of	Injury - At home, for etc. (Spacify)	arm, streat, factory	, office		(Street and Numb own, Stata)	per or Rural R	loute Number,
after death Director: d in by the	ertifi	4 El Torrida								
24 hours after Funeral Dire	edical Certification:	29a. Certifier	Physician: To the beaminer: On the basis and manner	s of axamination ar	a, daath occurred and/or invastigation,	at tha tima, deta en in my opini <i>on</i> , dea	d piece, end dua to the th occurred at the time	causa(s) and ma , date end piece,	anner as state and due to th	ad. a cause(s)
within 24 hours after To the Funeral Dire completely filled in t	Medical Certifi	29a. Certifier (Check only 2 Medical Ex	aminer: On the basis	s of axamination ar	nd/or Invastigation,	at tha tima, deta en in my opinion, dea :. Licansa number	d piece, end dua to the th occurred at tha time	causa(s) and ma date end piece, 29d. Date signe	and dua to th	a cause(s)
n 24 hou he Funer pletely fill	edical	29a. Certifier (Check only one) 1 Certifying F 2 Medical Ext	aminer: On the basis	s of axamination ar	nd/or Invastigation,	in my opinion, dea	d piece, end due to the th occurred at the time	, date end piece,	and dua to th	y, Year)

State Registrar



State of Maryland / Department of Health and Mental Hygiene FilmG749 item 1 per DR 10-23-96 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death BESSIE R. GOLDSTEIN **Physician** OCTOBER /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death **Examiner** NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE If Under 1 Year Months Days If Undar 24 Hrs. Hours Min. 8. Data of Birth Month, Dex Year, 1907 5. Social Security Number 7. Aga (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** Hours 1 M 2 F 88 POLAND Vrs Director 213-38-9050 Usual Rasidance of Dacedent Peges 1 and 2 should be filed within 72 hours efter deeth with the Manyland neri of Heelth and Mantal Hygiene.
nt: If Nem 27 is marked other than "natural", or items 23s or 28s-f show 10a. Stata 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1√2 Yas 2 □ No Directo MARYLAND BALTIMORE **GLYNDON** 10f. Zip Coda 10e. Street and Number 10g. Citizen of What Country? 3675 BUTLER RD. 21071 USA Funeral Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Decedent Evar In U.S. Armed Forces? 14. Race - Amarican Indian, 11. Marital Status Black, Whita, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Never Marriad 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify Aq 3 ☐Widowed 4 ☐ Divorced WHITE Completed 18a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) SALES FOOD 7 is marked other treumstic event. 17. Father'a Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Melden Sumame) Be **ABRAHAM** FRIEDMAN GOOTA RIVKA ROTHSYEIN 19a. Informant'a Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) MRS. FLORENCE SACHS (DAUGHTER) 3675 BUTLER ROAD GLYNDON, MD 21071 Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data permit. Peges Department of Important: If it any injury or o 1 XBurial 2 ☐ Cremation 3 ☐ Ramoval from State 10-21-1996- BALTIMORE, MD MOSES MONTEFIORE 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician MYOCARDIAL INFARCTION immediata Causa (Finai diseasa or condition rasulting in daath) /Medical **Examiner** Physician/Medical Examiner EPSIS certificate be executed attending physician and for usa as the burlal-trans Sequantially list conditions, if eny, laading to immadiata cause. Entar Undarlying Cause (Disaase or injury that initiated evants resulting in daath) Last Dua to (or as a consequance of): P.O. Box 68760. Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? DEHYDRATION 2 No 1 Yes 3 Probably 4 Unknown Division of Vital Records, by MALNUTRITION 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 certificate has 1 Tyes 1 ☐ Yas 2 ☐ No Be 25. Was casa refarred to medical 26. Placa of Death (Check only ona) 1 Yes 2 No Hospitai: Other: 4 Nursing Home 5 Rasidance 8 Othar (Specify) 0 inpatient 2 ER/Outpatient 3□ DOA 27. Mannar of Death Certification: 28c. Injury at Work? 28d. Dascribe how injury occurred Aftar t 1 Naturai 5 Panding invastigation s after death. 1 ☐ Yas 2 ☐ No 6 Could not be datamined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 D Homicida within 24 hours a To the Funeral D Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar es stated.

2 Medical Examiner: On tha basia of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha cause(s) and mannar stated. 29a. Cartifian Medical (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) D27157

daath (item 23a) (Type, Print)

DEPESTRE

32 Registracs Signature

NORTHWEST HOSPITAL CENTER

State Registrar

30. Nama and addrass of person who complated of

RAYNOLD 31. Data filed (Month, Dey, Year)

Will sulling ter We specified the King of the K

State of Maryland / Department of Health and Mental Hygiene 96

			Ce	ertificate of	Death	Re	g. No.		01021			
The same of		Decedant's Neme (First, Middla, Last)				2. Date of Death	1	with the	3. Time of Death			
	ician	Gertrude Got	thely	F		Month	Day H	Yaar 1994	10 sm			
	dical niner	4a. Facility Name (If not Institution, give street and number) LEVINDALE			4b. City, Town, or L	ocation of Death	4c. County o					
Funer		5. Social Security Number 6. Sax 7. Age 1 M 2 TF	(In yrs. last birthday) 80 Yrs.	Months Days	If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, AUG. 29	, 1916	9. Birthple Count MARY	ace (State or Foreign ry) LAND			
show ed at	5	Usual Residence of Decedent 10a. State 10b. County	10c. City, Town or Lo					10	d. Inside City Limits			
the N	Director	FLORIDA DADE 10e, Street and Number			EAH GARDEN		og. Citizen of W	D-4 O-4-4	A. C.			
23a or	rai Dir	120 ROYAL PALM ROAD		10f. Zip Code 330			USA	rnat Count	y/			
21215-0020 d within 72 hours after death with the Maryland piene. giene	by Funeral	11. Marital Status 1 Nevar Married 2 Married 1 Nevar Married 2 Married 3 Wildowed 4 Divorced 12. Was Decedant E Armed Forces? 1 Yes, 2 No. 11 Yes, Give Year or Detes:	0	Was Decedent of I If Yas, specify Cub 1 ☐ Yes 2 ☑ No	Hispanic Origin? (Spean, Mexican, Puarto Specify:	ecify Yas or No- Rican, etc.)		- America k, White, e	tc.			
5-0 72 hx	e e	15. Decedent's Education (Specify only highest grade completed)	16a. Dece	edent's Usual Occu	pation during most of work	ina	6b. Kind of Bu	siness/Indi	ustry			
T 5 . 3	Completed	Elementary/Secondary (0-12) College (1-4or 5-12)	ifa.	DO NOT use retire	(d)	""9						
	ပိ		I	RETAIL SA			CLOTH					
E dal	To Be	17. Father's Name (First, Middle, Last) RUBIN GOT	THELF		18. Mother's Nam	e (First, Middle, M IARY) FINKE	L			
Harylia 2 should and Mer is marks surratic	-	19a, Informent'e Neme/Relationship (Type, Print)	19b. Maii	ing Address (Street	and Number or Run	al Route Number,	City or Town,	State, Zip	Code)			
L Pages 1 and 2 Interest of Heelth a		DR. MEYER GOTTHELF (BROTHER) 2715 SMITH AVE. BALTIMORE, MD 21209 20a. Method of Disposition 1 Burial 2 Cremetion 3 K Removal from State 4 Docuber (Specify) 20b. Place of Disposition (Name of camatary, crematory or other place) KING DAVID MEMORIAL GARDENS 10-21-1996 FALLS CHUR 22. Name and Address of Facility										
S Jan	9000	23s. Part 1. Enter the disease, of complications that caused t shock, or heart failure. List only one cause on each limit		SOL LEVI	NSON & BR	Dand Dil			Approximate Interval Between			
Physicia /Medica Examine	al er		Due to (or es e conserva sur la conserva sur l						Onset and Deeth			
cords, P.O. Box 68760, requires that the death certificate be executed seen signed by the attending physician and hould be detached for use as the burial-transit	Wedical Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	State Sua to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consecutive to (or as a consec	quence of):	Carciv	ioma						
). Boy death ce he attendi	Physician/	Pert II. Other significant conditions contributing to death but	not resulting in the u	underlyling cause gi	ven in Part t.	23b. Did tol	bacco uss con	tributs to	the cause of death?			
S, P.O. es that the de igned by the ibe detached	by Phy	5/p right and Left.	total) Cnce		1 Yes 2 No 3 Probably		ably 4 Unknown				
S s s	Completed	S/p right and Left	re	placom	est	24e. Wes en perform	autopsy ned?	com	re sutopsy findings ilable prior to apletion of cause eath?			
- F # d	5					1 ☐ Ya	8 20 No	1 🗆	Yes 2□ No			
Vital Inscient The certificate irector, pag	Be	25. Wes case refarred to medical axaminer?			26. Place of Deat	h (Check only one)					
G & Z	2	1 Yes 2 No Hospitel: Inpatien	t 2 ER/Outpatie	nt 3 DOA Ot	her: 4 🗆 Nursing Ho	ma 5 Resider	nce 8 Othe	r (Specify))			
Attending r death ector: After by the fune	Certification:	27. Manner of Death Matural 5 Pending investigation 3 Suicide 6 Could not be determined 4 Homicide 6 Could not be determined 28e. Piace of Injury (Month, Day investigation 28e	Year) Injury y - At home, ferm, st	M 1□	ry at rk? I Yes 2 □ No	28f. Location (Str. City or Town,	eet and Numbe		Route Number,			
To the Hospital or All within 24 bours alter of To the Funeral Direct completely filled in by		4 Homicide building, etc. 29e. Certifier ACCERTIFYING Physician: To the best of		th occurred at the ti	me, dete and place			ner as et	ited.			
To the Horwithin 24 h To the Fun	Medical	(Check only one) 2 Medical Examiner: On the basis of e end manner state	examination and/or In	vestigetion, in my	opinion, deeth occur	ed et the time, da	te and place, s	nd due to	the cause(s)			
5.¥5.8		29b. Signature and title of certifiar		29c. Licens			ld. Data signed					
/		30. Name and address of person who completed cause of de-	eth (Item 23e) (Type,	Print)	.44507		oct	201	4 1996			
U		CONSUELO ALVANEZ	2434	. w.	Belived	in 1	ve	Po	Manne			
S Regis	state strar	30. Name and address of person who completed cause of dei Consulto Alvant 31. Date filed (Month, Day, Year) OCT 23 1996 Consulto Alvant C	PROPERTIES			//	-	n	21215			

and the same

State of Maryland / Department of Health and Mental Hygiene

al Hygiene 96 3 | 622

Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** GOLOSKOV JOSEPH DETERTA /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE 7. Age (in yrs. lest birthday) | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month), Dey, Year) | JAN 22, 1912 5. Social Security Number 9. Birthplace (State or Foreign **Funeral** M 2□F RUSSIA 226-34-2028 Director Usual Residence of Decedent the Meryland 10e Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or itema 23a or 28a-f shor trsumatic event, the Madical Examiner must be notified at MD BALTIMORE OWINGS MILLS 1 XYes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 85 FENNINGTON CIRCLE 21117 USA Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. parfit. Peges 1 and 2 should be filed within 72 hours after d Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural" any injury or other traumatic excessions. 1 Never Married 2 Married 1 ☐ Yes 2 ☐XNo Specify: WHITE ğ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Electric ELECTRICIAN 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Melden Sumeme) SANDER **GOLOSKOV** SIMON 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MRS. HANNAH MAY GOLOSKOV (WIFE) 85 FENNINGTON CIR. OWINGS MILLS, MD 21117 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State XXBurial 2 Cremation 3 Removal from State 10/20/96 HEBREW FRIENDSHIP BALTIMORE, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service License 22 Name and Address of Facility BROS., INC. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or haar failure. List only one cause on aach lina. X8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 **Physician** /Medical Immediate Causa (Finel disease or condition resulting in death) **Examiner** Examiner physician and s the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or es e consequence of): Box 68760. Be Completed by Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? 15 CHEMIC 1 Yes 2 No 1 ☐ Yes 2 ☐ NO certificate Division of Vital Hospital or Attanding Physician: 24 hours effer death. Funeral Director: After this certificately filled in by the funeral director, I 25. Was casa rafarred to medical 28. Piaca of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitai: 1 pastient 2 ER/Outpetient 3 DOA To 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred edical Certification: 1 Waturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours eff To the Funeral DI completely filled in 12 Cartifying Physician: To the bast of my knowledge, death occurred et the time, date end placa, end due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated. 29a. Certifier 29b. Signature end title of cartifie 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) B. Congran ORLANDO 31. Date filed (Month, Day, Year) OCT 23 1996 Registrar



State of Maryland / Department of Health and Mental Hygiene

C	16	9.1	0	0
-	0	31	0	4

Physician
/Medical
Examiner

Funeral Director

the Maryland Show "natural", or items 23a or 28a-f show death Peges 1 and 2 should be filed within 72 hours efter a nent of Haaith and Mental Hygiena. traumatic event, the Medical tal Hygiena. marked

Bultimore, Maryland 21215-0020

Box 68760.

P.O.

Division of Vital Records,

Physiclan /Medical Examiner

of Haalth e

permit. Pege Department o Important: If any Injury or = 5

other

The law requires that the death certificate be executed buriel-tran and physician the 50 esn signed by the at d be deteched for has certificate To the Hospital or Attending Physician: within 24 hours after death.

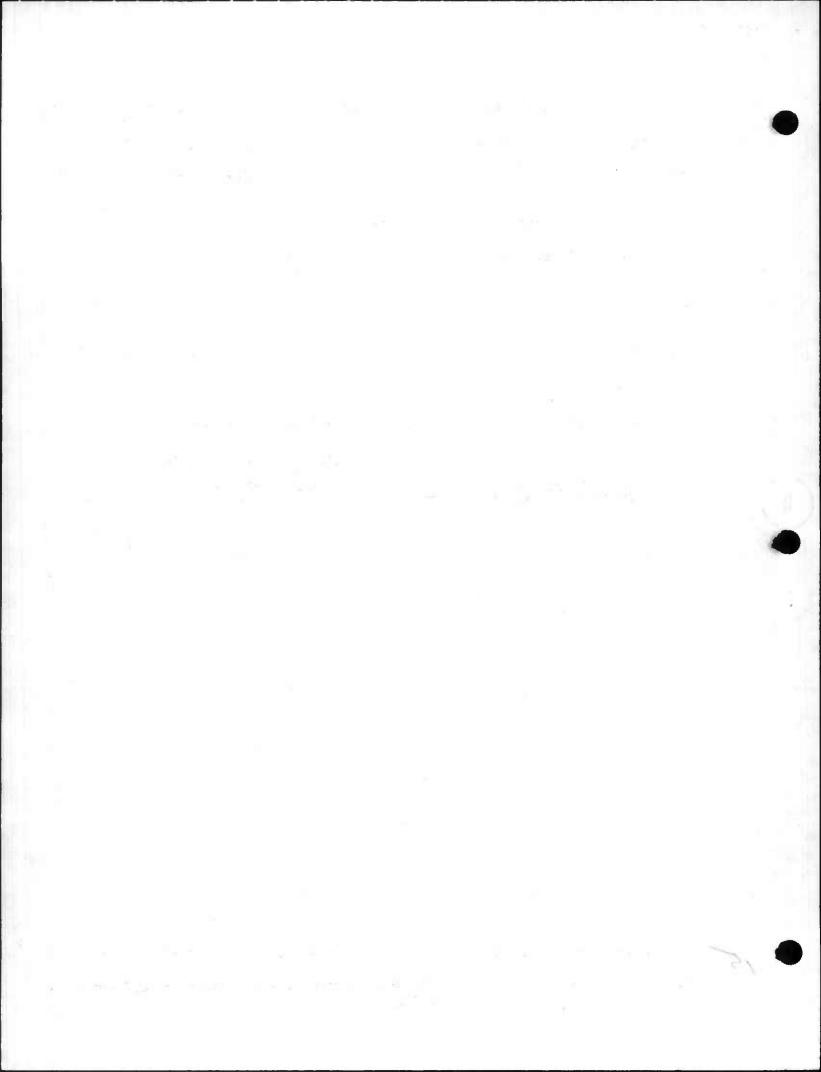
To the Funeral Director: After this cartifica completely filled in by the funeral director, i

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Day Vear LEROY WILLIAM GORE, OCTOBER 19,1996 0214AM 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death AGNES CHEST PAIN E.R. | BALTIMORE CITY |
| If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) |
| Months | Days | Hours | Min. | (Month, Day, Year) N/A 5. Social Sacurity Numbar 7. Age (In yrs. last birthday) Birthplace (Steta or Foraign Country) 1 □MM 2 □ F 217-72-6502 Vrs 38 FEB.24,1958 BALTIMORE Usuai Rasidance of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 No BALTIMORE BALTIMORE 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 4622 WASHINGTON BOULEVARD 21227 U.S.A. Funeral 12. Was Dacadant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black. White, etc. 1 Never Merried 2 Merried 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Datas: 1 ☐ Yas 2 ☑ No Specify: by Specify: WHITE 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Eiemantary/Secondery (0-12) Coitega (1-4or 5+) TRUCK DRIVER MEDICAL EQUIPMENT CO. 11TH GRADE 17. Fethar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Maldan Sumama) Be LEROY WILLIAM GORE, SR. BERNADETTE MCNULTY 19a. Informent's Neme/Ratationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) DAWN GORE (WIFE) 4622 WASHINGTON BLVD - BALTIMORE, MD 20b. Piaca of Disposition (Nama of camatary, cramatory or other pleca) 20e. Method of Disposition Data 20c. Location - City or Town, Stata 1 □XBurial 2 □ Cramation 3 □ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) LOUDON PARK CEMETERY 10/22 BALTIMORE 21. Signeture of Funaral Sarvice Licansee 22. Nema end Addrass of Fecility HUBBARD FUNERAL HOME, INC. Shannor 4107 WILKENS AVENUE-BALTIMORE, MD 21229 and but the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, hoof, or heert fellure. List only one cause on each line. Immediata Ceusa (Final diseasa or condition rasulting in deeth) Atheroscleratic (ardiovascular Dua to (or es e consaguance of) Examiner Sequentially list conditions, if any, leeding to immadiete cause. Enter Undartying Causa (Disaasa or Injury that initiated evants resulting in daath) Last Due to (or as a consequence of) Physician/Medical Dua to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contributs to the causs of death? 1 ☐ 108 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 PYas 2 □ No 1 Yes 2 No 25. Was casa rafarred to medical axaminar? Be 28. Place of Deeth (Chack only ona) Othar: 4 Nursing Home 5 Residance 8 Othar (Specify) 1⊠ Yas 2 No Certification: To 1 ☐ Inpatiant 2 X ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 Naturet 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 Suicida 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 - Homicida Medical 29a. Cartifian 1 Certifying Physician: To the best of my knowledga, daath occurred et tha tima, data and placa, and dua to the cause(s) end mennar as stated. (Check only one) 2 Medical Examiner: On the besis of axamination and/or investigation, in my opinion, daath occurred at the tima, date end piece, and dua to the causa(s) and mennar stated. 29b. Signatura and titia of certifiar 29c. Licanse number 29d. Data signed (Month, Dey, Year) O.C.M.E. OCTOBER 19, 1996 30. Nama and address of person and complated causa of death (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar Dennis

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

31624 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daeth 3. Time of Death **Physician** GROVER THOMAS 5:52 PM October 1996 21 /Medicai 4e. Facility Name (If not institution, giva streat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** HOPKINS HOSPITAL JOHNS BALTIMORE 7. Aga (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Sociei Sacurity Number **Funeral** 1 € M 2 □ F 213-88-8774 24 Director 7/18/1972 Maryland Usuel Residance of Dacedant 10e. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Madical Examiner must be notified at MD n/a Baltimore Director 1 XYas 2 □ No 10e. Streel and Numbar 10f. Zlp Code 10g. Citizan of What Country? 8 238 213 S. Clinton Street 21224 Funeral USA Hems 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian. 72 hours after 1 ☐ Yas 2 X No If Yes, Give Yaar or Dates: 1 Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 "naturel", or Specify: White 1 ☐ Yes 2 X No by Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grade complated) 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Haaith and Mental Hygiana. Int: If Item 27 is marked other than 1 Elementery/Secondery (0-12) Collaga (1-4or 5+) n/a 6th Never Worked 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meidan Sumama) Be Thomas R. Grover Sr. Katherine Jurs 19a. Informent's Name/Reletionship (Type, Print) Father 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) or other trac Thomas R. Grover Sr. 213 S. Clinton St. Baltimore, Md. 21224 20e. Mathod of Disposition Data 20c. Location - City or Town, Stata ematary, cramatory or other piece) 1 Buriel 2 Cremation 3 Ramoval from Stata Oaklawn Cemetery 10/24/96 Baltimore, Md. perraft. Pag Department Important: If any injury o rtment 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility Joseph N. Zannino Jr. 21. Signatura of Funerel Sarvice Licensee 0 Joseph N. Zannino Jr. F.H. 263 S. Conkling St. Baltimore, Md. 21224 art1. Enter the disease, or complications that caused the death. Do not aniar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset end Deeth **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Brain Anoxic Examiner Examiner Dystrophy Muscular The law requires that the death certificate be axecuted ician and burial-trans Sequantially list conditions, if any, laading to Immadiala causa. Entar Undarlying Cause (Disaasa or injury thet Initiated events rasulting in death) Last physician s the burial Box 68760. Physician/Medical Dua to (or as a consequence of): USB 88 attanding P.O. I ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert 1. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown been signed be should be data Records, þ Completed 24a. Wes an autopsy performed? 24b. Wara sutopsy findings available prior to complation of cause of death? certificata has page 2 1 🗆 Yas 1 ☐ Yas 2 No of Vital tal or Attending Physicien: IP is after death.

at Director: After this centificate ed in by the funeral director, pa Be 25. Was case rafarred to medical 26. Place of Death (Check only ona) 1 ☐ Yas 2 No Other: 4 Nursing Home 5 Rasidanca 8 Othar (Specify) 10 1 Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Deeth Certification: 28e. Data of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Division 1 Naturel 2 Accident 5 Panding Invastigation 1 Yas 2 No 6 Could not be detarmined 3 ☐ Sulcida 28a. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, State) filled in by 4 Homicide To the Hospital o within 24 hours af To the Funeral Di compiataly filled is Certifying Physician: To the best of my knowledge, death occurred et tha time, dete and piece, and due to tha cause(s) and mannar as stated.

| Certifying Physician: To the best of my knowledge, death occurred et tha time, dete and piece, and due to tha cause(s) and mannar as stated.

| Medical Examiner: On the best of my knowledge, death occurred et tha time, dete and piece, and due to tha cause(s) and mannar as stated. Medicai 29a. Certifler (Check only 29b. Signetura and title of certifian 29c. Licansa number 29d. Dele signed (Month, Day, Year) RES 000 200g October 21, 1996 RESIDENT 30. Nema and address(o) person who completed causa of death (Itam 23a) (Type, Print) ELIZABETH HOLT TOWER 110 JOHNS HOPKINS HOSPITAL 32 Registrar's Signetura 31. Data flied (Month, Day, Year) State

- Laurdson

OCT 23199

DHMH 16 Rev 6/95

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Name (First, Middle, Last) 2. Date of Death Month 3. Time of Death 13:58 1996 20 October 4a. Facility Name (if not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Hospital 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Baltimore 9. Birthplace (State or Foreign Country) 5. Social Security Number

Physician

/Medical

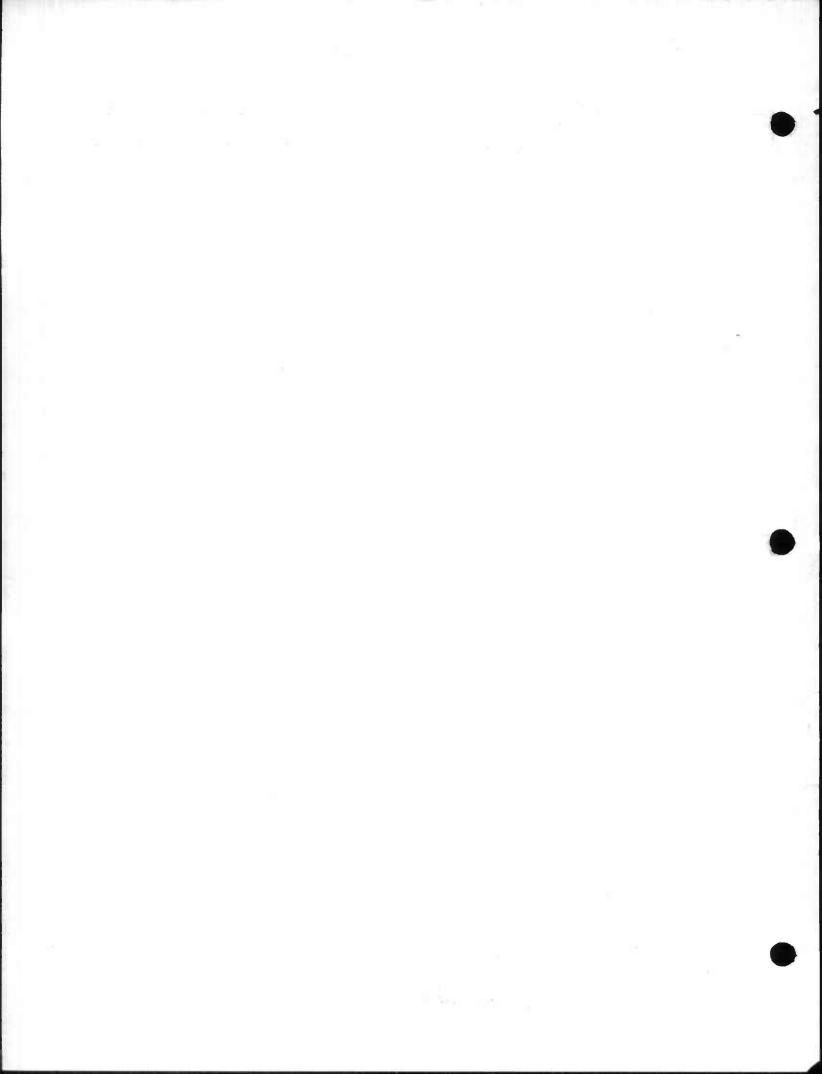
Examiner

Funeral

	Director		215-50-1613	Yrs.	11-3	0-1934	Va
	pur *		Usual Residence of Decedent 10a. Stata 10b. County 10c. C	ity, Town or Location			10d. Inside City Limits
	show	5					1 Yes 2 No
	ith the Mi or 28a-fi	oct		eltimore			/
	5 8	급	10e. Street and Number	10f. Zip Code		10g. Citizen of Whet C	
	23a	2	4109 Penhurst Avenue	212		U.	S-A
	hems mer ma	Funeral Director	11. Maritai Status 12. Was Decedant Evar in L Armed Forcas?	13. Was Decedent of H	llspanic Origin? (Specify Yes or N an, Mexican, Puarto Rican, etc.)	lo- 14. Race - Am Black, Wh	
0	or h	F	1 Nevar Marriad 2 Married 1 Yes 2 No -	1□ Yes 2⊠No	Specify:	Specify:	Black
00	72 hours after death with the Maryland natural, or Hems 23s or 28s-f show dies! Examiner must be notified at	d by	3 ☐ Widowed 4 ☐ Divorced Year or Dates: \\\			Specify.	Diam
21215-0020	within 72 hours after death with the Maryls liene. Then "naturs!", or hems 23s or 28s-f sho the Medical Examiner must be notified at	Completed	15. Decedent's Education (Specify only highast grade completed)	16a. Decedent's Usual Occup (Give kind of work done life. DO NOT use retired	ation during most of working	16b. Kind of Busines	
12	within ane. then	ldμ	Elementary/Secondary (0-12) College (1-4or 5+)	11 : :	3)	Deptot	Education
			10 grade	Maintainance			
Maryland		Be	17. Father's Namé (First, Middle, Last)		18. Mother's Name (First, Middle	- 11 .	
ž	2 should be and Mental s marked c	2	James Hart		00.0	ckels	
la	2 sh and is m		19a. Intormant's Name/Relationship (Type, Pnnt)	19b. Meiling Address (Street	and Number or Rural Route Num	1	A
	r 1 end I Health tem 27 other tu		Hinette Hart		ogers Avenue	Balto, Ma	
ore	00		20a. Method of Disposition 20b. 1 □ Burial 2 □ Cremation 3 □ Ramoval trom State /	Place of Disposition (Neme of cemetery, cremetery or other place	Data Data	20c. Location - City o	r Town, Stata
E	Pages nent of ant: If its			narrison Forest u	let 10-25-96	Owings.	Mills red
altimore,	emit. Pag Department Important: I any injury o		21. Signature of Funaral Service Licensee	22. Name and Addra			
111	8 5 5 8		M 0 0 1 1 1	, March F.	4. West warrach	- Avenue B	a HUMD 2, ZN
n			23s. Part1. Enter the disease, or camplications that caused the dea shock, or heart tailure. List only one cause on each line.	th. Do not enter the mode of dyir			Approximate
а	Physician		shock, or heart tailure. List only one causa on each line.		· Silico Asparation		Interval Between Onset and Death
1	/Medical		Immediate Cause (Final	1 (0-1100	1-1-0-11		
	Examiner			1 Cardion	nyopayny		
	1100	ě	Due to (or as a consequence of):			
	onsit	Examiner	b	200			1
ć	exec n an	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	or as a consequenca ot):			
292	sicle bur	cal	Cause (Disease or injury that initiated events				-
68760,	ficat phy ss th	8	resulting in death) Last	or as a consequence of):			
Box	requires that the death certificate be executed seen signed by the attending physicien and should be detached for use as the burial-trensit	Physician/Medical	d				
Ď	atte d for	cia	Doe II Other slandlesset and title as a stribution to do the base		1 0 11 00 00	44.4	
0	y the	ys	Part II. Other significant conditions contributing to death but not res	Juiting in the underlying cause giv		/	te to the cause of death?
٣.	res that the dei igned by the a be detached f		coronary Artery D	isease		Yee 2□No 3□	Probably 4 Unknown
ds	olies of be	d by			24a Wa	s an autopsy 24b	. Were eutopsy findings
Record	v require been si should	npleted	Hugertension		peri	iormed?	. Were eutopsy findings available prior to completion of cause
Se	S S C	d d		0 (of death?
	cate h	Co	Ventricular Arry	hmia	10	Yes 2000	1 □ Yes 2 □ No
<u> </u>	Physician: The I rithis certificate ha	Be	25. Was case referred to medical examine? Hospitel: Hospitel:	Oth	26. Place of Death (Check only	one)	
to	this cal dir	2	TLI Tes 2 No 1 Lympatient 2L	ER/Outpatient 3 DOA Oth	4 U Nursing Home 5 U Hes		ecify)
5	Ing I	ion	1 DNetural 5 Pending (Month, Dey Year)	28b. Time of 28c. Injury Work		how injury occurred	
Si	Attending Phy ir death. actor: After thi by the funeral of	cat	2 Accident investigation 3 Suicida 6 Could not be		Yas 2 No		
Division of Vital	or Attendation after death Director:	Certification:	4 ☐ Homicide determined 28e. Place of Injury - At h building, etc. (Special Control of the cont	nome, tarm, streat, factory, office (fy)	281. Location City or To	(Street and Number or Fown, Stete)	Rurai Route Number,
	rai Delli						
	To the Hospital or Att within 24 hours after d To the Funeral Direct completaly filled in by	edical	29a. Certifier (Check only 2☐ Medical Examiner: On the basis of examiner	wledge, death occurred at the timetion and/or investigation, in my o	ne, date and piace, and due to the pinion, death occurred at tha time	cause(s) and manner a , date end placa, end de	as stated. ua to the cauae(s)
	the the	Med	and manner stated.				in second on
	5 2 5 8		29b. Signature and title of certifier	29c. Licans		29d. Data signed (Mor	
	1//		& Bunnmalam	MD AS 2	402321 LC 9031	October	20,1996
	KX		30. Name and address of person who combined cause ot death (Iter	m 23a) (Type, Print)			
			2. Cumingham, Si	na Hospital			
	Sta	te	31. Date tiled (Month, Dey, Year)	AME	0		

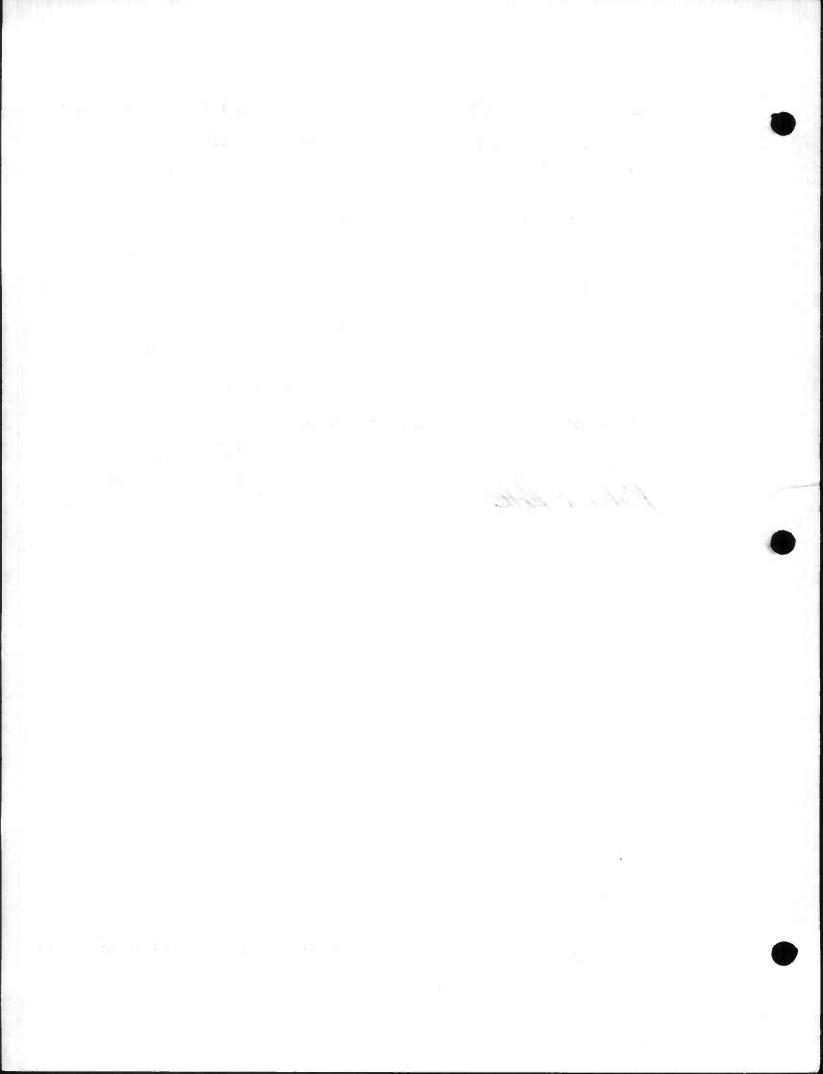
Registrar

OCT 23 1996



		1. Decedant's Nema (First, Middle, L		30 I Ja	Certificate of	Douth	2. Data of De	Reg. No.	2 Ti-	of Darr	
sicia	n						Month	Month Dey Year			
edica	al	WALTER HESTER				11 O' T-	OCTOBER 17,1996 10:25 I				
mine	er	4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location o						/-			
		THE JOHNS HOPKINS HOSPITAL 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthda			irthday) If Under 1 Ye	BALTIMORE CITY N/A er 1 Year If Under 24 Hrs. 8, Date of Birth 9, Birthplece (
ral or		20 F 20 F 20 F				Months Deys Hours Min. (Month		Birth 9. Birthpiece (State or Fo		a or ron	
or		212-32-6923 Usual Rasidance of Decedent		52			NOV 18	1934	VA		
		10e. Stete 10b. County		10c. City, Tov	wn or Location				10d. Inside	City Lir	
	Director	MD N/A	P		BAL	TO.			1 Q(Ya	as 2	
		10e. Street and Number			10f. Zip Coda			10g. Citizan of What Country?			
		9703 MATZON RD			21220			II C I			
	2 1	11. Maritai Status	12. Was Decedant E	Ever in U,S.	13. Was Decedent of	Hispanic Origin? (S	pecify Yas or N	U.S. A 14. Rece	- American indian,		
1	2	1 Never Merried 2 Married	Armed Forces?	lo	if Yas, specify Cuban, Maxican, Puerto		o Rican, etc.)	Black, White, atc.			
	ρ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva ** Yeer or Detas:	ii res, Giva		1 ☐ Yes 2 ☐ Yelo Specify:			Specify: BLACK		
	Completed	15. Decedent's E		on 16a. Deced		dant's Usual Occupation		16b. Kind of Businass/Industry			
	E P	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)		+)	(Give kind of work done during most of working life. DO NOT use retired)		Kirig				
	5	12th N/A		В	BUILDER			SHIP			
	Be	17. Fathar's Nema (First, Middle, Las	t)			18. Mother's Nar	ne (First, Middle	, Meiden Surnama,)		
	2	EDGAR HESTER				MABLE WALTON					
		19e. Informent'a Name/Ralationship (Type, Print) 19b. Meiling Address (Streat and Number or Rural Route Number, City or Town, Stata, Zip Code)									
		GENEVA HESTER		4	827 GREEN	CREST RD	BALTO	, MD 2	1202		
		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3	Demonial from Photo	20b. Plece	of Disposition (Name of ary, cramatory or other p		Dete		City or Town, Stata		
		4 □ Donetion 5 □ Other (Spec		BALT	IOMRE CEM	Ÿ	CT 26 1996	BALTO	, MD		
1		21. Signature of Fyneral Service Lice	ensee /		22. Name end Ad	dress of Facility BE	TTS FI				
OUCE		Vatra - Metta 112				e end Address of Facility BETTS FUNERAL HOME N. CAROLINE ST BALTO, MD 21213					
ian ical iner	-	Immediate Cauae (Finel disease or condition rasulting in daath)	e. Phi	Dua to (or as e	consequence of):	Stage Renal	Disease		12 ho	מוכנ	
s the burial-transit	Sequentially list conditions, if any, leeding to immediate cause. Enter Undertying Cause (Disaese or Injury c.							-			
		cause Enter Underlying									
		Cause (Disaese or Injury	that initiated evants Pue to (or as e consequence of):								
	000	that initiated evants		Due to (or as e	consequence of):						
		that initiated evants	d	Oue to (or as e	consequence of):		ы				
		resulting in deeth) Lest	d								
		that initiated evants	d			given in Pert i.	23b. Did	tobacco use cont	iribute to the caus	e of de	
District Control of the Control of t	Physician/Medic	Part II. Other eignificant conditions	dcontributing to death bu	at not resulting	in the underlying cause						
Part of the second	by Physician/Medic	Part II. Other elgnificant conditions Cerebrovas what	dcontributing to death bu	at not resulting			1	Yee 2 No	3 Probably 4	Unk	
has Division and a second	by Physician/Medic	Part II. Other eignificant conditions	dcontributing to death bu	at not resulting	in the underlying cause		1 □		24b. Were autops available pric completion of	Unk	
har Diagon follow Miles	by Physician/Medic	Part II. Other elgnificant conditions Cerebrovas what	dcontributing to death bu	at not resulting	in the underlying cause		1 □	Yee 2 No sean autopsy ormed?	24b. Were autops available pric completion o of deeth?	Unk	
Commission of the Party of the	Completed by Physician/Medic	Part II. Other eignificant conditione Cerebrova whar Respiratory Fa	dcontributing to death bu	at not resulting	in the underlying cause		1 □	Yee 2 No sean autopsy pormed?	24b. Were autops available pric completion o of deeth?	Unk	
	Be Completed by Physician/Medic	Part II. Other eignificant conditions Clybroval whar Respiratory Fa	contributing to death bu	it not resulting	in the underlying cause	26. Place of Dee	24a. Was perf	Yee 2□ No san autopsy ormed?	24b. Were autops available pric completion o of deeth?	Unk by findir or to of cause	
To Do One Line Division in the Line of the	to be completed by Physician/Medic	Part II. Other eignificant conditions Compared to medical examiner? 1 1 1 2 2 2 No 27. Manner of Deeth 1 Natural 5 Panding	contributing to death bu Auxident ilure Hospitel: 12 Inpatier 28a. Dete of Injur (Month, Day	it not resulting	in the underlying cause (26. Place of Dea Other: 4 Nursing H	24a. Wat peri	Yee 2□ No san autopsy ormed?	24b. Were autops available pric completion of deeth? 1 Yes 2,	Unki	
To Do Committee of the Office of the Committee of the Com	to be completed by Physician/Medic	Respiratory Fa 25. Wes casa referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Panding investigation of Could not 13 Sulcide 6 Could not 15 Natural 15 Sulcide 6 Could not 15 Natural 15 Sulcide 6 Could not 15 Natural 15	ilure Hospitel: 1 Inpatier 28a. Dete of Injur (Month, Day)	it not resulting to the wing nt 2 EP/0 y Year) 28b.	in the underlying cause (26. Place of Dea Other: 4 Nursing H jury at York? Yea 2 No	24a. Wai peri	Yes 2 No San autopsy primed? Yas 2 No one) Idance 6 Other how injury occurred	24b. Were autops available pric completion of deeth? 1 Yes 2	Unki	
To Do Committee of the Office of the State o	to be completed by Physician/Medic	Part II. Other eignificant conditions Clybroval whom Respiratory Fa 25. Wes casa referred to medical examiner? 1 Yes ZENo 27. Manner of Deeth 1 Zinatural 5 Panding investigation	ilure Hospitel: 1 Inpatier 28a. Dete of Injur (Month, Day)	int not resulting To the winy Int 2 ER/O YYear) 28b.	in the underlying cause (26. Place of Dea Other: 4 Nursing H jury at York? Yea 2 No	24a. Wat perf	Yee 2 No san autopsy. San autopsy. Yas No one)	24b. Were autops available pric completion of deeth? 1 Yes 2	Unki	
Continued on To Day Consultation In Physics Continued	Certification: 10 be Completed by Physician/Medic	Part II. Other eignificant conditions Clybroval whom Respiratory Fa 25. Wes casa referred to medical examiner? 1 Yes ZNo 27. Manner of Deeth 1 Natural 5 Panding investigated investigated determined 4 Homicida 6 Could not determined 29a. Certifier (Check only 2 Madical Examiner) 2 Madical Examined	Hospitel: 12 Inpaties 28a. Dete of Injur (Month, Day building, etc.) 28e. Plece of Injur building, etc.	int 2 EP/O y Year) 28b. Iny - At homa, f. If my knowledge examination as	in the underlying cause (26. Place of Dead Dither: 4 Nursing Hillury at York? Yea 2 No	24a. Was perf	Yes 2 No san autopsy ormed? Yas No one) Idance 6 Other how injury occurred win, State)	24b. Were autops available pric completion of deeth? 1 Yes 2, 1 (Specify) d	Unking the state of the state o	
And Continued to De Commission Bland Line Bland	redical Certification: 10 Be Completed by Physician/Medic	Part II. Other eignificant conditions Clybroval wlay Respiratory Fa 25. Wes casa referred to medical examiner? 1	ilure Hospitel: 1 Inpatier 28a. Dete of Injur (Month, Day be 28e. Plece of Injur building, etc.	int 2 EP/O y Year) 28b. Iny - At homa, f. If my knowledge examination as	in the underlying cause (26. Place of Dea Other: 4 Nursing H jury at Vork? Yea 2 No	24a. Was perf	Yes 2 No san autopsy primed? Yas 2 No No one) Idance 6 Other how injury occurred win, State) ceuea(s) end menidete and place, and determined the sand place and	24b. Were autops available pric completion of deeth? 1 Yes 2 (Specify) d r or Rural Route Not and the cause of due to the cause	Unkusy finding to the cause No	
South Control Control To Da Control Laboration Physics Research	redical Certification: 10 Be Completed by Physician/Medic	Part II. Other eignificant conditions Clybroval whore Respiratory Fa 25. Wes casa referred to medical examiner? 1 Yes ZNo 27. Manner of Deeth 1 Natural 5 Panding investigetic determined 4 Homicida 6 Could not determined 29a. Certifier (Check only one) 29b. Signetura and title of certifier	Hospitel: 1 Inpatier 28a. Dete of Injur (Month, Day 28e. Plece of Injur (building, etc.) 28e. Plece of Injur (and the place) int 2 EP/O y Year) 28b. Iny - At homa, f. If my knowledge examination as	in the underlying cause (26. Place of Dea Other: 4 Nursing H jury at Ork? No ee	24a. Warperf 1	Yes 2 No san autopsy ormed? Yas No one) Idance 6 Other how injury occurred with the state of th	24b. Were autops available pric completion of deeth? 1 Yes 2, (Specify) d r or Rural Route No. nar es stated. nd dua to the cause (Month, Day, Year,	Unkumber,		
hand Constitution To Day Communication Physics Blood by	Medical Certification: 10 be Completed by Physician/Medic	Part II. Other eignificant conditions Clibroval wilder Respiratory Fa 25. Wes casa referred to medical examiner? 1 Yes No 27. Manner of Deeth 1 Natural 5 Panding investigetic determined 4 Homicida 29a. Certifier (Check only one) 29b. Signetura and title of certifier	Hospitel: 12 Inpatier 28a. Dete of Injur (Month, Day building, etc.) 28e. Plece of Injur building, etc.	int 2 ER/O y Year) 28b. Iry - At homa, f. (Specify) f my knowledg examination aided.	in the underlying cause (26. Place of Dea Other: 4 Nursing H jury at Vork? Yea 2 No	24a. Warperf 1	Yes 2 No san autopsy ormed? Yas No one) Idance 6 Other how injury occurred with the state of th	24b. Were autops available pric completion of deeth? 1 Yes 2 (Specify) d r or Rural Route Not and the cause of due to the cause	Unk y findin or to or to or to cause No	
March Constitution To Do Constitution Block and and the Block	Medical Certification: 10 be Completed by Physician/Medic	Part II. Other eignificant conditions Clybroval wlay Respiratory Fa 25. Wes casa referred to medical examiner? 1	Hospitel: 12 Inpatier 28a. Dete of Injur (Month, Day building, etc.) 28e. Plece of Injur building, etc.	it not resulting to the wind	in the underlying cause (cartifac S tutpetient 3□ DOA Tima of injury M erm, street, fectory, office, deeth occurred at the ind/or investigation, in m 29c. Lice (Type, Print)	26. Place of Dead Dither: 4 Nursing Higher at Pork? Yea 2 No Provided Provi	24a. Warperf 1	Yes 2 No san autopsy ormed? Yas No one) Idance 6 Other how injury occurred with the state of th	24b. Were autops available pric completion of deeth? 1 Yes 2, (Specify) d r or Rural Route No. nar es stated. nd dua to the cause (Month, Day, Year,	Un Un say find or to or to or to or to or cause No.	

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

31627 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Deeth Physician ohn avmond 7:20 A.M. 21, 1996 October /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Center-Hospice

7. Age (In yrs. last birthday) | (Under 1 Ya Months Day OWSON
If Under 24 Hrs.
Min.
B. Date of Birth
(Month, Dey, Baltimore 6.Sex 5. Social Security Number 9. Birthplace (State or Foreign Country)
Maryland **Funeral** Days 217-20-0802 70 Yrs. Director Usual Residence of Decadent 10a. Stete 10b. County 10c. City, Town or Location the Maryla 28a-f show 10d. insida City Limits Director Maryland Baltimore Timonium 1 ☐ Yes 2XXNo 10e. Straet and Number 10f. Zip Code 10g. Citizen of Whet Country? 8 must be Herns 23a 402 Rockfleet Road # 102 21093 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? X⊠ Yes 2 □ No If Yes, Giva Yeer or Dates: 1944—*46 Was Dacedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indian, Bleck, Whita, etc. 72 hours after 1 Never Married XX Married Baltimore, Maryland 21215-0020 'natural', or 1 ☐ Yes XX No by 3 ☐ Widowad 4 ☐ Divorced Specify: White Completed the Medical 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filled within Hygiene. Elamentary/Secondary (0-12) College (1-4or 5+) -12-President: Jean's Fabrics Corp. Textile 18. Mother's Nama (First, Middle, Meiden Sumame) 17. Father's Name (First, Middle, Last) Be Pages 1 and 2 should be and Mental marked Raymond J. Hill, Sr. Ada Wroe 19a. fnforment's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Health Important: If Item 27 any injury or other to Mary Regina Hill (Wife) 402 Rockfleet Road # 102 - Timonium, Maryland 21093 20a. Method of Disposition
1 ☐ Burial ★ Cramation 3 ☐ Removal from State 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State October ъ 18,1996 4 ☐ Donetion 5 ☐ Other (Specify) Carroll Cremation Hampstead, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility 11824 Reisterstown Road Eline Funeral Home Reisterstown, Md. 21136 une nt1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, seck, or heart failure. List only one cause on each line. **Physician** renal failure /Medical Immediate Ceusa (Final 3 mon tho diseasa or condition resulting in death) Examiner Examiner melmoma malignant month The law requires that the death certificate be executed bunal-transit Sequentially list conditions, if eny, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue Due to (or as e consequence of) P.O. Box 68760. Physician/Medicai the Due to (or as a consequenca of): usa as for Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Dfd tobacco use contribute to the ceuse of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, þ 90 page 2 should Completed 24a. Was en autopsy performed? 24b. Wara eutopsy findings evallable prior to completion of cause of deeth? certificate 1 Yes Division of Vital Attending Physician: director. Be 25. Was case raferred to medical 26. Place of Death (Check only one) examiner? Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 | Nursing Home 5 | Rasidence 6 (Other (Specify) Hospice Medical Certification: To this 28e. Date of injury filled in by the funeral 27. Manner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred After 1 Naturel 2 Accident 5 Pending invastigation or Attending s after death. 1 Yas 2 No 3 Sulcide 6 Could not be detarmined 28e. Place of injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital or within 24 hours at To the Funeral D 1 Certifying Physicien: To the bast of my knowledge, death occurred at the time, date end plece, and due to the causa(s) and manner es steted.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the causa(s) and manner steted. 29a, Cartifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Data signed (Month, Day, Year) actober 21, 1996 5205 30. Name and address of parson who cor th (ftem 23a) (Type, Print) 6701 N. Charles St. Balto BMC < $_{\rm I}$ 31. Data filed (Mon State Registrar

THE RESERVE OF STREET att a line 2 or 6 RALTMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

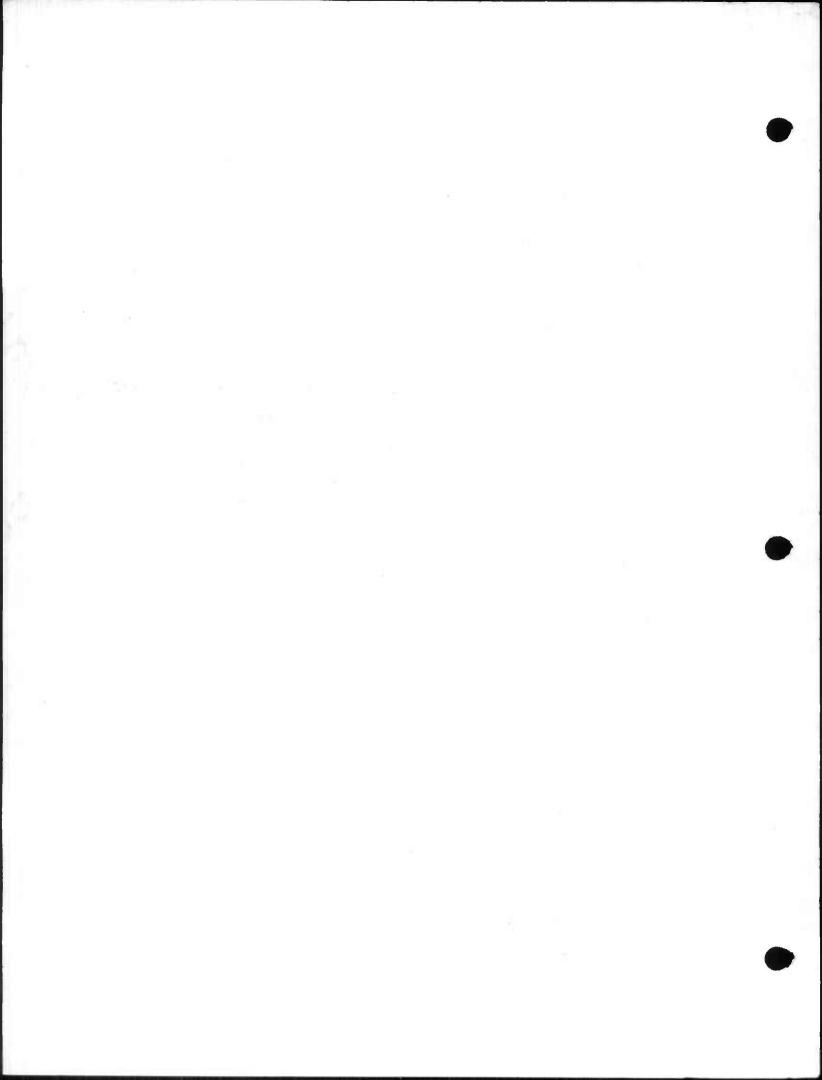
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF M		/ DEPAR					MENTAI	HYGIEN			
1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH			3. TIME OF DEATH
EMMA L, H	HAMMEN								OC	tober	20.19	96	11:45 p M
4. SOCIAL SECURITY NUMBER		. SEX	8. AGE (In yrs. le	ast birthday)	IF UNDER		IF UNDER 24		7. DATE	OF BIRTH , Day, Year)		A RIDTHS	PLACE (State or Foreign
212-05-1443] 1	□ M 2 □XF	99	YRS.	MONTHS	DAY8	HOURS	MIN.		ber 1	8,189	7 M	aryland
Se. FACILITY NAME (If not ins	stitution, give stree	t and number)			9b. CITY	, TOWN O	R LOCATION	OF DE			9c. COUN		HTA
RIVERVIE	W NURSI	ING CENT	RE, INC.	.	Es	ssex					Bal	timo	re
RESIDENCE OF DEC	10b. COUNTY			10c CITY	TOWN (OR LOCAT	ON						10d, INSIDE CITY
													LIMITS?
100. STREET AND NUMBER	Balti	more			Esse	Y	ZIP CODE				10a, CITIZ		HAT COUNTRY?
1 Faster	n Blvd.						21221	1			1110	US	
11. MARITAL STATUS		2. WAS DECEDENT			13.	WAS DECI	ENDENT OF I	HISPANI	IC ORIGIN	? (Specify Ye	s or No—	14. RACE	American Indian, White, etc.
1 Never Married 2 🔲		FORCES? 1 [NO			cify Cuben, i 2 NO			ilcan, etc.)		Black, Specify	v.
3 Widowed 4 Divor	rced						A						White
15. DECE (Specify only	EDENT'S EDUCAT	TION mpleted)	(Give kind of w	rork done	during mos	N it of working		16b.	KIND OF BU	SINESS/IND	JSTRY	
Elementary/Secondary (0-	-12)	College (1-4 or 5+)		6. Do NOT us Clerk	e retired.)					Phone	Comp	anv	
17. FATHER'S NAME (First, Mi	della dissall		`	OLCI16									
17. PATRIER'S NAME (FIRST, MIII	adie, Lest)			Ham	non	- 1	Mary			Aiddle, Meiden 1 .		erly	100
Tohn 19e. INFORMANT'S NAME (Ty	me/Print)	T.	T,			B (C4				oer, City or Tow			
Walter Hamm				608 H									21030
20a METHOD OF DISPOSITION 1 MANUAL PROPERTY OF THE PROPERTY OF	ON n 3 🗆 Remova	I from State		EAND DATE O				1.0	DAT	20c. LC	CATION — C	alty or Tov	vn, State
4 Donetion 5 Other	(Specify)		More.	land I					1	96 Pa	rkvii	ле,	Ma.
21. SIGNATURE OF FUNERAL	L SERVICE LIPEN	O SEE			22.		D ADDRESS			Lexes	Llomo	Tno	,
Kod	1 /-	X_								neral Towsor			
23. PART I. Enter the di	sesses or cor	nplications that	caused the d	leath. Do n	ot enter								Approximate
shock, or he IMMEDIATE CAUSE (Fin		it only one caus	e on each lin	10.									Interval Batween Onset and Death
disease or condition	.	AMAR	مدرة	t									7145
resulting in death)		DUE TO	OR AS A CONS	EOUENCE OF		- Design							1
	_ b.	Alah	eme	or	De	nee	Har						4 15.
Sequentially list conditi- if any, leading to immed	liete	DUE TO (OR AS A CONS	EOUENCE OF	7):								
CAUSE (Disesse Dr injur													
that initiated events resulting in death) LAST		DUE TO (OR AS A CONS	EOUENCE OF	ን:								
Todatti, Eric	d.												
PART II. Other significes	nt conditions	contributing to	death but not	reaulting I	n the ur	nderlying	ceuse glv	ren In I	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
Ad Oere	(rovar	estar.	Accid	ent						PERFO	1 0		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Olenie de			lanes		ne a	4.0				1 1 123	. De		OF DEATH?
DID TOBACCO U		-			s 🗆	NO 🗆	UNCE	RTAIN	1 D				
25. WAS CASE REFERRED TO				ACE OF DEAT	H (Check	only one)			-74				
EXAMINER?		OSPITAL:	ER/Outpatient	3 DOA	OTHER		5 🗌 Resid	dence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH		26e. DATE OF (Month, De		26b. TIM	_	26c. INJ	JRY AT			CRIBE HOW	INJURY OCC	URED	
	Pending Investigation	(MONIN, DE	y, rour)	1143	M	1 Y	ES 2	NO					
3 Suicide 6	Could not be		INJURY — At I	nome, term, s	street, fec	tory, office			26f. LOC	ATION (Street or Town, State	and Number	or Rural R	oute Number,
4 Homicide	determined		(0000)						Oily	or nown, State	,		
one)		N. To the best of											
2 MEDI		OIL THE DOGS OF SX	emmation and/o	- investigatio	ii, in my e	opinion, d				and place, a			and manner es stated.
29b. SIGNATURE AND TITLE	BERTIFIER						29c. LICENS	-			29d. DATE		(Month, Day, Year)
Whal	Mun	my					17	171	66)		(0)	126 () 60
30. NAME AND ADDRESS OF	0												
DR MTCH 31. DATE FILED (Month, Day,	AEL SCH		606 HAN	4MONDS	LA	NE I	BALTIN	10RE	s, MI).			
OCTO	31996	0	widson-A	andell									
4016	1000	U											OHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 629 Certificate of Death 1. Dacedent'a Neme (First, Middle, Last) 3. Time of Deeth 2 Data of Death litoler ame (If not institution, giv 4b. City, Town, or Location of Death et end number) 4c. County of Deeth BALTIMORE LON WIFITAL N/A If Undar 24 Hrs. If Under 1 Yeer 6. Sax 7. Aga (In yrs. last birthday) 8. Deta of Birth (Month, Dey, Year) March 27, 19 9. Birthplace (Stete or Foreign Country) Maryland Deys 217-58-2060 1□M 2 F Months Hours 44 Usuel Residance of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits Maryland N/A Baltimore 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1311 Weldon Avenue 21211 U.S.A. 11. Maritai Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Reca - American Indian, Bleck, White, atc. 1 Navar Merried 2 Marriad 1 ☐ Yas 2 1 No If Yes, Give 1 ☐ Yes 2 ☑ No Specify: Specify: 3 Widowed 4 N Divorcad White Yaar or Dates: 15. Decedent's Education (Specify only highast grede complated) 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Buainess/Industry Elementery/Secondary (0-12) College (1-4or 5+) Laboratory Technician Laboratory 17. Fether's Neme (First, Middle, Last) 18. Mother'a Neme (First, Middla, Maiden Sumame) Philip J. Hauswald, Jr. Ruth Stiegler 19e. Informent'a Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Philip J. Hauswald, Jr. 2809 Montclair Drive Ellicott City, Maryland 21043 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Crametion 3 ☐ Removel from Stete 4 Donetion 5 Dother (Specify) Garrison Forrest October 21, 1996 Owings Mills, Maryland 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 emmer 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the moda of dying, auch es cardiec or respiretory errest, shock, or heer feliura. List only ona cause on each line. Approximete Intervel Between Onset and Deeth Immediate Cause (Final disasaa or condition resulting in deeth) 20000 Cay 1.60 Sequentielly list conditions, if any, leeding to Immediate cause. Enter Undarlying Cause (Disease or Injury Due to (or es e consequence of): thet initieted events resulting in death) Last Due to (or as e consequence of): Pert II., Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 □ Whknown 24b. Were autopsy findings eveliable prior to 24a. Was en autopsy completion of causa of death? 1 Yas 1 Yea 2 No 211No 25. Was case refarred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) Hospital: 1 Yes 2 No Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending invastigation Injury 1 ☐ Yea 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29c. Licansa numbar

29d. Data signed (Month. Day, Year)

Examiner requires that the deeth certificate be axecuted Box 68760 Records, P.O. Wel The Division of Vital or Attending Physician:

Rospital

attending physicien and for use as the buriel-trans the 2 page 2 s hes certificata this funeral After in 24 hours after death.
The Funeral Director: After the funeral process.

Physician

/Medical

Examiner

10e. State

Director

Funeral

p

Completed

Be

Funeral

Director

show

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examiner must be notified at

with the Maryland

death

hours after

il Hygiene.

permit. Pages 1 and 2 should be file Department of Haalth end Mental Hy Important: If Item 27 is marked other any injury or other traumatic event

Physician

/Medical

Examiner

Physician/Medical

þ

Completed

Be

P

Certification:

Medical

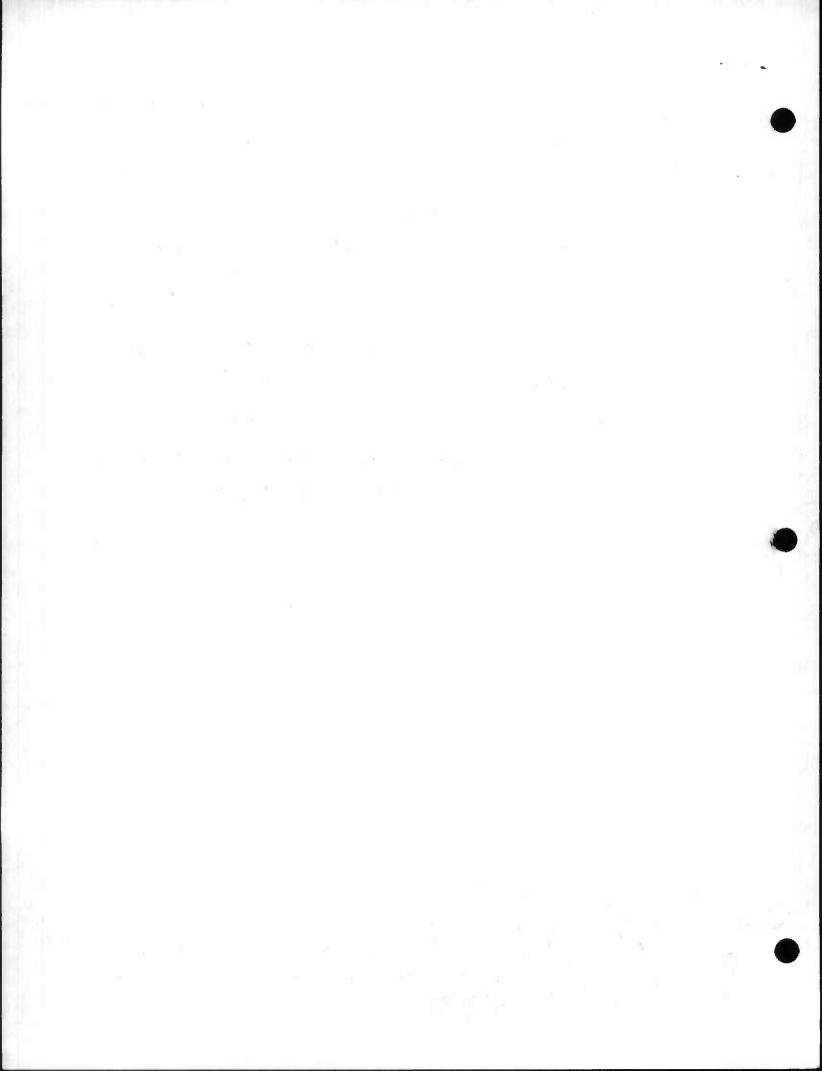
29e. Certifier

(Check only one) 29b. Signature

all of certifie

Baltimore, Maryland 21215-0020

State Registrar NION M EMORIAI



State of Maryland / Department of Health and Mental Hygiene 96 3 | 630

Department of Health and Mental Hygione. Department of Health and Mental Hygione. Important: If Item 27 is married other train "netural", or items 23a or 28a-f ahow any Injury or other traumatic event, the Medical Examine traumatic event traumatic event, the Medical Examine traumatic event, the Medical Examine traumatic event traumat	4a. Facility Nama (if not institution, CAYUTEU MENT 5. Social Security Number 217-20-7043 Usual Residanca of Decedent 10a. Stata 10b. County Maryland Baltim 10e. Street and Number South 48 th Str 11. Marital Status 12 Naver Marriad 2 Marriad 3 Widowad 4 Divorced 15. Decadent's (Specify only highest of Specify only highest only highest only highest only highest only highest only highest only highest	give street end number) CAL CINCR S. Sex 1 M 2 F 7. Aga (In 10 10 10 10 10 10 10 10 10 1	Dun. r in U,S. 1946 1947	or Location dalk 10f. Zip Coda 2122 13. Was Decedant of I If Yas, specify Cub 1 Yes 2 No Decedant's Usual Occur (Give kind of work done life. DO NOT use retire)	Hours Min. 22 Hispanic Origin? (Spean, Maxican, Puerto Specify:	8. Data of Birth (Month, Dey, ZG F & B	Day 17 4c. County 18 Av Year) 14 2 8 Og. Citizan of U.S 14. Rac Bla	9. Birthpl County What County A. Coe - Amarica ck, Whita, a	our Control Maryland Od. Inside City Lim 1 Yes 2
Pages 1 and 2 should be find within 72 hours after death with the Maryland ment of Health and Mental Hygiene. Inst. If how 27 is marked other than "netural", or frems 23e or 28e-1 ahow and the marked other than "netural", or frems 23e or 28e-1 ahow and the marked other than the marked of the control of t	4a. Facility Nama (if not institution, CAYUTEU MENT 5. Social Security Number 217-20-7043 Usual Residanca of Decedent 10a. Stata 10b. County Maryland Baltim 10e. Street and Number South 48 th Str 11. Marital Status 12 Naver Marriad 2 Marriad 3 Widowad 4 Divorced 15. Decadent's (Specify only highest of Specify only highest only highest only highest only highest only highest only highest only highest	give street end number) CAL CINCLE S. Sex 1 M 2 F 7. Aga (In 10 10 10 10 10 10 10 10 10 1	Dune of the Lorentz o	or Location dalk 10f. Zip Coda 2122 13. Was Decedant of I If Yas, specify Cub 1 Yes 2 No Decedant's Usual Occur (Give kind of work done life. DO NOT use retire)	If Under 24 Hrs. Hours Min. 22 Hispanic Origin? (Spean, Maxican, Puerto Specify:	cation of Death ONE 8. Deta of Birth (Month, Dey, ZG F 6 6	4c. County BM Year) 14.28 Og. Citizan of U.S 14. Rac Bla	y of Death 9. Birthpi Count What Count 0. A. De - Americack, Whita, &	off (State or Foreign) Od. Insida City Lim 1 Yas 2
Pages 1 and 2 should be fined within 72 hours after death with the Manyland of an anti-off Health and Mental Hygione. Inst. If from 27 is marked other than "natural", or items 23s or 28s-1 show of an unity or other traumsite event, the Medical Examiner must be notified at the anti-off page. To Be Completed by Funeral Director	5. Social Security Number 217-20-7043 Usual Residence of Decedent 10a. Stata 10b. County Maryland Baltim 10e. Street and Number South 48 th Str 11. Marital Status 1 Naver Marriad 3 Widowad 4 Divorced (Specify only highest of Specify only highest only	7. Aga (In 10 Process) Seet 1232 12. Was Decedent Evan Armed Forcas? 13. Yas 2 No If Yas, Giva Yaar or Datas: Education grede completed) College (1-4or 5+) NA Holoman	Dune of the Lorentz o	or Location dalk 10f. Zip Coda 2122 13. Was Decedant of I If Yas, specify Cub 1 Yes 2 No Decedant's Usual Occur (Give kind of work done life. DO NOT use retire)	If Under 24 Hrs. Hours Min. 22 Hispanic Origin? (Spean, Maxican, Puerto Specify:	8. Data of Birth (Month, Dey, ZG F & B	Year) 14 2 8 Og. Citizan of U. S 14. Rac Bla	9. Birthpl County What County A. Coe - Amarica ck, Whita, a	oleca (State or Fordity) Aryland Od. Insida City Lim 1 Yas 3
Pages 1 and 2 should be fitted within 72 hours after death with the Maryland or ment of Health and Mental Hygiene. Inst. If from 27 is marked other than "netural", or froms 23a or 28a-1 show any or other traumatic event. The Medical Experiment by nortified at the Medical Experiment by nortified at the To Be Completed by Funeral Director	Usual Residance of Decedent 10a. Stata 10b. County Maryland 10c. Street and Number South 48 th Str 11. Marital Status 12 Naver Marriad 3 Widowad 15. Decadent's (Specify only highest of Specify only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest only highest o	7. Aga (In 10 10 10 10 10 10 10 10 10 10 10 10 10	Dune of the Lorentz o	or Location dalk 10f. Zip Coda 2122 13. Was Decedant of I If Yas, specify Cub 1 Yes 2 No Decedant's Usual Occur (Give kind of work done life. DO NOT use retire)	If Undar 24 Hrs. Hours Min. 22 Hispanic Origin? (Spean, Maxican, Puerto Specify:	8. Date of Birth (Month, Dey, ZC) FC6	Year) 14.28 Og. Citizan of U.S 14. Rac Bla	9. Birthpi Count Whet Count O. A. ce - America ck, Whita, a	oleca (State or Fordity) Aryland Od. Insida City Lim 1 Yas 3
Pages 1 and 2 should be fitted within 72 hours after death with the Maryland or ment of Health and Mental Hygiene. Inst. If from 27 is marked other than "netural", or froms 23a or 28a-1 show any or other traumatic event. The Medical Experiment by nortified at the Medical Experiment by nortified at the To Be Completed by Funeral Director	Usual Residanca of Decedent 10a. Stata 10b. County Maryland 10e. Street and Number South 48 th Str 11. Marital Status 12 Naver Marriad 3 Widowad 4 Divorced 15. Decadent's (Specify only highest of Specify only highest only highest only highest only highest only highest only highest only highest only highest	12 M 2 F 10 TOTE 12. Was Decedent Evan Armed Forcas? 13. Yas 2 No If Yas, Giva Yaar or Datas: Education grede completed) College (1-4or 5+) NA Holoman	Dune of the Lorentz o	or Location dalk 10f. Zip Coda 2122 13. Was Decedant of I If Yas, specify Cub 1 Yes 2 No Decedant's Usual Occur (Give kind of work done life. DO NOT use retire)	Hours Min. 22 Hispanic Origin? (Spean, Maxican, Puerto Specify:	(Month, Dey, ZG F 6 8	Og. Citizan of U.S 14. Rac Bla	Whet Count Co. A. ce - America ck, White, a	Maryland Od. Insida City Lim 1 □ Yas 2 □ otry? ean Indien, atc.
Pages 1 and 2 should be filed within 72 ment of Health and Mental Hygione. Int. If flom 27 is merked other than "net ury or other traumatic event, the Medical Ury or other traumatic event. To Be Complete	10a. Stata 10b. County Maryland Baltim 10e. Street and Number South 48 th Str 11. Marital Status 1 Naver Marriad 2 Marriad 3 Widowad 4 Divorced 15. Decadant's (Specify only highest statementary/Secondary (0-12) 8 17. Father a Name (First, Middle, La Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition	12. Was Decedent Evan Armed Forcas? 12. Yas 2 No If Yas, Giva Yaar or Datas: Education prede completed) College (1-4or 5+) NA	Dune nin U,S. 1946 1947	dalk 10f. Zip Coda 2122 13. Was Decedant of I If Yas, specify Cub 1 □ Yes 2 № No Dacedant's Usual Occul (Give kind of work done life. DO NOT use retire	Hispanic Origin? (Spe an, Maxican, Puarto Specify:	ecify Yas or No-	U.S 14. Rac Bla	Whet Counce - America	0d. Insida City Lim 1 ☐ Yas 2 ☐ stry? an Indien, atc.
Pages 1 and 2 should be filed within 72 ment of Health and Mental Hygione. Int. If flom 27 is merked other than "net ury or other traumatic event, the Medical Ury or other traumatic event. To Be Complete	South 48 th Str 11. Marital Status 1 Naver Marriad 2 Marriad 3 Widowad 4 Divorced 15. Decadant's (Specify only highest s Elementary/Secondary (0-12) 8 17. Father's Name (First, Middle, La Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition	12. Was Decedent Evan Armed Forcas? 12. Yas 2 No If Yas, Giva Yaar or Datas: Education prede completed) College (1-4or 5+) NA	Dune nin U,S. 1946 1947	dalk 10f. Zip Coda 2122 13. Was Decedant of I If Yas, specify Cub 1 □ Yes 2 № No Dacedant's Usual Occul (Give kind of work done life. DO NOT use retire	Hispanic Origin? (Spe an, Maxican, Puarto Specify:	ecify Yas or No-	U.S 14. Rac Bla	Whet Count A. ce - America ck, White, a	1 □ Yas 2√□ atry? an Indian, atc.
Pages 1 and 2 should be filed within 72 ment of Health and Mental Hygione. Int. If flom 27 is merked other than "net ury or other traumatic event, the Medical Ury or other traumatic event. To Be Complete	South 48 th Str 11. Marital Status 1 Naver Marriad 2 Marriad 3 Widowad 4 Divorced 15. Decadant's (Specify only highest s Elementary/Secondary (0-12) 8 17. Father's Name (First, Middle, La Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition	1232 12. Was Decedent Evan Armed Forcas? 12 Yas 2 No If Yas, Giva Yaar or Datas: Education grede completed) College (1-4or 5+) NA Holoman	rin U,S. 1946 1947	10f. Zip Coda 2122 13. Was Decedant of I If Yas, specify Cub 1 □ Yes 2 No Dacedant's Usual Occul (Give kind of work done life. DO NOT use retire	Hispanic Origin? (Spe an, Maxican, Puarto Specify:	ecify Yas or No-	U.S 14. Rac Bla	A. ce - Amarica ck, Whita, a	an Indien,
Pages 1 and 2 should be filed within 72 ment of Health and Mental Hygione. Int. If flom 27 is merked other than "net ury or other traumatic event, the Medical Ury or other traumatic event. To Be Complete	South 48 th Str 11. Marital Status 1 Naver Marriad 2 Marriad 3 Widowad 4 Divorced 15. Decadant's (Specify only highest s Elementary/Secondary (0-12) 8 17. Father's Name (First, Middle, La Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition	12. Was Decedent Evan Armed Forcas? 12 Yas 2 No If Yas, Giva Yaar or Datas: Education grede completed) College (1-4or 5+) NA ### Holoman	1946 1947	2122 13. Was Decedant of I If Yas, specify Cub 1 □ Yes 2 No Decedant's Usual Occur (Give kind of work done life. DO NOT use retire	Hispanic Origin? (Spe an, Maxican, Puarto Specify:	ecify Yas or No-	U.S 14. Rac Bla	A. ce - Amarica ck, Whita, a	an Indien, atc.
Pages 1 and 2 should be filed within 72 ment of Health and Mental Hygione. Int. If flom 27 is merked other than "net ury or other traumatic event, the Medical Ury or other traumatic event. To Be Complete	3 Widowad 4 Divorced 15. Decadant's (Specify only highest of Elementary/Secondary (0-12) 8 17. Father's Name (First, Middle, La Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition	12. Was Decedent Evan Armed Forcas? 12 Yas 2 No If Yas, Giva Yaar or Datas: Education grede completed) College (1-4or 5+) NA ### Holoman	1946 1947	13. Was Decedant of I If Yas, specify Cub 1 ☐ Yes 2 No Dacedant's Usual Occul (Give kind of work done life, DO NOT use ratire)	Hispanic Origin? (Spe an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	14. Rad Bla	ce - Amarica ck, Whita, a	atc.
Pages 1 and 2 should be filed within 72 ment of Health and Mental Hygione. Int. If flom 27 is merked other than "net ury or other traumatic event, the Medical Ury or other traumatic event. To Be Complete	3 Widowad 4 Divorced 15. Decadant's (Specify only highest of Elementary/Secondary (0-12) 8 17. Father's Name (First, Middle, La Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition	In the second se	16a.	If Yas, specify Cub 1 Yes 2 No Dacedant's Usual Occup (Give kind of work done life. DO NOT use retire	Specify:	Rican, atc.)	Bla	ck, Whita, a	atc.
Pages 1 and 2 should be filed within 72 ment of Health and Mental Hygione. Int. If flom 27 is merked other than "net ury or other traumatic event, the Medical Ury or other traumatic event. To Be Complete	15. Decadent's (Specify only highest of Elementary/Secondary (0-12) 8 17. Father's Name (First, Middle, La Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition	Yaar or Datas: Education grede completed) College (1-4or 5+) NA Holoman	16a.	Dacedant's Usual Occup (Give kind of work done life. DO NOT use retire	pation		Specif	,	
Pages 1 and 2 should be filed within 72 ment of Health and Mental Hygione. Int. If flom 27 is merked other than "net ury or other traumatic event, the Medical Ury or other traumatic event. To Be Complete	Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition	College (1-4or 5+) NA Holoman		(Give kind of work done life. DO NOT use retire	pation			Whit	e
Pages 1 and 2 should be filed within nent of Health and Mental Hygions. Inst. If flow 27 is merked other than ury or other traumatic event. The Me	Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition	College (1-4or 5+) NA st) Holoman		life. DO NOT use retire			16b. Kind of B		
Pages 1 and 2 should be fit ment of Health and Mental H ent; if tem 27 is marked oft ury or other traumatic even To Be	Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition	NA Holoman	A		during most of worki	ng			
Pages 1 and 2 should be fit ment of Health and Mental H ent; if tem 27 is marked oft ury or other traumatic even To Be	Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition	Holoman		ssembly Lir	e		Brewer	У	
Pages 1 and 2 should ment of Health and Men ant if Item 27 is merke ury or other traumatio.	Martin 19a. Informant's Name/Relationship Mary Ann Fila 20a. Method of Disposition				18. Mothar's Name	(First, Middle, A	Aeiden Surnan	ne)	
Pages 1 and ment of Health ant: If Hem 27 ury or other th	Mary Ann Fila		- II p		Mary		Va	ırek	
Pages 1 a ment of Hea ant: If Hem ury or othe	20s. Method of Disposition	(Type, Print)	19b.	Mailing Addrass (Street	end Number or Rure	ol Route Number,	City or Town,	Stete, Zip	Code)
permit. Pages t Department of H Important: If the any injury or oth otics.		The second secon		g Baer Driv	re 1013 Gl	en Burni	le, MD.	2106	51
pemit. Pag Department Important: I any Injury c	tX Burial 2 ☐ Cremation 3	ALL CONTRACTOR OF THE PARTY OF	Ob. Place of cemeters	Disposition (Neme of crematory or other pla	ce)	Data 2	20c. Location	- City or Tox	wn, State
Departition Departition Imports any in any i	4 □ Donation 5 □ Other (Spec	The state of the s	Sacred	Heart of M	lary Oct.	21 [oundalk	. Mar	vland
89728	21. Signature of Funeral Service Lic		n	22. Name and Addre	ss of Facility				7
	What (1 Change	- 1.	W. Dabrows					21224
172.0	23a/Part1. Enter the disease, or co shock, or heart failure. List on	mplications that caused the	death. Do no	1005 Dunda of antar the mode of dyl	ng, such as cardiac o	or raspiratory arra	ist,		Approximata Intarval Batween
Physician	and primary many can do	y one sause y reach and							Onset and Death
/Medical	Immadiata Ceusa (Final disaese or condition	RESPO	2 ATTOR	y FAST	URS.				Supper
Examiner	rasulting in daath)		V	onsequance of):				1	2017/10
P s q	Tell Co. L			4 MULTE	EN.M.				Suppen 4 YEARS
executed in and ial-transit	Sequantially list conditions,			onsequanca of):	1 0,0110	<u></u>			76-01-
e exe	Sequantially list conditions, if any, laading to Immediata cause. Entar Underlying Causa (Disaasa or Injury								
ficate be physicials the bu	that initiated evants resulting in death) Last	CDua	to (or as a co	ensequence of):					
2 2 3		d							
death de atte	Part II. Other significant conditions	contributing to death but no	t resulting in	the underlying cause giv	ren In Part I.	23b. Did tol	bacco use co	ntributs to	the cause of dea
requires that the seen signed by th hould be detache eted by Phys						1 🗆 Ye	2 2 No	3 Prob	ably 4 Unknown
5 5 A									
The law require sate has been single 2 should Completed						24a. Wes en		ava	re autopsy finding
has b	3							com	nplation of causa death?
The law ate has t page 2 s						1 Ya	s 2 No	10	Yes 2 No
certificate rector, pag	25. Was casa refarred to medical axaminar?				28. Place of Death	(Check only one	9)		
Physician: this certific ral director, TO Be	1 ☐ Yes 2 No	Hospital:	2 ☐ ER/Outp	patient 3 DOA Oth	er: 4 Nursing Hon	na 5□Rasidar	nce 6 Oth	ar (Specify)	,)
on:	27. Mannar of Death 1 Natural 5 □ Pending	28a. Deta of Injury (Month, Dey Yea	28b. Tis	me of 28c. Injur		8d. Dascribe ho			
Attending or death. ector: After by the fune lification	2 ☐ Accident Invastigati	on			Yes 2□No				
er de mecto by ti	3 ☐ Sulcida 6 ☐ Could not datamina	be d 28a. Placa of Injury - building, atc. (Sc	At home, fam	n, straat, factory, office	2	8f. Location (Str. City or Town,		er or Rural	Route Number,
tal or Attending P rs after death. al Director: After t ed in by the funers Certification:		bononig, arc. (or	occuy)			Only or TOWN,	State)		
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certifice completely filled in by the funeral director, Medical Certification: To Be (29a. Cartifiar 1 Certifying P (Check only one) 2 Medical Exs	Phyalcian: To the best of my aminer: On the basis of axar and manner stated.	knowledge, minetion and/	deeth occurred et tha tin or Invastigation, in my o	na, data and placa, a pinion, daath occurre	nd dua to tha car d at tha time, de	usa(s) and ma ta and placa,	innar as sta and dua to t	nted. tha causa(s)
Me Me	29b. Signature and tale of portition	TOTAL HIS TO WHITE O		29c. Licens	e number	29	d. Data signer	d (Month, D	Dey, Year)
	1/4//-	M.D.		97111			70cr		1-11-5-4
1/1	00 New /	completed aguas of death	/Itam 22=) /T				, Oct		
			(nam 238) (T	ype, mint)			1		
N,	30. Name and address of person who	141) S DOTTUAL	16000	RMT	MIN IN	W.ITTI	/ \		
State		940 EASTIKN 32. Registrar's S	ionature	BATSMIN	mis (13	HURW	′)		

DHMH 16 Rev 6/95

and the control of the state of the control of the state

State of Maryland / Department of Health and Mental Hygiene

Continent of Fleath and Meritain

16 316

Oct., 21, 1996

21229

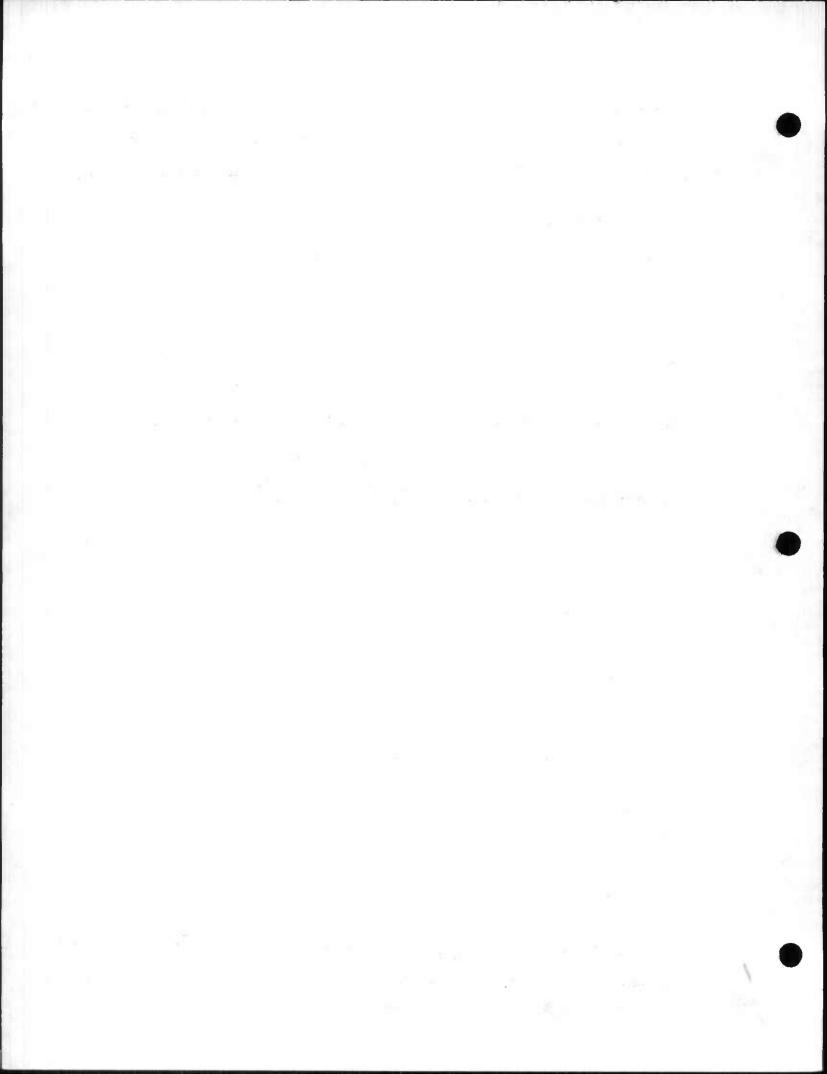
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month GERTRUDE OCTOBER 20,1996 8:52 A.M. /Medical 4e. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ST. MARTIN'S HOME (LSOP) CATONSVILLE BALTIMORE 7. Age (in yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 5. Sociel Security Number Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Deys 1 ☐ M 2 ☑ F Vrs Director 89 220-44-7090 NOV.11,1906 MARYLAND Usual Residence of Decedent the Maryland 10e Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at 1 ☐ Yes 2 XNo Director BALTIMORE CATONSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5 items 23a 601 MAIDEN CHOICE LANE 21228 U.S.A. Funeral 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Raca - American Indien, Bleck, White, etc. 72 hours after 1 ☐ Yes 2 ☐ X lo If Yes, Give Yeer or Detes: 1X Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 5 1 ☐ Yas 2 No Specify: Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorcad "naturel", Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within: Department of Health and Mental Hygiena. Important: If them 27 is merked other than on any injury or other transment. Elemantary/Secondery (0-12) Coliaga (1-4or 5+) NEVER WORKED NONE N/A 17. Fether's Neme (First, Middla, Last) 18. Mothar's Neme (First, Middle, Meldan Sumame) ALPHEUS IDE BESSIE CAVEY 19e. Informant's Name/Reletionship (Typa, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 601 MIADEN CHOICE LANE-CATONSVILLE, MD MOTHER SUPERIOR: SR. MARGUERITE 20b. Plece of Disposition (Neme of cematary, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBuriai 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) NEW CATHEDERAL CEMETERY 10/23 BALTIMORE 22. Neme end Address of Fecility
HUBBARD FUNERAL HOME, INC. 21. Signeture of Funeral Service Licensee 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a. Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, which, or heart feiture. List only ona cause on each line. Approximete Intervel Betw **Physician** Bilateral /Medicai Immediate Cause (Fine) weeks diseese or condition resulting in death) Examine Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disaese or injury that initiated events resulting in death) Lest Due to (or as e consequence of): P.O. Box 68760. Physician/Medical Due to (or es e consequenca of): Pert li. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert I. ed by the detached 23b. Did tobacco use contribute to the cause of death? signed by t 1 Tes 25kNo 3 Probably 4 Unknown Essential hypertension Records, Completed by 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes an autopsy performed? Alteroscherotic Cardionascular disease page 2 certificate 1 Yes 2 No 1 □ Yas 2 □ No Division of Vital Hospital or Attanding Physician: 24 hours after death.
Funeral Director: After this certifical taby filled in by the funeral director, 25. Was case referred to medical Be 26. Place of Daeth (Check only one) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Othar: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred 5 Pending invastigation 1 Neturei 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicida in 24 hour.
The Funeral Direction of the funeral direction of the funer 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) To the Hosp within 24 hou To the Funer completely fill edical 29a, Certifier end menner steted. 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

State Registrar 3455 WILKENS AVENUE - SUITE 308 - BALITMORE, MD

30. Nema and address of person who completed causa of death (Itam 23a) (Type, Print)

KOMAL K. DANG -



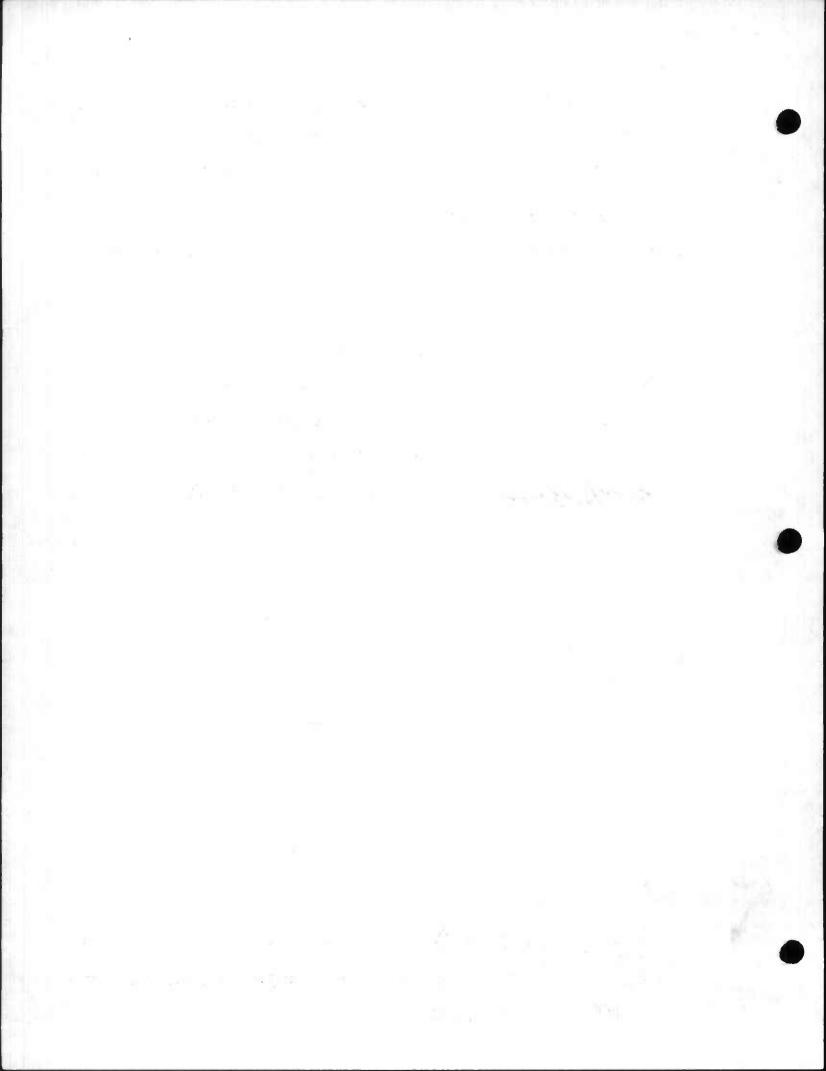
State of Maryland / Department of Health and Mental Hygiene 95 3 | 632

					Ce	rtificate	e of	Death			Reg. No.		
Physicia /Medic		Decedent's Name (First, Middle, La JUAN CARLO	,	ANDO		JIM:	INE	Z		Date of De Month CT.	eeth Dev	96	3. Time of Death $10:12 \ \ \text{A}$
Examin		4e. Fecility Neme (If not Institution, giv SUBURBAN HC	and the second second					4b. City, Tow BETH	vn, or Locat HESDA		h 4c. Coun	ty of Deeth	
uneral irector		5. Social Security Number 6. S UNAVAILABLE 1	ex 7. Age	e (In yrs. lesi 23	yrs.	if Under Months	1 Year Deys	If Under 2 Hours	Min. 8.	Date of Bir (Month, De AUG I	rth ay, Year) .0 73	9. Birth Cou EL	plece (State or Foreign ntry) SALVADOR
show	-	10a. State 10b. County		10c. City, T	own or Lo	ocation							10d. inside City Limits
28a-f	recto	MD MONTGOM 10e. Street end Number	ERY	SILVI	ER SP	RING 10f. Zip	Code				10g. Cltizen of	Min at Co	1 Tyes 2 No
23a or	al Di	10800 GEORGIA AV	ENUE			209					EL SAI		
nd other then "natural", or items 23s or 28s-f show event, the Medical Examinet must be notified at	by Funeral Director	11. Marital Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorcad	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Dates:			Wes Decede if Yes, speci	fy Cube	dispenic Orig en, Mexican, Specify:	in? (Specif Puerto Ric	y Yes or No an, etc.)	Bio	ce - Ameri eck, White, ey; HISI	
natu	Completed	15. Decadent's Ed (Specify only highest gre	lucation de completed)	1	(Give	dent's Usuei kind of work	done o	during most	of working		16b. Kind of E	Business/In	dustry
The M	ошо	Elementery/Secondery (0-12) 6TH	College (1-4or 5	+)		T CLE		-,			SELF E	MPLOY	/ED
vent,	Bec	17. Fether's Neme (First, Middle, Last)							's Name (F	irst, Middle	, Meiden Sume		. 23
atic .	To	UNAVAILABLE							INIA		•		
other traumatic		19e. informent's Neme/Reletionship (1	Type, Print)								er, City or Town		
any injury or other once.		ALFREDO AMAUA 20e. Method of Disposition 1 (\$\bar{X}\$Buriei 2 \(\subseteq \text{Cremetion} \) 3 \(\subseteq \text{4} \subseteq \text{Donetion} \) 5 \(\subseteq \text{Other} \((Specify) \)		20b. Place ceme	e of Dispo etery, crer	sition (Nem netory or oti	e of he <i>r pl</i> ed			Dete	PRING, M 20c. Location WASHING	- City or To	own, Stete
ouce.		21. Signeture of Funerei Supple Licen		276	22 W	. Name end	ACON	ss of Facility	RAL H	OME T	NC.		2. 20010
s the bu	Medical Examiner	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last	b	Due to (or es	e conseq	uenca of):	Nec	ek.	Dy	jun	·és		Onset and Death
	Physician/	Pert li. Other significant conditions co	d	t not resultin	g in the ur	nderlying ca	use give	en in Pert I.		23b. Did	tobacco use co	ontribute to	o the cause of death?
9	by Ph								_4	10	Yes 200 No	3 Pro	bably 4 Unknown
ge 2 should	Completed									24e. Wes	en eutopsy rrmed?	ev	ere eutopsy findings allebie prior to impletion of cause death?
6	Be Co	25. Wes case referred to medical						OC Piece	of Deeth (C		Yes 2□No	P	Yes 2□ No
direc	ToB	exeminer?	Hospitel:	nt 2XIER/	Outpetien	t 3 DOA	Othe	or:			dence 6 □Otl	ner (Specif	'ν)
the funera		27. Menner of Deeth 1 Neturei 5 Pending investigetion 3 Suicide 4 Homicide 6 Could not be determined	28a. Date of Injury (Month, Dey 28e. Piece of Injury building, etc.	Year)	Time of injury Octoor form, stre) M	c. Injury Work 1 '		o 28d	Describe Location (S City or Tou	how injury occur Color S Street end Num.	tre	chiants al Route Number, Mill 40
pletely fill	edical	29a. Certifies 1 Certifying Phy 2 Madical Exam	sician: To the best of iner: On the basis of jend menner stet	exeminetion	ige, deeth and/or inv	occurred et estigetion, li	the tim	ne, dete end pinion, deeth	piece, end	due to the	cause(s) end m dete and piece,	enner es s	tated. the ceuse(s)
E CO		29b. Signature and title of certifier	10	. ^		29c.		c.M.			29d. Dete signe	ed (Month,	

State

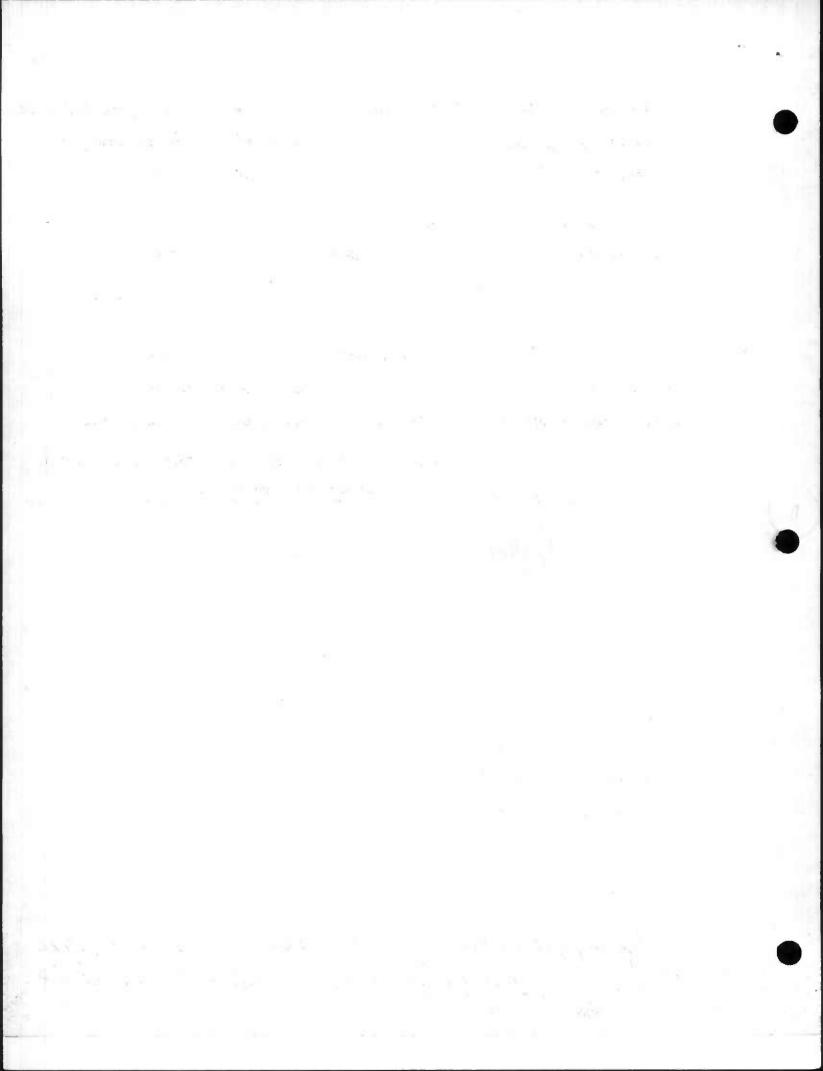
Registrar

EGT & 3 1996



•	11.		Please	State of M		/ Depa		Health and M	Mental Hyg	iene 9	ole. 16 31633
1	Physic /Medi Exami	cal	1. Decedent's Nama (First, Middla, La Danny 4a. Facility Nama (If no institution, give Laurel Res 5. Social Security Number 6.5	a streat and number)	Joh Hosi	NSOF	If Undar 1 Yaar	4b. City, Town, or Li Laur	2. Deta of Deal Month OCTOBER pocation of Death	Ponce	beorgels
	Funerai Director			M 2□ F	49	Yrs.	Months Days		8. Data of Birth (Month, Day, Jan. 1,	1947	9. Birthplaca (Stata or Foraign Country) Virginia
	the Marylen 28s-f show	ector	10a. Stata 10b. County MD Howard 10e. Streat and Number		10c. City, T	rel	ation			On Chinas of M	10d. Insida City Limits 1 □ Yas 2 ▼ No
	th with	al Di	9120 Grant Avenue				20723	3		0g. Citizan of W USA	mat Country?
020	d 2 should be filed within 72 hours after death with the Maryland th and Mentel Hygiene. 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinet must be notified as	by Funeral Director	11. Marital Status 1 ☑ Nevar Married 2 ☐ Married 3 ☐ Widowad 4 ☐ Divorced	12. Was Dacedant Armed Forcas? 1 ☐ Yas 2 [X]! If Yas, Giva Yaar or Datas:			vas Dacedant of I Yas, specify Cub □ Yas 2∑ No	Hispanic Origin? (Sp an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	Black	- Amarican indian, k, Whita, atc. White
21215-0020	"natur	Be Completed	15. Decedant's Ed (Spacify only highast gra	ducation da complatad)	1	I6a. Deceda (Giva k	ant's Usual Occup	petion during most of work ad)	ing	16b. Kind of Bu	siness/Industry
212	filed within Hygiene. offer than	ошо	Elamantary/Secondary (0-12)	Collega (1-4or 5	5+)		ployed	od)		N/A	
Maryland	be file tel Hyg d othe event,	BeC	17. Fathar's Nama (First, Middla, Last)			Olicin	projec	18. Mothar's Nam	a (First, Middla, M		a)
ryla	d Men marke	2	Rufus Johnson 19a. Informant's Neme/Ralationship (Erma Brietl		406 14-11-	Add (0)		ne E. Jo		
	end 2 s ealth an n 27 is r		Robert Harris/Ste					and Number or Run Venue, La		Maryland	
ore,	OF THE		20a. Mathod of Disposition		20b. Place	e of Disposi	ition (Nama of atory or other pla			,	City or Town, Stata
altimore,	parmit. Pages Department of i Important: If Its any injury or o	8	1 X Burial 2 □ Cramation 3 X 4 □ Donation 5 □ Othar (Specif					ial Prk 1	0/21	Castlewo	ood, Virginia
Ball	amit.		21. Signature of Funaral Sarvice Licer	11/1		22.	Nama and Addra	ass of Facility	T		
	Physician /Medical Examiner	er	23e. Pert1. Chtar the disease, or com shock, or heart feilura. List only Immediata Cause (Finel disease or condition resulting in death)	Metas	4	z La	ung (qr	1		ist,	Approximata Interval Between Onsat and Death
	cuted nd ransit	Examiner	Sequentially list conditions.	b. ————————————————————————————————————	Dua to (or as	a consequ	ance of):			_	
60,	be executed siclan end buriel-transit	al Ex	Sequentially list conditions, if any, leeding to immadiate causa. Entar Underlying Cause (Disease or Injury	•							
20x 687	death certificete I e attending physion of for use es the I	Physician/Medica	that initieted evants rasulting in death) Last	d	Dua to (or as	a conseque	ance of):				
0.	e death	sicia	Part II. Other eignificant conditions of	ontributing to death bu	ut not rasultin	g in tha und	darlying causa giv	van in Part I.	23b. Did to	bacco uee con	tribute to the cause of death?
1.	requires thet the de been signed by the is should be detached	by Phy	Pneumonrz			1			1) 2 (Ye	2 No	3 Probably 4 Unknown
Hecords,	has has	Completed	Chonic ob	structure	· lui	ng o	diseas	0	24a. Wes ar perform		24b. Were autopsy findings availabla prior to completion of causa of death?
VItal	E ag		25. Was casa referred to medical	luno				Of Diseased Dead	1 □ Ya		1 ☐ Yas 2 No
	5 00	To Be	axaminar? 1 ☐ Yas 2 ☐ 🗱	Hospitel: 1 Appatia	nt 2 ER/	/Outpatient	3□ DOA Oth	26. Pleca of Deatl her: 4 ☐ Nursing Ho	ma 5 ☐ Raside		r (Specify)
DIVISION OF	Ing Afte fune	Certification:	27. Manner of Deeth 12 Natural 2 Accident 3 Suicide 2 Could not be			b. Tima of Injury		Yas 2□No	28d. Dascribe ho		
2	5 분 등 드	Certif	4 Homicida dataminad	28a. Place of Inju building, ato					City or Town	, Stata)	r or Rural Routa Number,
	To the Hospital or within 24 hours after to the Funeral Director completely filled in	Medical	one) 2 Mudical Exam	rsician: To the bast of iner: On the besis of and manner sta	axamination	dga, daath d and/or inva	stigation, in my o	pinion, daath occurr	ed at the time, de	ote and plece, a	nd due to the ceuse(s)
	O COO	Σ	29b. Signatura and titia of certifiar	M-a RT			29c. Licans				(Month, Day, Year)
(a)		30. Neme and address of person who	complated cause of de		a) (Type, Pr	rint)	3260 Bowie 1	0 0	Ksove	11/11
	Sta Registr		31. Dete filed (Month, Day, Yaar) OCT 2 3 1996	helia Dangloon	143	33 (aurel i	BOWIP 1	W TO SI	1 6	20708
			0		¥	_					

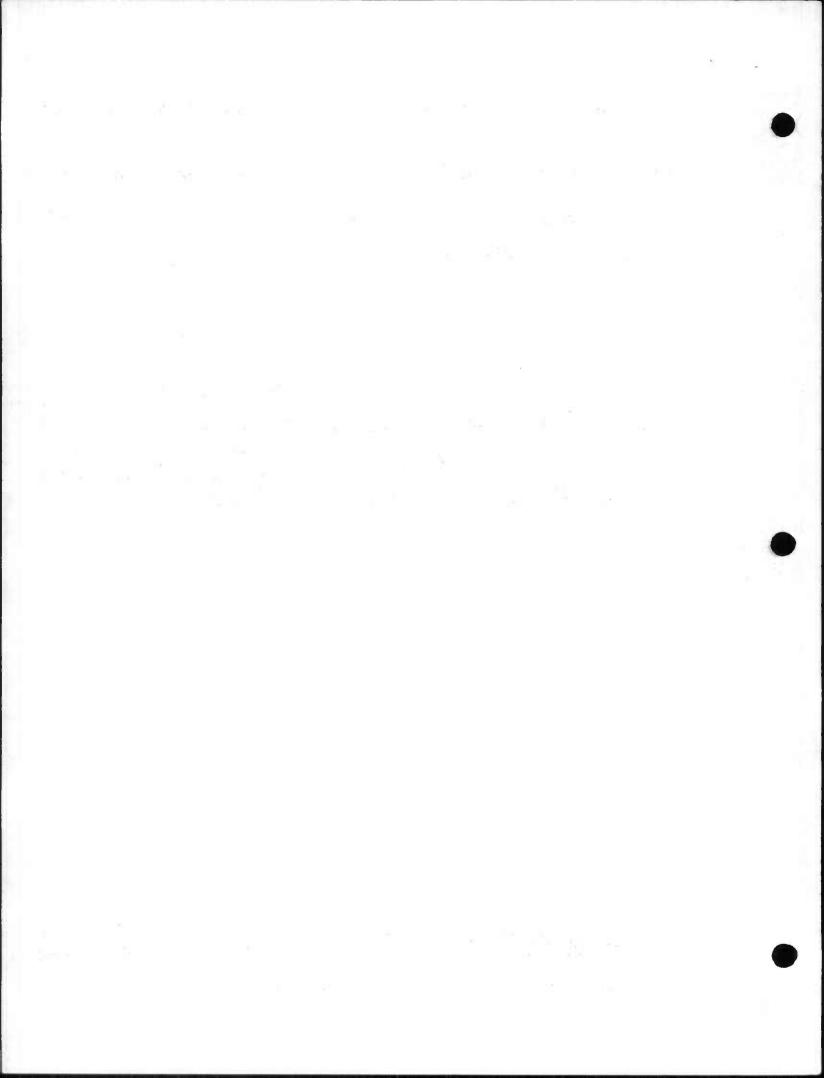
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

96 31634

	•				Certificate of	Death	Reg. N	10.	
	811. 6	20	1. Decedent's Nama (First, Middla, La			2	. Date of Death		3. Time at the
ı	Physici /Medi		KEITH	A JACKSO	N	0	Month Crober	16 1996	34
	Examir		4e. Fecility Name (If not institution, giv	e street and number)		4b. City, Town, or Loca		c. County of Death	
			LIBERTY	MEDICAL	CENTER	BALTIMO	ORE	CITY	
	Funerai			Sax 7. Age (In yrs. las	st birthdey) If Undar 1 Yeer Months Days		Date of Birth	9. Birthp	iace (State or Foreign
	Director		217-84-5527	BM 2□F 33	Yrs. Months Days	Houra Min.	(Month, Day, Yea	1963 Ma	RULAND
	pu »		Usual Rasidance of Decedant 10e. Stata 10b. County	40-04	7				
	eho.	2	ha	/	PALHINULE			1	0d. Inside City Limita
	he M	Director	ray Long	7					
	di o d		10e. Street end Number	in Park De	10f. Zip Coda	11000	10g. C	Citizan of What Coun	itry?
	hours after death with the Maryland lural", or items 23s or 28s-f show at Examinet must be notified at	Funeral	2772 11001	10 Was Danadary Francis 115			tu Van an Na	USA	an Indian
	her de	S.	11. Meritel Status 1 ☐ Nevar Married 2 ☐ Merried	12. Wes Decedant Evar in U,S. Armed Forces? 1 Yas 2 No	If Yes, specify Cut	Hispanic Origin? (Specil ban, Maxican, Puarto Ric	can, atc.)	14. Race - Americ Black, Whita,	
020	is a	by F	3 Widowed 4 Divorced	If Yes, Give	1 ☐ Yas 2 ☐ No	Specify:		Specify. 72/	cle
21215-0020	tura tura		15. Decedant's Ed		16a. Decedant's Usuai Occu	nation	16b	Kind of Business/Inc	fuetry
15	in 72 n "nat	Completed	(Specify only highest gra	ida complated)	(Giva kind of work done lifa. DO NOT usa retire	during most of working		erton 1	
212	J within jene. r than "	E O	Eiamantary/Secondary (0-12)	College (1-4or 5+)	TRUCK LO	DADEN	Q,	Morny	/
	be file tai Hyy d othe event,	BeC	17. Fathar's Nama (First, Middla, Last)	0		18. Mothar's Name (F	First, Middla, Maide	en Sumama)	
/lar		2	JONAHAM 1	Erry		MelisSA	JA	tsm	
Maryland	to B E E		19a. informant's Name/Ralationship (Type, Print)	19b. Mailing Addrass (Stree				Code) 217
-			Melissp JACI	cson Nother	2542 DK		Drive	BAtim	eve pet
ore	of Heal of Heal of Heal of Heal		20a. Mathod of Disposition 1 ☐ Buriai 2 ☐ Cramation 3 ☐	000	ce of Disposition (Nama of netary, cramatory or other pla	ca)	33 6/1	Location - City or To	
Itimore	permit. Peges Department of Important: If it any injury or o		4 □ Donation 5 □ Other (Specify		LION Carnet	MI	P	pltimos	Md
0	Departr Departr Importu any inj		21. Signeture of Funaral Sarvice Licer	1500	22. Name and Addr	ass of Facility	THAN -	HALLIST	CAYON HIME
9	805 8 8		Jein Ha	icio	BOK LE	LE Mary	N KARK	2411	
			23a. Part1 Entar the diseasa, or com shock, or haart failura. List only	plications that caused the daeth.					Approximate Interval Between
	Physician	1							Onset and Death
4	/Medical Examiner		Immediata Ceusa (Final disease or condition	BR	DIN TUMO	R			
п	LAGITITIE	L	rasulting in daath)		as a consequence of):			1	
	D is	Examiner		D. ADQUIRED	INMUNOSUPLE	शायम Discr	st Syni	MOME	
	and	xan	Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying	Dua to (or a	is a consequence of):				
09	be e sician burie		cause. Entar Undarlying Causa (Diseasa or injury that initiated evants	C					
68760,	ertificate be exacuted ling physician and se as the burial-transit	edical	rasulting in daath) Last	Dua to (or a	s a consequance of):			i	
×	renti nding use e	2		d					
Bo.	that the death co	Physician	Part il. Other algnificant conditions o	ontributing to death but not regult	ing in the underlying cause of	ivan in Part f	23h Did tohac	co use contribute to	the cause of death?
P.O.	t the d	hys				vali ili Fatti.			bably 4 DUnknown
		by P	(2) CEREBRO UNSCU	ULIA ACCIDEN	7			2010	
rd	v requires been sign should be		5 m 3 5 m	·	HOERMON.		24a. Was en eur performed?		ara autopsy findings allable prior to
000	Z se L	ple	SEIZURE DISO	eoen. Der	TODA MON.		ponomiou	COI	mpletion of cause death?
ď	0 - 0	Completed	POSSIBLE PA	CIMONIA			1 ☐ Yas	2010 1E	Yes 2□ No
Vital Records,		Be	25. Was casa raferred to medical axaminar?			28. Placa of Death (Check only ona)		
	Physician: this certific ral director,	0	1 ☐ Yes 2 ☑ No		R/Outpatient 3 DOA Ot	her: 4□ Nursing Homa	5 ☐ Rasidence	8 Other (Specify	y)
n	fler thunders	:uo	27. Menner of Death 1 ☑ Naturai 5 ☐ Panding	28a. Data of injury (Month, Day Year)	8b. Tima of 28c. Inju	ry at 280 ork?	d. Dascribe how in	jury occurred	
sio	death. ctor: A y the fu	cati	2 ☐ Accident invastigation 3 ☐ Suicida 6 ☐ Could not be]Yas 2□No			
Division of	after d Direct Jin by	Certification:	4 Homicide determined	28a. Placa of Injury - At hom building, atc. (Specify)	a, farm, streat, factory, office	281	Location (Street City or Town, Sta	and Number or Rura ste)	I Route Number,
-	To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After completely filled in by the funer		29a. Cartifiar 1 ☐ Certifying Ph	yafofan: To tha best of my knowle	oden doub ensured at the 4	imo data and ricca	d due to the	(a) and many	atad
	24 h 24 h Fun etely	edical	(Check only 2 Medical Exam	ninar: On the basis of examination	n and/or invastigation, in my	oplnion, death occurred	at tha tima, data a	nd place, and dua to	tha cause(s)
	To the Hospital within 24 hours a To the Funeral Completely filled	Me	29b. Signatura end title o certifies	1	29c. Licen	se number	29d. E	Date signed (Month, i	Dey, Year)
	1		- July	Ly ollonea	MO	D19057	De	TOBED	16 190,
	X \		30. Nama and addrass of person who	completed causa of death (Itam 2	3a) (Type, Print)		001	1	1116
	111			. CORREA	MO L	IBERTY.	MENICA	L CGA	VIER
	Sta	te	31. Date filed (Marita Day, Yar)	6 32. Registrat's Signatur			//		-
	Registr	ar	00129199	O Paramiason	Madage				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEMS: 21,22 per F.H. G-740 10/23/96 reb 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** MSP Month October 18, 1996 3:15 p.m. /Medical 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Inns of Evergreen - Northwest Baltimore None If Under 1 Year 5. Sociel Security Number If Under 24 Hrs. 8. Dete of Birth (Month, Day, Yee 08-17-02 6. Sex 7. Age (In yrs, last birthday) Birthplece (State or Foreign Country) Funeral Deys Hours 1 □ M 2(3¢F Director 214-20-0048 93 Yrs. North Carolina Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at Director 1 XYes 2 No Maryland None Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 25 items 23a TOTRE USA Funeral filed within 72 hours efter death Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🖾 No 11. Maritel Stetus 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married altimore, Maryland 21215-0020 "natural", or Yes, Give 1 ☐ Yes 2 ☐ No Specify: Completed by Specify 3 ™ Widowed 4 □ Divorced Black. th end Mental Hygiene.
7 is marked other than "natur traumatic avent, tra Mexical 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Housekeeper Private Homes 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Peges 1 and 2 should be nent of Heelth end Mental Smith John Emma Laughton 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Heelth e permit. Peges 1 and Department of Heelth Important: If item 27 any Injury or other tronce. Bernadine Mason / Niece 318 N. Hilton St. Baltimore, Maryland 21229 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition Dete 1 ☐ Buriel 2 A Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specity) Metro 22. Name and Address of Facility GARY P. MARCH F.H. 270 FRED HILTON PASS GARY P. MARCH PER V The Derrick C. Jones Funeral Home 611 Park Heights Ave. Balto., Md. 21215 21229 23e. Pert1. Enter the disease, or complications that cultured the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feilure. List only one ceuse on account. Approximete Interval Between Onset end Deeth Physician /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) **Examiner** Examiner The law requires that the death certificate be executed **bunel-transit** Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest Box 68760. Due the

for use as be detached signed by page 2 should this the funeral After t after death.

P.O. 1

Records,

Division of Vital Attending Physician:

6

Physician/Medical þ Completed Be 10 Certification: in by

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24e. Was an eutopsy performed? 1 Yes 20 No 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 20 No 1 Yes 1 Inpatient 2 ER/Outpetient 3 DOA Dete of Injury (Month, Dey Year) 27. Mennef of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Naturel 1 Yes 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier

State Registrar

Medical

(Check only one)

29b. Signeture end the of curtille

30 Name and address of pen GALARRAGA

31. Dete filed (Month, Dey, Year)



1 Destritying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted.

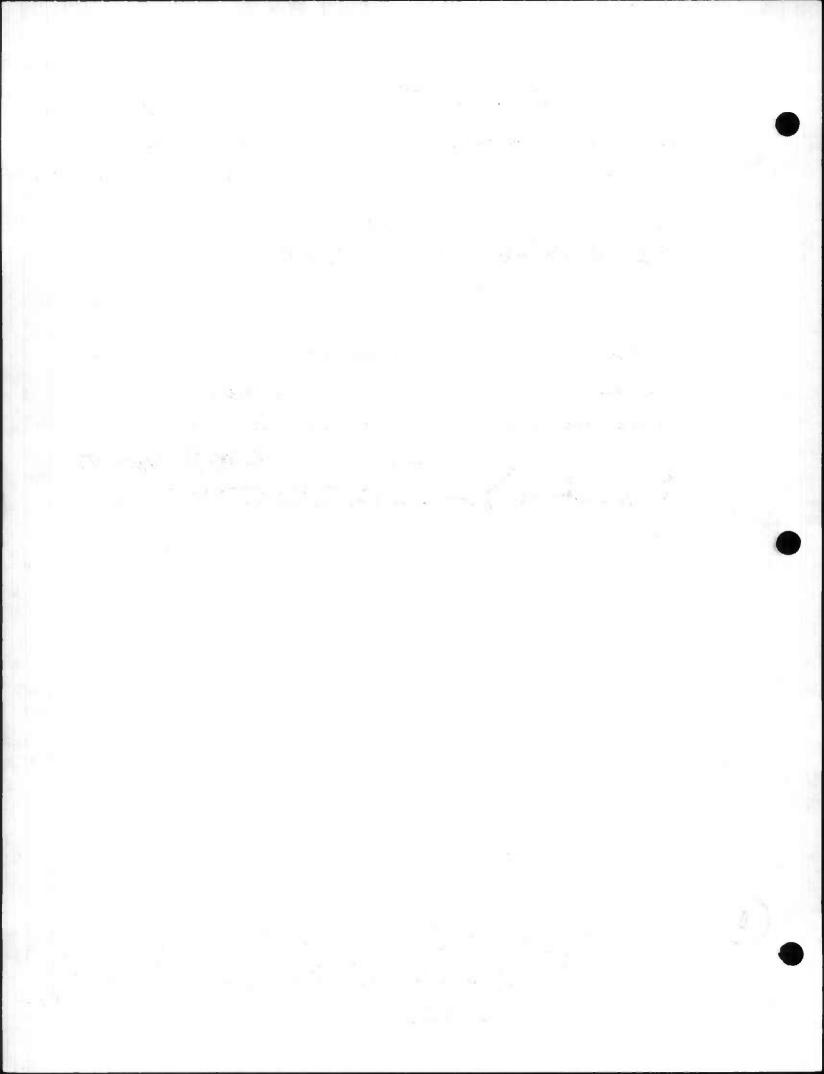
2 Medical Exeminer: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner stated.

29c. License number

29d. Dete signed (Month, Dev)

24b. Were eutopsy findings evelleble prior to completion of cause of deeth?

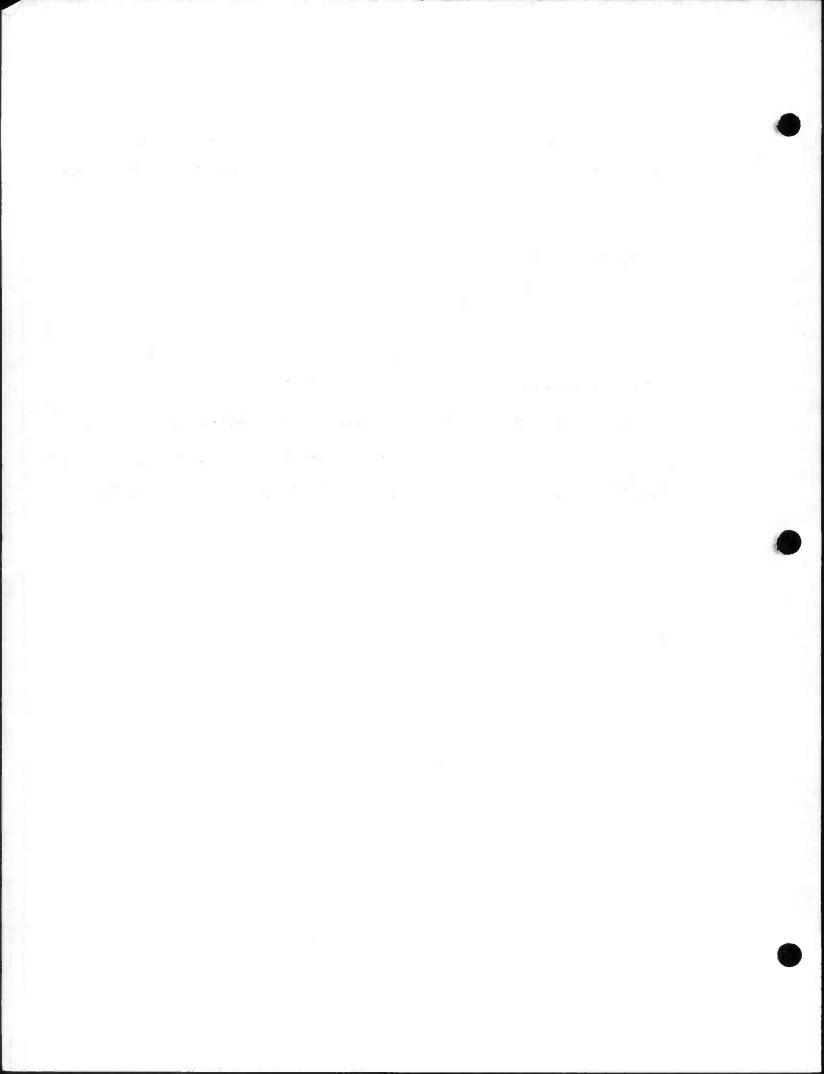
1 ☐ Yes 2 ☐ No



State of Maryland / Department of Health and Mental Hygiene

3 | 636

						Cer	tificate of	Death			Reg. No.		
			1. Decedent's Neme (First, Middle, La	ist)					2	Dete of De			3. Time of Death
	Physici		Martin	Kreiner						Month	Dey 0 x 2 2	1996	9.49 am
N.	/Medio		4e. Facility Neme (If not institution, give					4b. City, Tow					7.17 am
Z.	Examir	ier		,	nter					nove			
_					e (In yrs. lest	hirthdayl	If Under 1 Year	If Under 2				/A	Inna (State on Formion
	Funeral			TO MIN	72	Yrs.	Months Deys	Hours	Min.	(Month, B	9,1923	9. Birthp	niece (Stefe or Foreign
	Director		217-12-0103 Usuel Residence of Decedent		12					2	9,1923	Mar	yland
	pue *		10e. Stete 10b, County		10c. City, To	own or Lo	cetion					1	0d. Inside City Limits
	ah d	ŏ	Maryland N/	'A	Balt								1 A Yes 2 No
	he A	Director	-				100 70 0 10				40		
	5 6	눔	10a. Street and Number				10f. Zip Code				10g. Citizen of		
	234 v ath v	a	3006 Mallview				21230				United		
	e de	Funeral	11. Meritel Stetus	12. Wes Decedent E Armed Forces?		13. V	Ves Decedent of his Yes, specify Cub	lispenic Orig an, Mexican,	in? (Specifi Puerto Ric	y Yes or No an, etc.)	o- 14. Red Blee	e - Americ ck, White,	
2	or it	F	1 Never Merried 2 Merried	YEYes 2 N		. 3	□ Yes 2☐No					whi	
8	ours Fr.	d by	3 Widowed 4 □ Divorced	Yeer or Detes:	11/3	50					Opecin	. WILL	ce
N.	72 h	Completed	15. Decedent's E (Specify only highest gro		11	6e. Deced	lent's Usuel Occup kind of work done DO NOT use retire	oation during most	of working		16b. Kind of B	usinass/Inc	Justry
7	ithin	효	Elementery/Secondary (0-12)	College (1-4or 5-	+)								
7	w be w	Ö	11		l b	oile	ermaker				rail	road	
pu	al Har	Be	17. Father's Name (First, Middle, Last								, Melden Suman	10)	
/la	should be filled within 72 hours after death with the Maryland nd Mental Hygiene. Imarked other than "natural", or itams 23a or 28a-f show urnatic avant, fre Medical Examiner must be notified at	To	William J. Kre	einer				Mary	E.	Bind	erman		
Maryland 21215-0020	ous I		19e. Informant's Neme/Reletionship (Type, Print)	1	9b. Meliln	g Address (Street	and Number	r or Rural F	Route Numb	er, City or Town,	Stete, Zlp	Code) 21230
	27 li		Nancy L. Morga	an, daugh			Mallv:						
re	S T T T T T T T T T T T T T T T T T T T		20a. Method of Disposition		20b. Piece	of Dispos	sition (Neme of netory or other ple			Dete	20c. Location		
E	Peges nent of P art: If fte ary or of	١.	1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special						v 10	1/25	Baltim	ore,	Maryland
Baltimore,	artm injur		21. Signature of Constal Service Lice	• •		22	Name and Addre	es of Facility	,				
B	permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or itams 23a or 28a-f show any injury or other traumatic avent, the Modical Examinet must be notified at once.		11/1/10/1			Aı	mbrose	Funer	al F				
			Langles (Au	gan			719 Ham					212	
			23a. Part1. Enter the diseese, or com shock, or heert feilure. List only	one cause on each lin	the deeth. Die.	o not ente	er the mode of dyli	ng, such as c	ardiec or r	espiratory a	rrest,		Approximete Intervel Between
	Physician			0		,		/	0			i	Onset end Deeth
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	6 (01	ngest	ive	Hear 7 uenca of):	Fa	ita	re		10	in known
П		L	resulting in deetin)		Do to (or es	e conseq	uenca of):	2					0
	D #	Examiner		h	Ren	a f	Faitu	ive				1	1 month
	seth certificate be executed attending physician and for use as the burial-transit	кап	Sequentially list conditions, if any, leeding to immediate	1	Due to (or es	e conseq						Ī	0
Ő,	sian surial	Ê	cause. Enter Underlying Cause (Diseese or injury	C	ranar	u av	ctery of	ispase					un known
68760,	ate t hysik the t	edical	that Initieted events resulting in death) Last	[Due to (or es	a consequ	uenca of):						ATT KINGS I
9 X	ing p	Me											
80	th ce tendi			d									
	0 00	Physician	Pert II. Other significant conditions of	contributing to death bu	it not resulting	g in the ur	nderlying cause give	ven in Pert I.		23b. Dld	tobacco une co	ntribute to	the cause of death?
P.0	tach the	hy								1⊠	Yes 2 No	3 Prof	bably 4 Unknown
Ś	law requires that the es been signed by the 2 should be detache	by F											
5	require been signature									24e, Wes	an autopsy		ere autopsy findings alleble prior to
S	w requ	olet								bette	omeur	COI	mpletion of cause death?
Record	9 - 8	Completed								٠,	Yes 2⊠ No		Yes 2 No
a	delan: The		25. Wes case referred to medical					00 84	-151-1				1163 20 140
Division of Vital	sician: certifica irector,	o Be	exeminer?	Hospitel:			Ott	200		Check only			
ō	Phys	- To	27. Menner of Deeth	1 N Inpatier 28e. Dete of Injury		Outpatient b. Time of	3LI DOA	4 LI Nun			idenca 8 Oth		()
5	After Atter	lon	1 ☑ Netural 5 ☐ Pending	(Month, Dey	Year)	injury	M 1□	rk? Yes 2 □ N		3. 00001100	now injury coods	160	
S	fland death ftor: / the	Cal	2 Accident investigatio 3 Suicide 6 Could not b	e Ope Place of Injur	an Athama	form stor		103 2 11		Location	Street and Numi	har or Russ	al Bouto Number
2	or Att	Certification:	4 ☐ Homicide determined	28e. Plece of Inju building, etc.	. (Specify)	, term, stre	eet, rectory, omice		201	City or To	wn, Stete)	el ol nula	al Route Number,
	pital ours eral		On Cartillas (FI O att to St	-141				32 HV365					w.
	To the Hospital or Attanding Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edicai	29e. Certifier 1 Certifying Ph (Check only one) 2 Medical Exer	nysician: To the best of miner: On the basis of	examinetion	ige, deeth end/or inv	occurred at the tirestigetion, in my o	me, dete end pinlon, deeth	pieca, end	at the time,	dete and plece,	and due to	the cause(s)
	thin the	Me	29b. Signeture end title of certifier	end menner stel	tea.		29c. Licens	e number			29d. Date signe	d (Month	Day Veerl
	5 × 5 8	-	A D	: MO					1.14	11	A + La	- 29	109/
	()		Ati Nader	,			1127	7716	211-	01	Octobe	1,22,	1 17/6
	1 X	-	30. Name and eddress of person who APi Nadevi',	completed cause of de	eth (Item 23	a) (Type, I	Print)	21.		MA	01000	0 01	110
	10					-	1 VE. 1 13	4771m	ove,1	111)	21222	- 200	75
	Sta	- 7	31. Dete filed (Month, Dey, Year)	A. Registre	Acros de	2							
	Registr	ar	CCT 2 3 1996 (-								



State of Maryland / Department of Health and Mental Hygiene

Film G740 item 4c,19a per FH 10-23-96 rja Certificate of Death Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Cats 4:20 AM 19, 1996 /Medical Oct Ober 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Baltimore Ballimor HOSPITAL SIMON 5. Social Security Number If Under 1 Year if Under 24 Hrs. 8. Date of Birth 7. Age (In yrs. lest birthday) Birthpiece (Stete or Foreign Country) **Funeral** Months Days Hours Min. 1□M 20 F 219-33-3073 73 Vrs Director UKRAINE Usual Residence of Decedent the Maryland 10a State 10b County 10c. City, Town or Location 10d, Inside City Limits ment be notified at MD BALTIMORE BALTIMORE 1 ☐ Yes 2 ☐ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 16 OLD COURT RD., APT. 411 21208 USA items 23a 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, traumatic event, the Medical Examinar Bleck, White, etc. 1 Never Merried 2 Married altimore, Maryland 21215-0020 ò WHITE 1 Yes 2 No Specify: py 3 ☐ Widowed 4 ☐ Divorced "natural". Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be flied within Department of Health end Mentel Hygiene. Important: if item 27 is marked other than 1 any fujury or other traumatic event, the Magnital Pages. Eiementary/Secondary (0-12) College (1-4or 5+) RADIOLOGIST MEDICAL 17. Father's Name (First, Middle, Lest) 18. Mother'a Name (First, Middle, Meiden Sumeme) MOISEY KATS RACHAEL **KREICHMER** 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

DETSTERSTOWN, MD 21136 19e. Informant's Name/Reletionship (Type, Print) MRS. TATYANA NIKHISON (DAUG.) Nikhinson 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State 1 X Burlai 2 ☐ Cremation 3 ☐ Removal from State BALTIMORE HEBREW 10/21/96 REISTERSTOWN, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name end Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part 1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feiture. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical tmmediete Cause (Final disease or condition resulting in death) Examiner Examiner The lew requires that the death certificate be executed and Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest physician s the buriel Box 68760, Physician/Medical Due to (or as a consequence of): 88 P.O. signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco uss contributs to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 💋 Unknown Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy page 2 certificate 1 Yes 2 No 1 Yes 2 No Division of Vital ospital or Attanding Physician: 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes No Certification: To Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation After Natural 2 Accident 24 hours effer deeth. Funeral Director: After etely filled in by the fun 1 Yes 2 No 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of injury - At home, farm, street, factory, offica building, etc. (Specify) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the cause(s) and menner es stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical To the within 2 To the comple 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and eddress of person who compi ause of death (Item 23e) (Type, Print) LAURA 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State OCT 231996 - Davidson Registrar

DHMH 16 Rsv 6/95

man daktor

ITEMS: 27, 28a-f, PER State of Maryland / Department of Health and Mental Hygiene MEO FILM G-41 11/27/96 t.t Certificate of Death

KUREK

Physician /Medical	
Examiner	

B.K.S

4e. Fecility Neme (If not institution, give streat and number) GOOD SAMARITAN HOSPITAL E.R.

OCT" 4b. City, Town, or Location of Deeth

2. Dete of Deeth

Mar 30,1943

18°y

3. Time of Death 1996 9:09PM

Funeral

5. Social Sacurity Number 7. Aga (In yrs. lest birthday) 100M 20 F 218-40-7555 53 Usuei Residence of Decedent

BALTIMORE if Undar 24 Hrs. If Undar 1 Yaar 8. Date of Birth (Month, Dey, Deys

N/A Birthplece (Steta or Foraign Country)

Maryland

4c. County of Death

Director

ns 23a or 28a-f show

"natural", or iten

than

Hygiene.

permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy Important: If item 27 is marked other any Injury or other traumatic event

Physician /Medical

Examiner

attending physiclan

s been signed by t 2 should be detech

this certificate

After

To the Hospital or Attendit within 24 hours efter deeth. To the Funeral Director: A completely filled in by the fu

deeth.

funeral

the

or Attending Physician: The law requires that the deeth certificete be executed

Box 68760,

Division of Vital Records, P.O.

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

edicai

traumatic event, the Madical

Funeral

Completed by

Be

the Maryland

deeth Hems :

filed within 72 hours after

21215-0020

Baltimore, Maryland

10e. Stete 10b. County Baltimore

1. Decedent's Neme (First, Middle, Last)

JOSEPH

Baltimore Co. Maryland

Yrs.

10c. City, Town or Location

10d. instde City Limits

Director 10e. Street end Number

2913 Oakcrest Avenue

10f. Zlp Code 21234

1 ☐ Yes 2 No 10g. Citizen of Whet Country?

1 Nevar Married 2 Merried 3 ☐ Widowed 4 ☐ Divorced

Wes Decedent Ever In U,S. Armed Forces? Yes 2 No f Yes, Give Yeer or Dates:

 Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1□ Yes 2 No

Hours

14. Race - American Indian, Bleck, White, atc. White Specify:

(Specify only highest

15. Decedent's Education fy only highest grada completed)

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

USA

Elamanfery/Secondery (0-12)

Coilege (1-4or 5+) Inspector

Steel Co.

10-24-96

12th 17. Fether's Neme (First, Middle, Lest)

Roman S Kurek Sr.

Martha Slowikowski

18. Mothar's Neme (First, Middla, Malden Surneme)

19a. Informent's Neme/Reletionship (Type, Print)

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code)

Lea Kurek 20e. Method of Disposition

20b. Ptace of Disposition (Neme of cemetery, cremetory or other plece)

2913 Oakcrest Avenue, Baltimore Md. 21234 20c. Location - City or Town, State Dete

1 Seuriel 2 □ Cremetion 3 □ Removal from Stete 4 □ Donation 5 □ Other (Specify)

Parkwood Cemetery

Baltimore Md.

21. Signature of Funerei Service Licensea

22. Nama and Address of Facility

Hartley Miller Funeral Home

7527 Harford Road Baltimore Md 21234 enter the mode of dying, such eacardiec or respiretory errest, that the assesse, or complications that caused the death. Do not enter heart failure. List only one cause on each line.

Immediete Cause (Finei diseasa or condition resulting in deeth)

Subdural Hematoma

Due to (or es e consequence of):

Sequentietly tist conditiona, if eny, leading to immediate cause. Enter Underlying Cause (Diseesa or Injury that initiated events rasulting in daath) Lasf

Due to (or es e consequence of):

Due to (or es a consequance of):

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

alcoholism

24a. Wes en autopsy performed?

24b. Were autopsy findinga available prior to completion of ceuse of deeth?

Approximete Interval Between Onsef and Deeth

1 Tas 2 No 26. Plece of Deeth (Check only one)

1 PYes 2 No

25. Wes case referred to medical 1XXes 2□ No

Hospitel: 1 ☐ Inpatient 2 KR/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 5 Panding investigation UNKNOWN

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert t.

28b. Time of UNKNOWN

28c. Injury et Work? 1 ☐ Yes 2/1 No

Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 28d. Describe how injury occurred UNKNOWN

29a. Certifier

27. Menner of Deeth

1 Netural

2 Accident

3 Suicida

4 Homicide

6 Could not be determined 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

FOUND AT HOME

Location (Street and Number or Rural Route Number, City or Town, State) 2913 OAKCREST AVE.

BALTIMORE, MARYLAND 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuae(s) end menner as ateted.

2 Medical Examiner: On the basis of examinetion end/or threstigetion, in my opinion, deeth occurred et the time, dete and plece, and due to the cause(s) end menner atated.

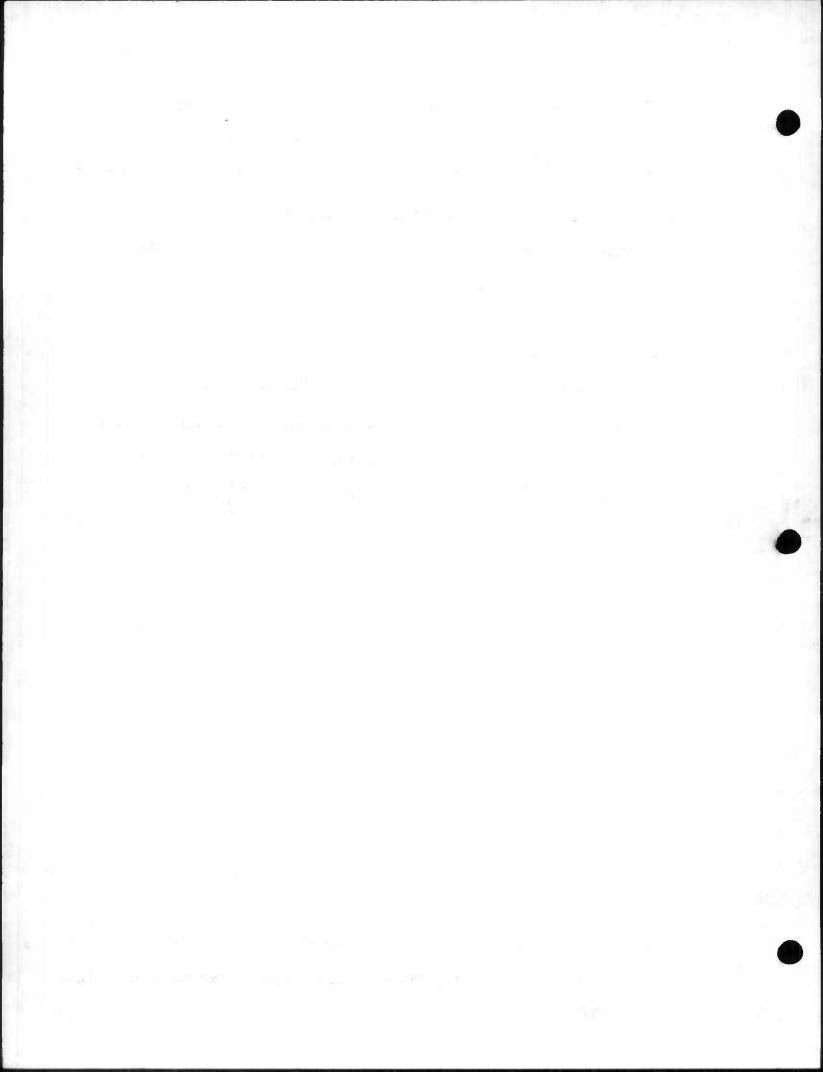
29b. Signature end fitla of certifiar Chute me 29c. Licanse number O.C.M.E 29d. Date signed (Month, Day, Year) OCT. 20, 1996

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

Dennis (hufen) 111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Dete fited (Month, Dey, Year)
OCT 2 3 1996 32. Registrer's Signeture



Physician /Medical Examiner

and

physician (s the burief-

attending

signed by the atte

has

certificata

filled in by

I or Attending Physicism: after death. Director: After this certific

To the Hospital or within 24 hours af To the Funeral Di completely filled is

that the death certificets be asscuted

P.O. Box 68760,

Records,

Division of Vital

Examiner

Physician/Medicai

by

Completed

Certification:

edical

Physician

Examiner

Funeral

Director

28a-f show

Director

Funeral

þ

Completed

7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Modical Examiner main be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Depertment of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or ther any injury or other traumatic event, the Medical Experiment.

Baltimore, Maryland 21215-0020

the Marylend

death

/Medical

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

CT 2 3 1996

26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Realdance 8 Other (Specify)

28d. Describe how Injury occurred

25. Was casa referred to medical axaminer?
1 ☐ Yas 2 ☐ No 27. Mannar of Death 1 Matural

2 Accident

3 Suicide

4 Homicida

1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 5 Pending Investigation

Hospital:

28b. Time of 28c. Injury at Work? 1 ☐ Yes 2 ☐ No 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29a. Certifier (Check only one)

1 Cartifying Physician: To tha best of my knowledga, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and titla of certifiar

6 Could not be determined

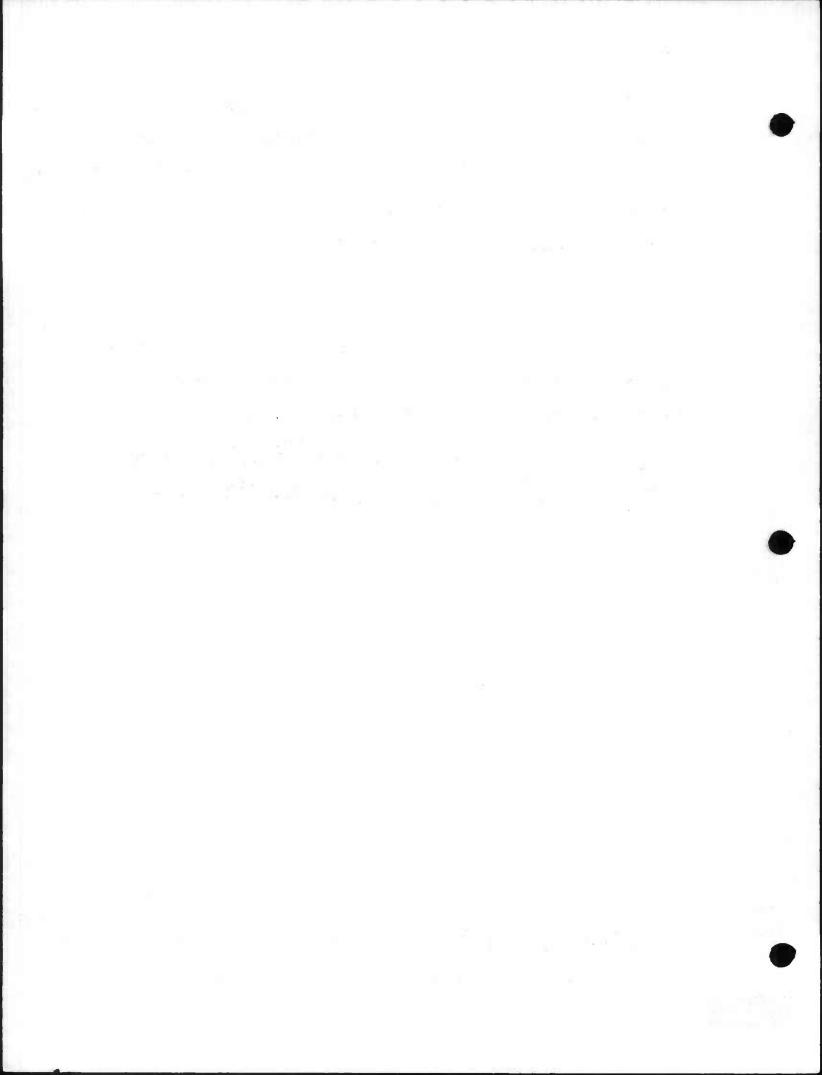
29c. Licensa number D34018

29d. Data signed (Month, Day, Year) October 12, 1996

30. Nama and address of person who completed causa of death (Item 23a) (Type, Print)

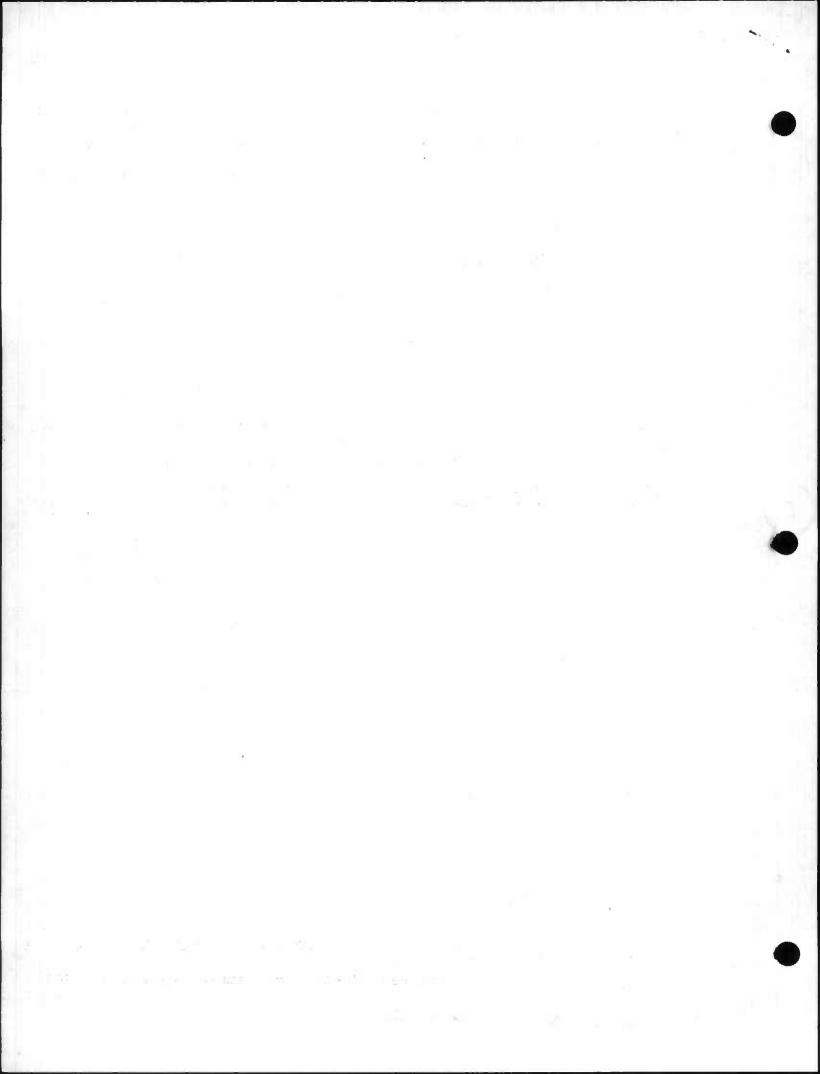
Nicholas Argento M.D. 14201 Laurel Park Drive Suite 214 Laurel, MD 31. Date filed (Month, Day, Year)

State Registrar 32. Registrar's Signatura Son-Randell



State of Maryland / Department of Health and Mental Hygiene 96 3 | 640

Film	G74	10 item 4b per FH 1	.0-23-96 rj	a	Cei	rtificate	of Death	1		Reg. No.		0104
Physic	an	Decedent's Name (First, Middle,	Last)						2. Date of Dea	ath Day	Year	3. Time of Dea
/Medi		GEORGE			IRD				and the same of th	19, 19	96	5:30 I
Exami	ner	4a. Facility Name (If not institution,						Bu	eation of Death rnie	4c. County	of Death	
	-	NORTH ARUNI 5. Social Security Number			lest birthday)	If Under 1 Y		N BU			Arun	
Funeral Director	1	161-44-6466 Usuai Residance of Decedent	1√2 M 2□ F		44 Yrs.		ays Hours	Min.	8. Date of Birt (Month, De) May 8,	1952		iace (Stete or Fo try) ISYlvani
MOL		10a. State 10b. County		10c. Ci	ty, Town or Lo	cation					1	0d. Inside City L
r 28a-f show Inotitied at	ctor	MD Princ	e George	В	owie							1 ☐ Yes 🏋
or 28	Sire.	10e. Street and Number				10f. Zip Co	de			10g. Citizen of V	Vhat Coun	try?
23a o	18	12919 Victoria H	leights Di	rive		2071	5			USA		
ral', or items Examiner m	by Funeral Director	11. Marital Status 1 Never Married 21 Marrie 3 Widowed 4 Divorced	12. Was Deced Armed Ford 1 Tyes 2 if Yes, Give Yeer or Dat	es? No	1		of Hispanic Or Cuben, Mexica No Specify.		cify Yes or No- Rican, etc.)		e - America k, White, o	etc.
'natural',	ted	15. Decedent's (Specify only highest			16a. Deced	lent's Usual O	ccupation	nd of sometim		16b. Kind of Bu	ısiness/Ind	dustry
1 40	Completed	Eiementary/Secondary (0-12)	Coilege (1-	4or 5+)	life. L	DO NOT use r	lone during mos etired)	SE OF WORKE	g			
other than		12	2		Shee	t Meta	1 Mecha			Const		on
of off	Be	17. Father's Name (First, Middle, La	•							Meiden Sumem	θ)	
marked or matic eve	To	George Marenovio							Smith			
Tis ma traum		19a. Informant's Name/Relationshi								er, City or Town,		
Department of Health and Mentel Hygiene. Important: if item 27 is marked other than any injury or other traumatic event, the MORE.		Evonne M. Laird/ 20a. Method of Disposition	Wile	20b. f	Place of Dispos	sition (Nema	of	ghts	Drive,	Bowie, 20c. Location -		
t: H ii		W Buriai 2 ☐ Cremation 3		ate	cemetery, cren							
ortan Injur		4 Donation 5 ☐ Other (Spe 21. Signature of Funeral Service Li		Mt.			urch Ce		0/22	Mitche	llvil	le, MD
impo any ir		18-11	0.0		i i	Fleck	Funeral	Home				
	-	23a. Part1. Enter tha disease, or co	omplications that on	uned the deal	b Donat est	7601 S	andy Sp	ring	Road,	Laurel,	Mary	1and 20 Approximete
physician and s the buriel-transit	Examiner	Sequentleily list conditions,	b	Due to (d	Injuras a consequence of a 11 or as a consequence of a 11 or as a consequence of a 12 or as a 12	uence of):						
ysician e buriel		Sequentieily iist conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated avants	c	Due to (o	r as a consequ	ience of):						
0.0	/Medical	resulting In death) Last	d		1 43 a 001364t	100 Otj.						
to	Icla	Part II. Other significant conditions	contributing to doe	th but not roo	ulting in the un	ded dec sous	s since in Book i		Day Dida		A-10	46
d by the etached	Physician	Tanti. Ottor significant conditions	Contributing to oba	III DUL HOL 195	uiting in the un	derlying ceus	a given in Part I			obacco use cor /ss 2/2 No		ably 4 Unk
be det	by											
hes been si ge 2 should	Completed								24a. Was a perfor	an autopsy med?	ava	re autopsy findi Illable prior to Inpletion of ceus Ieath?
page.									1 2 Y	es 2 No	12	Yes 2 No
certificata rector, pag	Be	25. Was cese rafarred to medicai axaminer?	Hospital					of Death	(Check only or	ne)		
PI di	L.	1 Yes 2 No	Hospital: 1 Inp		ER/Outpatient					ence 6 Othe)
1	lon	27. Manner of Death 1 ☐Natural 5 ☐ Pending	28a. Date of (Month,		28b. Time of Injury		Injury at Work?			ow injury occurr		
My the	Certification:	2 Accident Investigat 3 Suicida 6 Could no 4 Homicide detarmine	be 28e. Piace of	injury - At he etc. (Specif	1536 ome, farm, stre		1 ☐ Yes 2 ☑	No 5	ubject of. Location (S City or Town	fell for treet end Number n, Stete) 301	on or or Rural Mar	Route Number
To the Funeral Completaly filled		29a. Certifier 1☐ Certifying I	Physician: To the be	on test of my kno	Yand wledge, daath	occurred at th	e tima, data an	d piace, ar	d due to the c	Manyle euse(s) and ma	nnar as sta	20715 ated.
Pletal	edical	(Check only one) 2 Medical Ex	aminer: On the basi and manne	s of examina	tion and/or inve	estigation, in r	ny opinion, dea	th occurred	d at the time, d	late and place, a	ind dua to	tha causa(s)
To the comple		29b. Signature end title of certifier		1		29c. Lk	ense number		2	9d. Date signed	(Month, D	Dey, Year)
/		30. Name and address of person wh	A V	MC death (item	LE N	7P	O.C.	М.Е.	C	OCT. 20), 19	996
		una suareas or perdori wil					root	Ral+	imore	, Mary	hand	21201
9		Stephen S. R	adentz	MO1	II Pel	ווו פרו	Leet,	Darc	THIOTE	ridity.	Land	21201



Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 3 64

		Decedent's Neme	(First, Middle, L						Death	2. Dete of D	Reg. No.			3. Time of (
Physic	lan			,		***				Month	Dey		Yeer		
/Med		AUDRE 4e. Fecility Name (#		ROBERTA		LUTZ			4b. City, Town, or	Octobe		, 19		11:50	PM
Exami	ner			ve street end num	1001)						40.	County o			
-		Holly Hi 5. Sociel Security No		Sex	7. Age (In yrs	Innt hinth da	If I Indi	er 1 Yeer	Towson If Under 24 Hr		7.45	-	ltimo		
Funeral Director		093-07-1 Usual Residence of	734	1□ M 2ŒF	7. Age (iii yis	Yrs.	Months		Hours Mir		29,1	919	9. Birthpie Counti	ece (Stete or ry) Md.	Foreig
72 hours after death with the Maryland natural, or items 23a or 28a-f show ocal Examer must be notified at	70	10e. Stata	10b. County		10c. C	lity, Town or	Location						10	d. Inside City	
No M	Scto	Md.	Baltim	ore		Tows								1 🗆 Yes	SE3 M
8 6	吉	10e. Street end Nun	iber				10f. Z	ip Code			10g. Citi.	zen of W	net Count	ry?	
23.	ra Ta	531 Stev	enson La	ne				1286				USA			
urs after death with the maryte al', or items 23a or 28a-f ehov Evarance must be notified at	by Funeral Director	11. Marital Stetus 1 Never Merric 3 Widowad		12. Wes Dece Armed For 1 Tes If Yes, Giv Yeer or De	ces? 25 No	U,S. 13			dispenic Origin? (en, Mexican, Pue Specify:	Specify Yes or N rto Rican, etc.)			- America , White, a Whit	tc.	
a la la la la la la la la la la la la la	8		15. Decedent's E	ducation		16e. Dec	edant's Us	uel Occur	netion		16b. Kli	nd of Bus	inass/indu		
jene.	Completed	(Speci Elementary/Secor 12	fy only highest gr	ede completed) College (1	-4or 5+)	(Gir	e Wife	ork done use retire	during most of we	orking		n Hor		Johny	
ntal Hygie d other event, tr	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's Na	ama (First, Middl					
marked o	TOB	Aubrey	G		Brown				Albert	a			Gibb	ons	
DE		19e. Informent's Na	me/Reletionship	Type, Print)		19b. Me	iling Addres	s (Straat	and Number or F		ber, City of	r Town, S			
27 le		Mr. Elsto	n S. Bro	wn/Broth	ner				Rd. Hyd						
T is to		20a. Method of Disp	osition		20b.	Piece of Dis	position (Ne	me of		Dete			ity or Tow	m. Stete	
nent of I			Crametion 3		otate	cemetery, cr			*	0/02/06					
ritan nju		21. Algorithms of Fire	5 ☐ Othar (Specia		Lot	idon P				0/23/96	Bal	timo	re, M	ia.	
Department of Important: If I any Injury or once.		Made	M	20 J	~		Ruck	Tow	ss of Fecility Son Fune k Rd. To						
nysiclan Medical xaminer	er	23a. Pert1. Enter the shock, or heard Immediate Ceusa (F disease or condition resulting in death)	inal		Seps									Approximete intervel Betwo	een eeth
physician and s the burial-transit	Examiner	Sequentielly list con if eny, leeding to im- cause. Enter Under Ceuse (Diseese or in that initiated avents	ditions, nediete	b	Due to (or es e cons	equence of)	:				Ħ			
D 6	Medical	that initiated avents resulting In deeth) Lo	est	d	Due to (or es e consi	equence of)								
atten for u	clar														
ed by the attendir detached for use	Physician/M	Part II. Other signification	ant conditions of	-	ath but not re	sulting In the	underlying	cause giv	ren in Part I.					the cause of ably 420	1
been signed by the attendin should be detached for use	eted by	Dev	venta								s en eutop ormed?	sy	avel	e eutopsy fin leble prior to pletion of car	
60 CA	Completed									10	Yes 2	No.	of de	eath? Yas 2□N	
ertifi	Be	25. Was case refarre exeminer?	d to medical							ath (Check only	ona)				
his c	2	1 ☐ Yes 2 ☑ N	0	Hospitel: 1 ☐ In	patient 2	ER/Outpeti	ent 3 D	OA Oth	ar: 4 Nursing I	Home 5 ☐ Res	Idence 8	Other	(Specify)		
eath. or: After th	Certification:	27. Manner of Death 1 ☑ Neturel 2 ☐ Accident	5 Pending Investigation 6 Could not be	1	Injury , Dey Year)	28b. Time Injury		28c. Injur Wor 1 🗆	yet k? Yes 2 □ No	28d. Describe	how injury	occurred	d		
within 24 hours efter death. To the Funeral Director: After this certificete ha completely filled in by the funeral director, page.		3 ☐ Suicide 4 ☐ Homicide	detarmined	building	of injury - At h g, etc. (Speci	fy)			· I		wn, Stete)				9 <i>1</i> ,
in 24 hor he Fune pletely fi	edical	29a. Certifier (Check only 2 one)	© Certifying Ph ☐ Medical Exam	ysician: To tha b niner: On the bas end menne	sis of exemine	owledge, daa etion end/or i	th occurred nvastigation	et tha tir , In my o	na, data end plece pinion, daeth occi	e, end due to the urred et tha time	ceuse(s) dete and	end menr plece, sn	nar es stat d due to t	ted. he cause(s)	
vith Com	Σ	29b. Signature and ti	of coffities				29	0 1	3420)	29d. Dete	signed (Month, Di	ay, Year)	
()		30 Name and address						mar	EM GOST	21204			(
Sta	te ar	31. Dete find (Month		32. Re	nistrar's Sign			100	Joily Pid.	2.204					

I would be also all the season 002 = 20. H I 03 97 . A TO THE REPORT OF A SECURITY AND A SECURITY OF A SECURITY

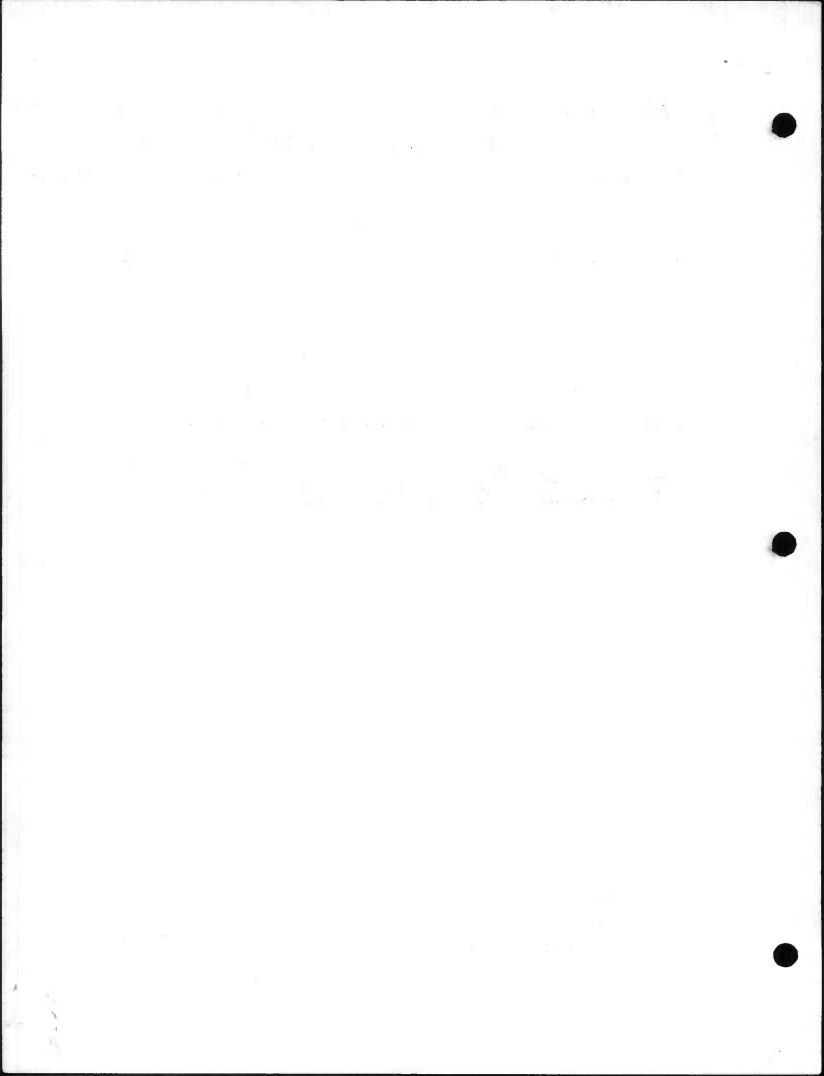
State of Maryland / Department of Health and Mental Hygiene FiTmG740 item 18 per FH 10-23-96 rja Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month 8:30 PM 96 10 /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Medical Center of M.D. 7. Age (In yrs. lest birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | 17. Age (In yrs. lest birthday) | Yrs. | Months | Deys | Hours | Min. | (Month, Dey, Year) | 04-29-23 Baltimore Baltimore MIV 9. Birthplace (State or Foreign Country) West Virginia 5. Social Security Number 6. Sex **Funeral** 1 M 280 M Director 235-34-7522 West Usuel Residence of Decedent 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No Director r 28a-f. Maryland None Baltimore 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23s or traumatic event, the Medical Examiner must be a 904 W. Fayette St. 21223 USA Funeral Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced Black 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiene. Elemantery/Secondery (0-12) College (1-4or 5+) Dental Assistant Dental Office 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Pages 1 and 2 should be frent of Health and Mental 8 ref. If them 27 is marked of Rosa Madison Brown Walker 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) of Health: 904 W. Fayette St. Balto., Md. 21223 Crystal Lewis / Daughter 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State PD Burlel 2 ☐ Cremetion 3 ☐ Removel from Steta 8 10 - 234 Donetion 5 Other (Special) Arbutus Arbutus, Maryland 21. Signature of Funerel Service Liga 22. Name end Address of Fecility The Derrick C. Jones Funeral Home 4611 Park Heights Ave. Balto., Md. 21215 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart fellure. List only one cause on such the. Approximete Interval Between Onset end Deeth **Physician** /Medicai Anoxic encephalopathy Immediate Ceuse (Finel diseese or condition resulting in daeth) Examiner Dua to (or as a consequence of) arrhythmia Examiner physician and the burial-transit Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying Couse (Oiseese or Injury that initiated events resulting in deeth) Lest Aspiration Pheumonia Physician/Medical Due to (or es e consequence of). attending Part II. Other eignificant conditions contributing to death but not resulting in the undarlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detact 1 Yes 2 No 3 Probably 4 Unknown Cardiomyopathy þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes an autopsy performed? Completed certificate 1 Yes 2 No Division of Vitai To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific: completely filled in by the funeral director, 25. Wes case referred to medical axeminer? 28. Place of Deeth (Check only one) Hospitel: 1 Unpatient 2 ER/Outpetlent 3 DOA 1□ Yes > No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Netural 2 Accidant 5 Pending investigation 1 Yas 2 No 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Steta) 4 Homicida Certifying Phyeician: To the best of my knowledga, daath occurred at the time, date end piece, and due to the cause(s) and mennar as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and mennar stated. 29a. Certifier Medical 29b. Signeture end title of certifler 29c. License number 29d. Dete şigned (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 22 S. Greene St Bultimore, M.D. hristine

Registrar

31. Dete filed (Month, Day, Year) 32. Registrer's Signeture what avidson- Randall



	1 Decedent	's Name (First, Mic	ridio (ast)		Ce				-	2. Date of Dea	Reg. No.		0.700040004
ian	HAROI		Jore, Eusty	HASKELI			LIS	217		Month	Day	Year	3. Time of Death
cai ner	de Feelik. h	lame (If not institut	tion, give street an		1				wn, or Lo	OCT.	18 4c. Count	1996 ty of Death	8 PM
101		AGE HOUSE						C	OLUMI	BTA	100	WARD	
Г		curity Number	6. Sex		rs. last birthday) If Under Months	1 Year Days	if Under Hours		8. Dete of Birt (Month, Day			lece (State or Foreig
	-	20-2873	1√2 M 2□	F -91	92 Yrs.	Months	Days	Hours	MIN.	AUG. 6	, 1904	NE	W YORK
	Usual Reside	ence of Decedent 10b. Coun	ity	100	City, Town or L	contion							
5				100.								1	0d. Inside City Limits 1X Yes 2 □ No
Director	MD 10e. Street a		WARD		COLU	JMBIA 10f. Zip	Code				10a Chinan of	14fbat Cour	
		VANTAGE	POINT RD			101. Zip	210)45			10g. Citizen of	JSA	try r
Funeral	11. Maritel S	itatus	12. Was	Decedent Ever in	U,S. 13.	Was Deced	ent of Hi	ispanic Ori	gin? (Spi	ecify Yes or No-		ace - Americ	
		er Married 2 Ma	arried 1 🗆 Y	d Forces? (es 2)XINXXX	ζ	If Yes, spec			, Puerto	Rican, etc.)	Ble	ack, White,	
d by		owed 4 Divorce		s, Give or Dates:		1□ Yes 2	5 MAO	Specify:			Speci	lfy: W	HITE
Completed		15. Decede (Specify only high	ent's Education nest grade comple	ted)	(Give	dent's Usua kind of won	k done o	durina mos	of work	ing	16b. Kind of E	Business/Ind	lustry
dm	Elementar	y/Secondary (0-12)) Coile	ge (1-4or 5+)	life.	DO NOT us	e retired)					
		Neme (First, Middle		5		ENG	INEE		r's Name	(First, Middle,		TRICA	L
o Be		The particular and the	-,/	T.	ISK				STHE				ATNI
²		ant's Neme/Relation	nship (Type, Print)			ing Address	(Street			IRoute Numbe			
		MAY LISK				VANT					MBIA, MD		
		of Disposition			. Place of Dispo	osition (Nem	ne of			Date	20c. Location		
		ial 2 Cremation etion 5 Other			cemetery, cre UDEAN M				10/2	20/96	OI MEV	, MAR	VI. A NID
	21, Signatur	g of Funeral Service	e Ligensee	1								, rimit.	LIAND
	h /					COTT		COPT	200		_		
	-	Lu //	In I	11140		SOL LI	EVIÑ	SON 8	BRO	DS., INC	C.	TE MI	21200
	23a. Pary	Friend the disease,	or complications the	het caused the de		8900 I	REIS	TERSI	NWO!	RD., PI	IKESVIL	LE, MI	Approximete
1	23a. Park. shock	Enter the disease, or heart failure. Lis			eath. Do not en	8900 I ter the mode	REIS of dylng	TERST g, such as	OWN cardiac c	RD., PI	IKESVIL rest,	LE, MI	70000
_	Immediate C	Cause (Final ondition			eath. Do not en	8900 I ter the mode	REIS of dylng	TERST g, such as	OWN cardiac c	RD., PI	IKESVIL rest,	LE, MI	Approximete Intervel Between
-	Immediate C	Cause (Final ondition			eath. Do not en	8900 I ter the mode	REIS of dylng	TERST g, such as	OWN cardiac c	RD., PI	IKESVIL rest,	LE, MI	Approximete Intervel Between
niner I	Immediate C	Cause (Final ondition			eath. Do not en	8900 I ter the mode	REIS of dylng	TERST g, such as	OWN cardiac c	RD., PI	IKESVIL rest,	LE, MI	Approximete Intervel Between
xaminer	Immediate C disease or o resulting In d	Ceuse (Final ondition death)		Due to	eath. Do not en	8900 Inter the mode	REIS of dylng	TERST g, such as	OWN cardiac c	RD., PI	IKESVIL rest,	LE, MI	Approximete Intervel Between
sal Examiner	Immediate C disease or or resulting In d Sequentially if any, leadin cause. Ente Cause (Dise	Ceuse (Final ondition leath) list conditions, g to Immediate r Underlying see or Injury		Due to	wath. Do not en	ter the mode quence of):	REIS of dylng	TERST g, such as	OWN cardiac c	RD., PI	IKESVIL rest,	LE, MI	Approximete Intervel Between
edical	Immediate C disease or or resulting In d Sequentially if any, leadin cause. Ente Cause (Dise that Initiated resulting In d	list conditions, g to Immediate r Underlying ese or Injury events		Due to	Hive in the consense of the co	ter the mode quence of):	REIS of dylng	TERST g, such as	OWN cardiac c	RD., PI	IKESVIL rest,	LE, MI	Approximete Intervel Between
edical	Immediate C disease or or resulting In d Sequentially if any, leadin cause. Ente Cause (Dise that Initiated resulting In d	list conditions, g to Immediate r Underlying ese or Injury events		Due to	wath. Do not en	ter the mode quence of):	REIS of dylng	TERST g, such as	OWN cardiac c	RD., PI	IKESVIL rest,	LE, MI	Approximete Intervel Between
edical	Immediate C disease or or resulting In d Sequentially if any, leadin cause. Ente Cause (Dise that Initiated resulting In d	Ceuse (Final ondition leath) list conditions, g to immediate r Underlying see or Injury events leath) Lesf	a	Due to	oath. Do not en	ter the mode quence of):	REIS of dying	TERSI g, such as Low U	OWN cardiac c	RD., PI	IKESVIL rest,		Approximete Intervel Between Onsef end Death
edical	Immediate C disease or or resulting in or resulting in or resulting in or resulting in any, leadin cause. Ente Cause (Diserthat Initiated resulting in or resu	Ceuse (Final ondition leath) list conditions, g fo Immediate r Underlying ese or Injury events leath) Lesf	a b A c d	Due to Due to	oath. Do not en	ter the mode quence of):	REIS of dying	TERSI g, such as Low U	OWN cardiac c	RD., PI	obecco use co	ontribute to	Approximate Interval Between Onsef and Death
by Physician/Medical Examiner	Immediate C disease or or resulting in or resulting in or resulting in or resulting in any, leadin cause. Ente Cause (Diserthat Initiated resulting in or resu	Ceuse (Final ondition leath) list conditions, g to immediate r Underlying see or Injury events leath) Lesf	a b A c d	Due to Due to	oath. Do not en	ter the mode quence of):	REIS of dying	TERSI g, such as Low U	OWN cardiac c	RD., PI	obecco use co	ontribute to	Approximete Intervel Between Onsef end Death
by Physician/Medical	Immediate C disease or or resulting in or resulting in or resulting in or resulting in any, leadin cause. Ente Cause (Diserthat Initiated resulting in or resu	Ceuse (Final ondition leath) list conditions, g fo Immediate r Underlying ese or Injury events leath) Lesf	a b A c d	Due to Due to	oath. Do not en	ter the mode quence of):	REIS of dying	TERSI g, such as Low U	OWN cardiac c	RD., PI	obecco use co	ontribute to 3 Prob	Approximate Interval Between Onsef end Death O
by Physician/Medical	Immediate C disease or or resulting in or resulting in or resulting in or resulting in any, leadin cause. Ente Cause (Diserthat Initiated resulting in or resu	Ceuse (Final ondition leath) list conditions, g fo Immediate r Underlying ese or Injury events leath) Lesf	a b A c d	Due to Due to	oath. Do not en	ter the mode quence of):	REIS of dying	TERSI g, such as Low U	OWN cardiac c	RD., PI or respiratory and 23b. Drid to 1 V	obecco use co	ontribute to 3 Prob	Approximete Intervel Between Onsef end Death Class Jeans the cause of death ably 4 Unknow re autopsy findings
by Physician/Medical	Immediate C disease or or resulting in or resulting in or resulting in or resulting in any, leadin cause. Ente Cause (Diserthat Initiated resulting in or resu	Ceuse (Final ondition leath) list conditions, g fo Immediate r Underlying ese or Injury events leath) Lesf	a b A c d	Due to Due to	oath. Do not en	ter the mode quence of):	REIS of dying	TERSI g, such as Low U	OWN cardiac c	RD., PI or respiratory and 23b. Drid to 1 V	obecco use co	ontribute to 3 Prob	Approximete Intervel Between Onsef end Death Classification of the Cause of death ably 4 Unknow re autopsy findings liable prior to inplettion of cause
Physician/Medical	Immediate C disease or or resulting in or resulting in or resulting in or resulting in or cause. Ente Cause (Diseated resulting in d	Ceuse (Final ondition leath) list conditions, g to Immediate r Underlying ese of Injury events leath) Lesf efgnificant condit	a. b. c. d. lions contributing to	Due to Due to	oath. Do not en	ter the mode quence of):	REIS of dyling	g, such as Les (en in Pert I.	OWN cardiac of	23b. Did to	obacco use co	ontribute to 3 Prob	Approximete Intervel Between Onsef end Death O
To Be Completed by Physician/Medical	Immediate C disease or or resulting in or resulting in or resulting in or resulting in or resulting in or cause. Ente Cause (Diserthat Initiated resulting in or resulting in	euse (Final ondition leath) list conditions, g to Immediate r Underlying ese or Injury events leath) Lesf efgnificant condit	a. b. A c. d. lons contributing the standard least	Due to Due to Due to	eath. Do not en	ter the mode quence of): quence of): quence of):	REIS of dyling f 7	g, such as Les U en in Pert I.	of Death	23b. Dfd to 1 V 24e. Wes a perfor 1 Y (Check only or	obecco use co	ontribute to 3 Prob 24b. We ava con of d	Approximete Intervel Between Onsef end Death Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Onsef end D
To Be Completed by Physician/Medical	Immediate C disease or or resulting in or resulting in or resulting in or resulting in or cause. Ente Cause (Diserthat Initiated resulting in or cause. Ente Cause (Diserthat Initiated resulting in or cause cause (Diserthat Initiated resulting in or cause (Diserthat Initiated resulting in or cause (Diserthat Initiated resulting in or cause (Diserthat Initiated Resulting Initiated Resu	euse (Final ondition leath) list conditions, g fo Immediate r Underlying ese or Injury events leath) Lesf ergnificant condit	a. b. A c. d. c. d. Hospital: 1 28a. D. (A	Due to Due to	eath. Do not en	equence of): quence of): quence of): quence of): quence of): quence of): quence of):	REIS of dyling f 7 Calca uuse give	g, such as Les U 26. Place 26. Place 27. AD NOT	of Death	23b. Did to 1 Y (Check only or	obecco use co	ontribute to 3 Prob 24b. We ava con of d	Approximete Intervel Between Onsef end Death Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Onsef end D
To Be Completed by Physician/Medical	Immediate C disease or or resulting in or resulting in or resulting in or resulting in or resulting in disease. Enter Cause (Disease in the Initiated resulting in disease in the Initiated resulting in disease in the Initiated resulting in disease examiner in the Initiated resulting in disease in the Initiated resulting in the Initiated resulti	e referred to medic ?	a. b. A c. d. lions contributing to Pasterle Hospital: 1 ing tigation (A)	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	eath. Do not en	8900 If the mode quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of):	REIS of dyling f 7	g, such as Les U en in Pert I.	of Death	23b. Did to 1 Y Check only or 1 Secribe his	obecco use co	ontribute to 3 Prob 24b. We ava con of d 1 her (Specify irred	Approximete Intervel Between Onsef end Death The Cause of death abily 4 Unknow The autopsy findings iiable prior to onpletion of cause leath? Yes 2 No
To Be Completed by Physician/Medical	Immediate C disease or or resulting in or resulting in or resulting in or resulting in or cause. Ente Cause (Diserthat Initiated resulting in or cause. Ente Cause (Diserthat Initiated resulting in or cause cause (Diserthat Initiated resulting in or cause (Diserthat Initiated resulting in or cause (Diserthat Initiated resulting in or cause (Diserthat Initiated Resulting Initiated Resu	ereferred to medice referred to	a. b. A c. d. c. d. lons contributing to the contributing to the contributing to the contributing to the contributing to the contribution of t	Due to Due to Due to Due to	eath. Do not en	8900 If the mode quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of):	REIS of dyling f 7	g, such as Les U 26. Place 26. Place 27. AD NOT	of Death	23b. Dfd to 1 V 24e. Wes a perfor 1 Y (Check only or	obecco use co	ontribute to 3 Prob 24b. We ava con of d 1 her (Specify irred	Approximete Intervel Between Onsef end Death The Cause of death abily 4 Unknow The autopsy findings iiable prior to onpletion of cause leath? Yes 2 No
Certification: To Be Completed by Physician/Medical	Immediate C disease or or resulting in or resu	eleuse (Final ondition leath) list conditions, g fo Immediate r Underlying ese or Injury events leath) Lesf ergnificant condit	a. b. A c. d. lons contributing to the second of the s	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	consecution of the unit of the	ter the mode quence of): quence of): quence of): quence of): quence of): quence of): quence of):	REIS of dyling the Total A Other Call Injury Work 1 1 Y office	en In Pert I.	of Death	23b. Dfd to 1 Yes 24e. Wes a perfor 1 Yes 26d. Describe horself.	obecco use co	ontribute to 3 Prob 24b. We ava con of d 1 her (Specify) rred	Approximete Intervel Between Onsef end Death Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Onsef end Death Death Onsef end Death Death Death Death Death Death Death Death Death Death
Certification: To Be Completed by Physician/Medical	Immediate C disease or or resulting in corresulting in corresulting in cause. Ente Cause (Diseated resulting in disease of the Initiated resulting in the I	euse (Final ondition leath) list conditions, g fo Immediate "Underlying ese or Injury events leath) Lesf efgnificant condit ereferred to medic? 22 To f Death rai 5 Pend Investide 6 Coulcide deten	a. b. A c. d. lone contributing to the standard of the top the standard of	Due to Due to	eath. Do not en	aguence of): quence of):	REIS of dyling A Other Other Office	g, such as Part I. 26. Place 26. Place 27. Yes 2 1	of Death	23b. Did to 10 years of the control	obecco use co	ontribute to 3 Prob 24b. We ava avanof d 1 D ther (Specify irred	Approximate Interval Between Onsef and Death The Cause of death abily 4 Unknow The autopsy findings liable prior to ause leath? Yes 2 No Route Number,
To Be Completed by Physician/Medical	Immediate C disease or or resulting in coresulting in coresulting in cause. Ente Cause (Diseated resulting in disease or cause (Diseated resulting in disease or cause (Diseated resulting in disease or cause or cause (Diseated resulting in disease or cause	ereferred to medice referred to	a. b. A c. d. lons contributing to the second of the s	Due to Due to	eath. Do not en	ter the mode quence of): quenc	A Other Sc. Injury Work 1 Y office	e, date and	of Death of Death sing Hor	23b. Dfd to 1 Y Y Y Check only or respiratory and the time, do at the time, do	obecco use co	ontribute to 3 Prob 24b. We ava con of d 1 her (Specify) rred ber or Rural	Approximete Intervel Between Onsef end Death Death Onsef end D
edical Certification: To Be Completed by Physician/Medical	Immediate C disease or or resulting in coresulting in coresulting in cause. Ente Cause (Diseated resulting in disease or cause (Diseated resulting in disease or cause (Diseated resulting in disease or cause or cause (Diseated resulting in disease or cause	ereferred to medic ereferred to medic football for the football for the football for the football foot	a. b. A c. d. lons contributing to the second of the s	Due to Due to	eath. Do not en	ter the mode quence of): quenc	A Other Sc. Injury Work 1 Y office	e, date and	of Death of Death sing Hor	23b. Dfd to 1 Y Y Y Check only or respiratory and the time, do at the time, do	obecco use co	ontribute to 3 Prob 24b. We ava con of d 1 ther (Specify) irred ther or Rural ther as ste, and due fo	Approximete Intervel Between Onsef end Death Death Onsef end D

State Registrar 31. Date filed (Month, Dey, Year)

600 St ne. di er i sameli si gginal an garaged the same what are not a so to the fire

State of Maryland / Department of Health and Mental Hygiene

31644 Certificate of Death 2. Date of Death 3. Time of Death Day

Physician /Medicai **Examiner**

Director

Funeral

þ

Completed

Be

1. Decedent's Name (First, Middle, Last)

6:45 PM 1996

10d. Inside City Limits

1 Yes 2 □ No

21 DAYS

MONTHS

YEARS

1 ☐ Yes 2 ☐ No

Funeral Director

the Marylend 28a-f show ò

Examiner must be notified at Hems 23a death d 2 should be filed within 72 hours effer the end Mental Hygiene.
7 is marked other than "naturel", or iter traumatic event, the Medical Exercites.

. Pages 1 end 2 should be fill ment of Health end Mental Hant: If item 27 is merked oth lury or other traumatic even permit. Page Depertment of Important: If any Injury or 14

Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

> Physician/Medical Examiner buriel-transit the use es the signed by t Completed by this certificate Be 2 Certification:

The law requires that the death certificate be executed Attending Physician: al or Attending Physics after death.
If Director: After this ed in by the funeral di To the Hospital within 24 hours a To the Funerel Completely filled

Medical

State

Registrar

Division of Vital Records, P.O. Box 68760,

MARY KATIE LAUER OCTOBER 21 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death UNION MEMORIAL HOSPITAL BALTIMORE BALTIMORE CITY 5. Social Security Number If Under 24 Hrs. Hours Min. If Under 1 Year Months Days 7. Age (In yrs. last birthday) 8. Date of Birth ADITIN Day, 9. Birthplace (State or Foreign 10M X F 176-16-8809 75 Perinsylvania Yes Usuet Residence of Decedent 10e State 10b. County 10c. City, Town or Location Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? United States 3307 Crossland Ave. 21213 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 11 Marital Status 14. Rece - American Indian. Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 M No If Yes, Give Year or Dates: 1 Yes 2 No 3 Widowed 4 □ Divorced Specify: White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coltege (1-4or 5+) Homemaker Own Home 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Joseph Cook Mabel Roth 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9322 Pent Angel Way Baltimore, Md 21236 David Lauer / Son 20a. Method of Disposition
1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 20b. Ptace of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Lorraine Park Cemetery 10/25/96 baltimore. MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee 22. Name and Address of Fecility Leonard J. Ruck Funeral Home, Inc. Mark T. Zavoyn 5305 Harford Road Baltimore, Md 21214 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one ceuse on each line. Immediate Cause (Final disease or condition resulting in deeth) . HYPERTENSIVE ENCEPHALOPATHY Due to (or as a consequence of): CEREBRAL. ATHEROSCIEROSIS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or as a consequenca of) FAILURE RENAL Due to (or es a consequence of): ONGESTIVE HEART FAILURE Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown DIABETES MELLITUS 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes en autopsy 1 Yes 2 No 25. Wes case referred to medicat 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work?

5 Pending investigation 1 Netural 2 Accident

6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier 🗷 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basts of examination and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) and menner stated.

29b. Signature and title of certifier Fuscourse

3 Sulcide

4 T Homicide

AT2438946

29c. License number

OCTOBER 21, 1996

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

MICHELLE 31. Date filed (Month, Day, Year)

OCT 23 1996



M.D.

DHMH 16 Rev 6/95

29d. Date signed (Month, Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death 0 4b, City, Town, or Location of Death 4a. Facility Neme (If not Institution, give street end number) 1616 N.T Troadway more 5. Social Security Number If Under 1 Yaar If Undar 24 Hrs 7. Age (In yrs. last birthdey) 9. Birthplaca (State or Foreign Country) 1□M 2×F 217-16-6294 Yrs. Marylan Usual Residence of Deceder 10b. County 10d. Inside City Limits Maryland 12 Ves 2 No 10e. Street and Numbe 10g. Citizen of What Country? madway 1616 Was Decedent Ever in U.S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 11. Marital Status Race - American Indian Black, White, etc. was Decedent Ev Armed Forces? 1 ☐ Yas 2) No If Yes, Give Yaar or Dates: 1 Never Married 2 Married 1□ Yes 2No Specify: Specify: 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collage (1-4or 5+) 12th Grado WIFE 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) William JANE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Eugene MCGruder 1616 N. Bradway Battimore, Md. 21213 St. 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State Data 20c. Locetion - City or Town, State 10-25-OW, NGS Garrison Forest Vet. Cem 4 □ Donation 5 □ Other (Specify) 1996 21. Signafug@pf Funeral Service Licerisee Name and Address of Facility Name Cy Walla Rineral Service w. manklin street Wallace 3405 L or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, and only one ceuse on each line. Approximate Interval Between Onset and Deeth CEREBROVASCULAR DISEASE Immediate Cause (Finel L years diseasa or condition resulting in deeth) Due to (or es a consequence of): Due to (or es a consequence of):

Physician /Medicai **Examiner**

or Attending Physician: The law requires that the death certificate be axecuted

certificate

After this

death.

within 24 hours after deat To the Funeral Director:

Hospital

filled in by the funeral

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medicai

Completed

Be

Certification: To

Medical

29a. Certifier

permit. Page Department of Important: If any injury or

Physician

/Medical

Examiner

10a. State

Funeral Director

Be Completed by

Funeral

Director

the Maryland

Pages 1 and 2 should be filed within 72 hours after death with the Marylan ment of Health and Mental Hygiene.
ant: If Item 27 is marked other than "natural", or Items 23a or 28a-f show ury or other traumatic event, the Mexical Examener must be notified at

21215-0020

Baltimore, Maryland

Sequentially list conditions, if any, leading to Immadiete ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lasf

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

URINARY TRACT INFECTION HYPO GLYCEMIA

23b. Did tobacco use contribute to the cause of death? 1 Yee 2⊠No 3 Probably 4 Unknown

24b. Wara autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy performed?

1 ☐ Yas 2-3 No 1 ☐ Yes 2 ☐ No

25. Was case referred to medical 26. Place of Deeth (Check only one) axaminer? 1 Yes 2 No

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred

27. Menner of Deeth Natural 5 Pending Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide

1 ☐ Yes 2 ☐ No 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

1x Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29c. Licansa number 29d. Data signed (Month, Day, Year)

MAD- FACULTY PHYSOLAN) raddress of person who completed ceuse of death (Item 23a) (Type, Print)

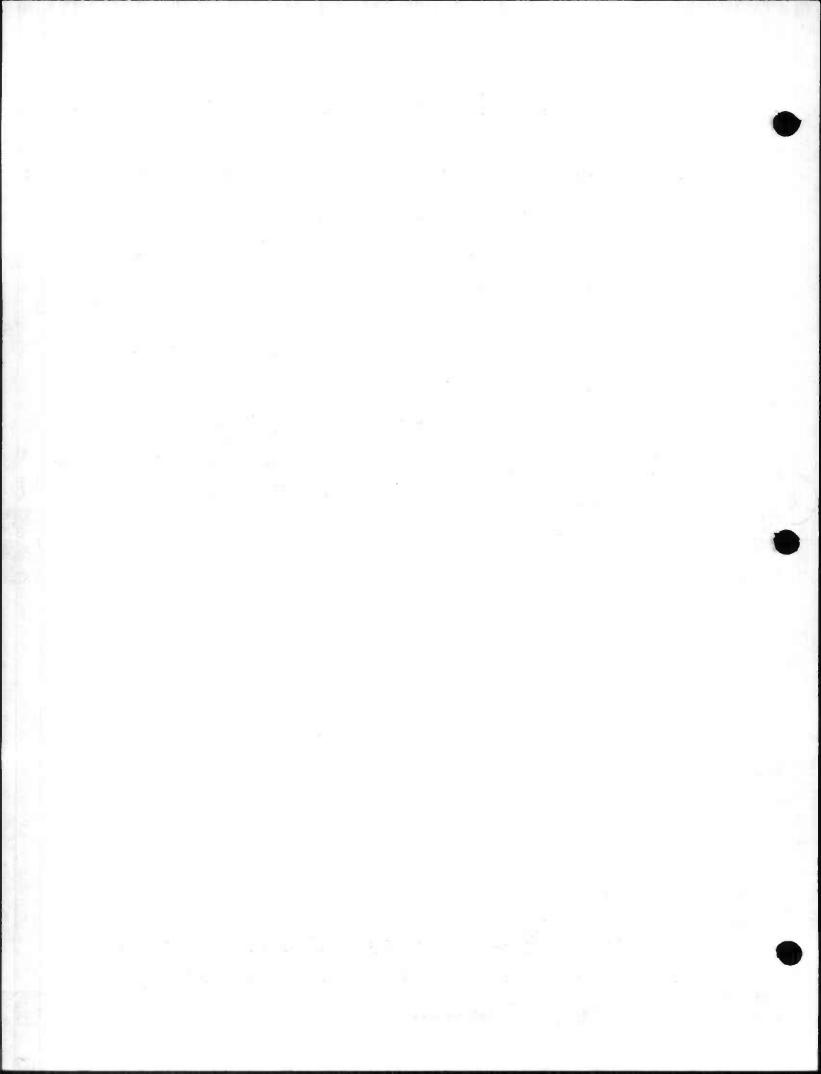
Ada Miller, 9020 1830 Building

1830 E. Monument, Bathimore,

State Registrar 31. Date filed (Month, Dev. Year)

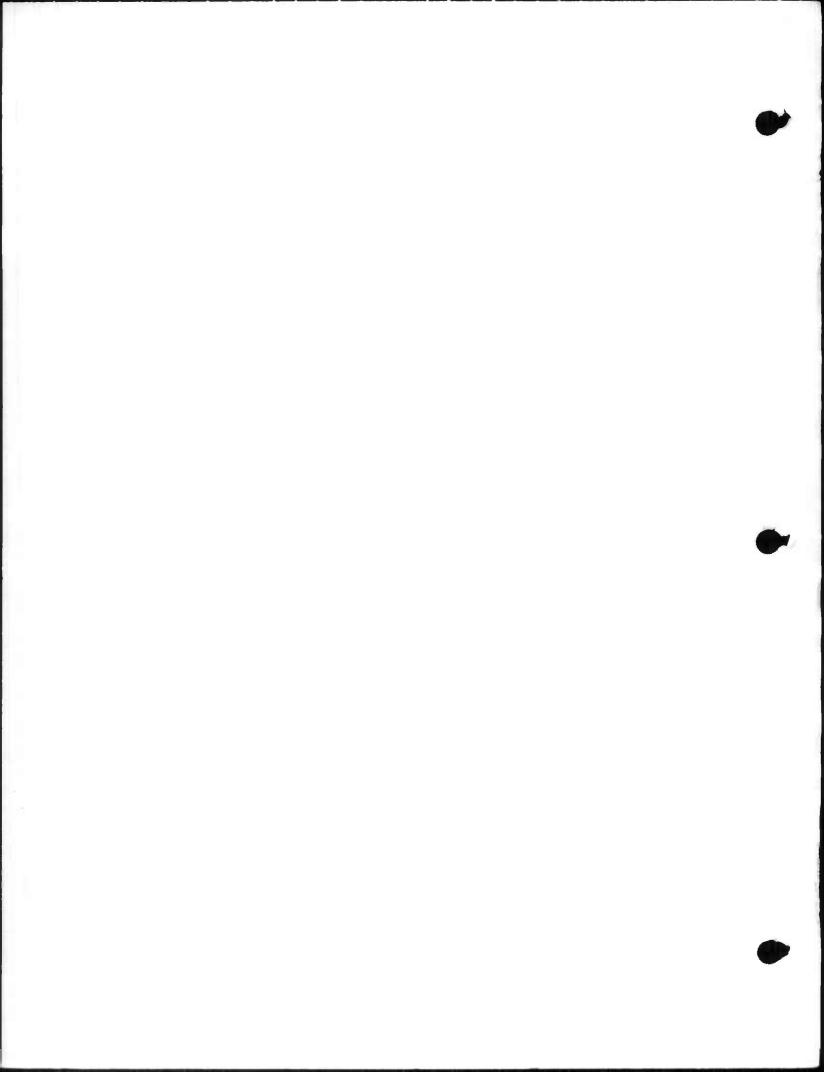
32. Registrar's Signatura

DHMH 16 Rev 6/95



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	JMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Propries prior to burish, commission, or removed
he turniral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention provider and committee man for many to the funeral director, page 5 should be detached
Posset. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifican to executed workers are a possible to be near the pretained by the hosp
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68/64

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) TRMA KA	UFMAN 1	NUN.	D		2. DATE OF DEATH DA	7 96	3. TIME OF DEATH III 34 A M
	the state of the s	6. AGE (In yrs. Is	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) March 3 19	08 Ma	erthplace (State or Foreign Suntry) aryland
TOR	Pickersgill Retire			owson	PR LOCATION OF D	EATH	Balti	
DIRECTOR	10a. STATE 10b. COUNTY Md. Baltin	more	TOWSO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 615 Chestnut Ave			1.20	21204		10g. CITIZEN C	USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puarlo Rican, etc.) ly:	8	ACE — American Indian, lack, Whita, stc. poc/hy: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) ((College (1-4 or 5 +)	ECEDENT'S USU Give kind of work e. Do NOT use ret	done during mo ired.)		16b, KIND OF BUS		Y
OM	17. FATHER'S NAME (First, Middle, Lest)	+4 F	Homemak.	er	40 MOTUEDIO M	OWN H		
Ö	Harry	Jacob F	Kaufman		Elizah			einwedel
) BE	19a. INFORMANT'S NAME (Type/Print)			RESS (Street e		Route Number, City or Town		
5	Allan W. Mund .					son, Md. 2		
	20e. METHOD OF DISPOSITION 132 Buriel 2 Cremation 3 Remove 4 Donation 8 Other (Specify)	20b. PLACE cametery_cr	and date of di	SPOSITION (No	me of	DATE 20c. LOC		
	21. DIGNATURE OF FUNERAL SERVICE LICEN	SEE				киту son Funera k Rd. Tows		
	23. PART I. Enter the diseases, or conshock, or heert fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on each lin	e. OKE		de of dying, suc	ch as cardiac or reapi	ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					
MEDICAL	PART II. Other algnificant conditions of PNEWM DEMEN	ONIA JT/A	resulting in th	e underlying	g cause given in	Pert I. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CONTRIE				UNCERTAI	N O		NA
20		IOSPITAL:	CE OF DEATH (C	HEA:				
PHYSICIAN:	1 YES NO 1	□ Inpetient 2 □ ER/Outpetient : 28a. DATE OF INJURY	28b. TIME OF	Nursing Hom 28c. INJ		6 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	28d. DESCRIBE HOW IN	JURY OCCURED	'
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — At he building, atc. (Specify)	ome, term, atreet			28f, LOCATION (Street as City or Town, State)	nd Number or Ru	rel Route Number,
COMPLET		N: To the best of my knowledge, do						ee(a) and menner as stated.
TO BE C	291, SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	arall,	m.D		D38	392	29d. DATE SIGN	AED (Month, Day, Year)
	BARBARA CA	tr ROLL, M.	D. , 13	3801	YORK	R.D., COCK	EYSU	ILLE, MD
	OCT 231996	32/RECISTAAR'S SIGNATURE	delle					



Please Type or Print in Black indelible ink. Assure All Copies Are Legible

MASON

•	0	1	100	1	7
	-		0	L	1
	0	- E	0		

3. Time of Death

7:10 PM

Type of Fill III black indelible lik. Assule All Copies Are L	egible.	-	100	8
State of Maryland / Department of Health and Mental Hygiene	96	3	6	4
Certificate of Death Reg. No.				

SR.

2. Date of Deeth

4b. City, Town, or Location of Death 4c. County of Death

OCTOBER 17 1996

	Physician
	/Medical
)	Examiner

1. Decedent's Name (First, Middle, Last)

4e. Facility Name (If not institution, give street end number)

C.

CALVIN

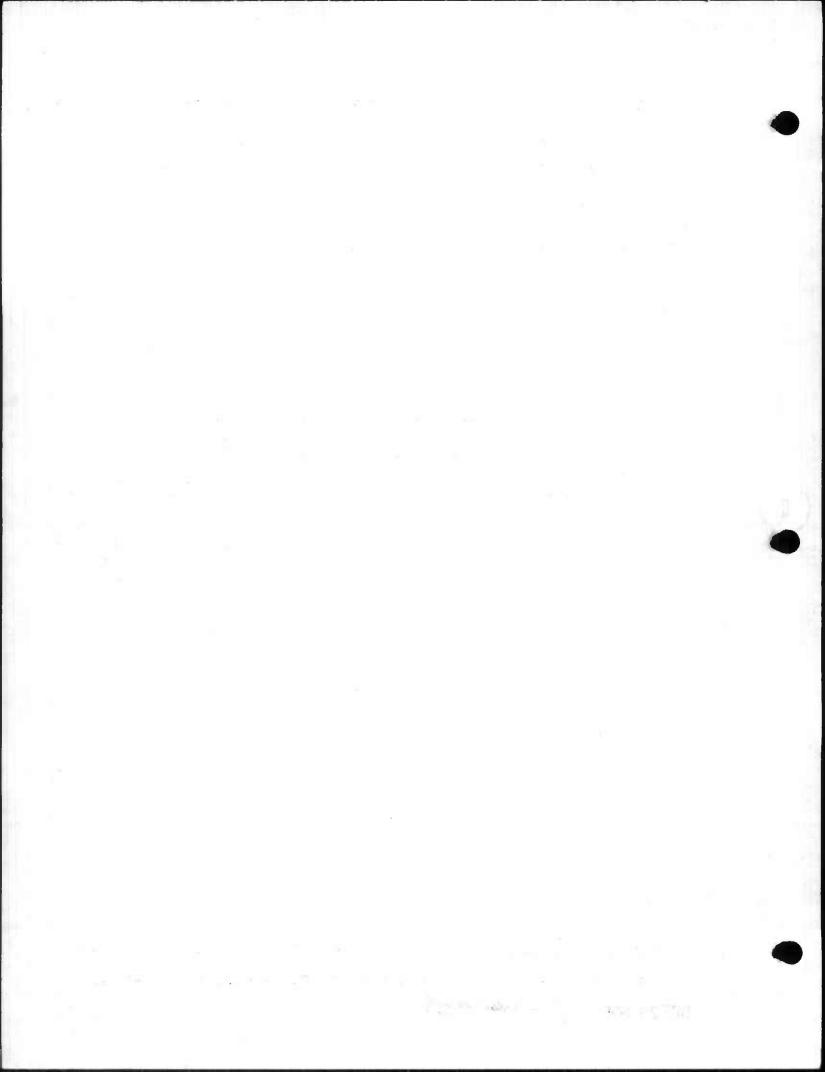
nerai		IMITALLED	R HOSPI	TAL					BALI	TMO	RF.	Cit	У		
ector		5. Social Security N 224-28- Usual Residence of	-5160	Sex 12 M 2□F	7. Age (In yr. 7.	s. lest birthdey; 3 Yrs.	Month	ler 1 Year s Deys	If Under 2 Hours	4 Hrs. Min.	8. Date of Bir (Month, De Oct. 1	th 2 1923	_Cot	npiace (State or Fore untry) re, Virg.	
Tied at	ctor	10a. State MD.	10b. County City			City, Town or Lo Baltim					-	/		10d. Inside City Lim	
ant be not	Funeral Director	10e. Street and Nu		reet			10f. 2	ip Code	21230			10g. Citizen of V	Whet Cot		
event, the Medical Examiner must be notified at	by	11. Maritel Status 1 Never Marri	led 2 Married	Armed F	ive No No	IIV			lispanic Origi en, Mexican, Specify:	n? (Spec Puerto R	ify Yes or No ican, etc.)	14. Rec Blac Specify	k, White	rican Indian, o, etc. White	
dice	eted	(Spec	15. Decedent's E	Education rade completed)	16a. Dece	dent's Us	ual Occup	ation during most	of working	7	16b. Kind of Bu	siness/l	ndustry	
The Me	Completed	Elementery/Seco	ndary (0-12)	College	(1-4or 5+)	Mach	DO NOT	use retired	d)			Lo G1	wer	Yco.	
metic even	To Be	17. Father's Name Char	(First, Middle, Las 1es Ma						18. Mother Eth			, Melden Sumem NOWN	e)		
r trau		19a. fnformant's Na Calvin			/son							er, City or Town, Balto		ip Code) d.21231	
		20a. Method of Disp 1 ABuriel 2 I	oosition Cremetion 3 5 Other (Spec	□Removai from	State Ba	Piece of Dispo cemetery, cres	osition (N	eme of other plea	ce)	OC:	Pate 2 2	20c. Location - Balti	City or T	Town, State	
any Injury or once.		21. Signeture of F	neral Service Lica	nsee V/a	1/2	22	Name (MCC) 130	and Addre	ss of Facility Fune Fort	ral Ave	Home Bal	of So	uth, Mo	Balto. d. 21230)
lical iner		Immediate Cause (disease or condition resulting in death)		a. Arte	rioscl	leroti	C Ca	ardi	ovasc	ula	r Dis	ease			
r use as the burial-transit	an/Medical Examiner	Sequentially list cor if any, leading to im cause. Enter Unde Cause (Disease or that initiated events resulting in death) L	nditions, mediate rhying Injury	b	Due to (or as a consector as a consector or es e consector	quenca of):):							
sched for use as the	Physician/Medical	Sequentially list cor if any, leading to im cause. Enter Unde Cause (Disease or that initiated events resulting in death) L	L	cd	Due to (or as a consec	quenca of):):):			23b. Did	tobacco uae cor		to the cause of deal	
page 2 should be detached for use as the	Completed by Physician/Medical	Part II. Other signifi	cant conditions	cd	Due to (or as a consec	quenca of):):):			23b. Did to 1	tobacco uae cor	3 Pro		own
page 2 should be d	Be Completed by Physician/Medical	Part II. Other signification of the signification o	cant conditions	Hospitai	Due to (or as a consector es e consequence sulting in the u	quence of	cause giv	en in Part I.	f Death (23b. Did to the control of the contr	tobacco use cor Yes 2□No an autopsy med? Dection Yes 2√2No	3 Pro	Vere autopsy finding valiable prior to ompletion of cause f death?	own
ral director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	Part II. Other signification of the signification o	cant conditions	Hospitai: 1 □ 28e. Dete	Due to (or as a consec	quence of	cause giv	en in Part I. 26. Place d er: 4 □ Nurs	f Death (23b. Did to the control of the contr	tobacco uae cor Yes 2□ No an autopsy rmed? Oectior Yea 2X No	3 Pro	Vere autopsy finding valiable prior to ompletion of cause f death?	own
ral director, page 2 should be detached for use as the	ertification: To Be Completed by Physician/Medical	Part II. Other signifi 25. Was case referrexeminer? 1X0 Yes 2 1 27. Menner of Death	icant conditions	Hospitai: 1 ☐ 28e. Dete	Due to (or as a consector or es e consector	quenca of	cause giv	en in Part I. 26. Place o	1 Death (ing Home	23b. Did to the control of the contr	An autopsy med? OCTION Yes 2 No Yes 2 No Yes 2 No Jence 8 Other own injury occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence occu	24b. War co	Vere autopsy finding valiable prior to ompletion of cause f death?	own
il director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	25. Was case referraxeminer? 1X Yes 2 1 27. Menner of Death 1X Netural 2 Accident 3 Suicide 4 Homicide 29a. Certifier	ed to medical Solution investigation of Could not be	Hospitai: 1 28e. Dete (Month) 28e. Place build 28e. Place build	Due to (Due to (Due to (leath but not received the following of the following) of Injury - At hing, etc. (Special best of my known in the following)	or as a consector es e consequence d	quenca of quence of quence of quence of quence of quence of quence of quence of quence of quence quence quence quence quence quence quence quence quence quence quence quence quence quence quence quence quence quence que	cause giv	26. Place of er: 4 \(\text{ Nurser } \) \(\text{ Nurser } \) \(\text{ Ves} \) 2 \(\text{ No.} \) \(\text{ No.} \)	f Death (Ing Home 28)	23b. Did 1 1 24a. Was performed in Signature of the Signa	tobacco use cor Yes 2 No an autopsy rmed? Dection Yes 2X No one) dence 8 Othe now injury occurr Street and Number wn, Stete)	3 Pro	Vere autopsy finding vallable prior to ompletion of cause f death? Yes 2 No	own

DHMH 16 Rav 6/95

State

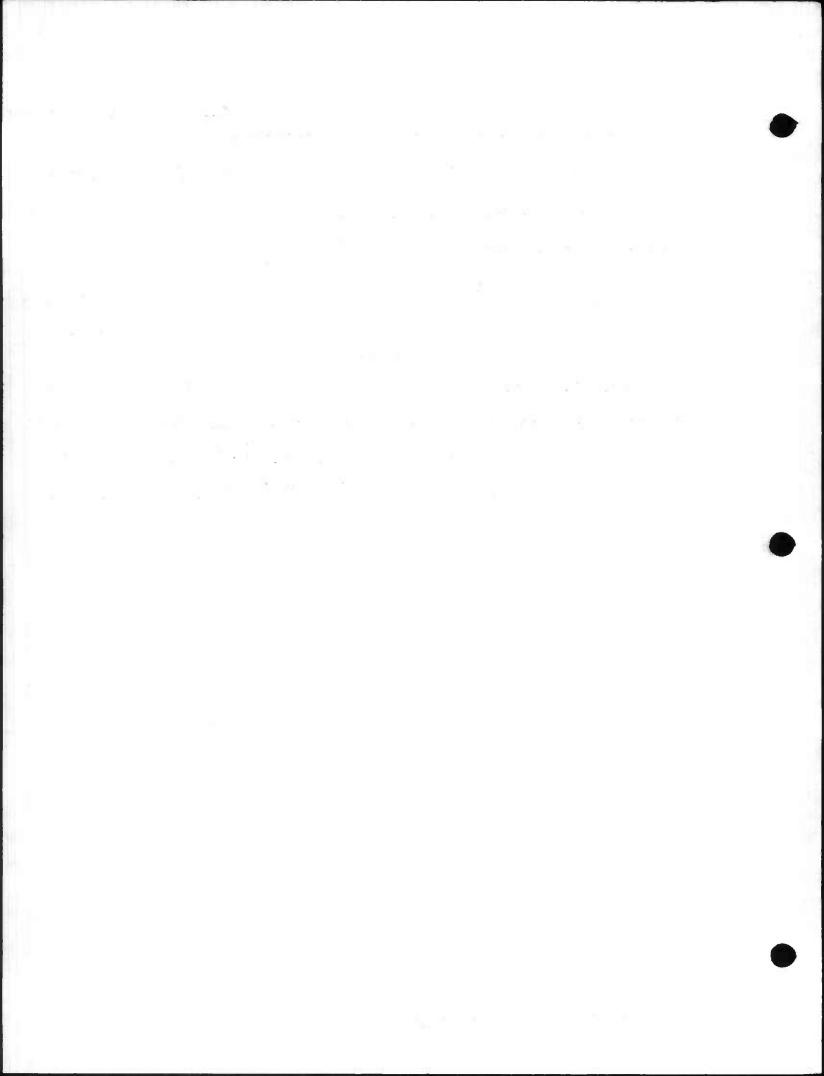
Registrar

OCT 23 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 31648

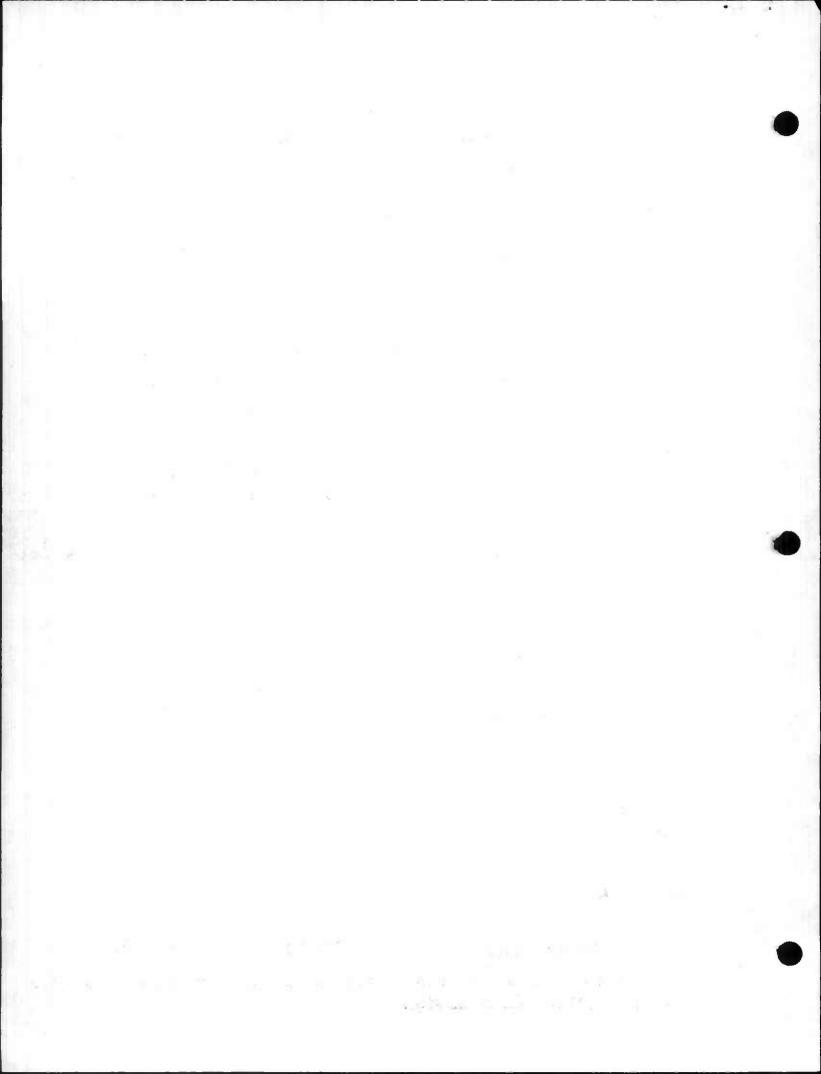
	_		Decedant's Nama (First, Middle, Las	***		Certifica	ite of	Death	10.04.40	Reg. No.		10.00
	Physici		EDWARD I.	MOUNT					2. Data of Do Month	Day	Year 96	3. Tima of Death
	/Medic Examir		4a. Facility Neme (If not institution, give Stella Maris a	street and number)	pice			4b. City, Town, or Baltin			f Death	orocph
	Funeral Director			ax 7. Age (In ym		Month	er 1 Yeer s Days	If Undar 24 Hrs Hours Min		rth av Year) 121929	9. Birthp Coun Ma	lace (State or Foreign try) ryland
	Maryland -f show Bad at	tor	Ususi Rasidance of Decedant 10e. Stete 10b. County Anne A		Slen	Burn	ie				10	0d. insida City Limits
	ter death with the Marylan Reme 23s or 28s-f show ther must be notified at	al Director	10e. Street and Number 1310 William	Street		10f. 2	2 1 0 6	0		10g. Citizen of W USA	hat Coun	try?
020	hours after dear ural", or itsme ; it Examiner ms	by Funeral	11. Marital Status 1 Never Merriad 2 Married 3 Widowed 4 Provorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 24☐ No If Yas, Giva Yeer or Dates:	U.S.		edent of I ecify Cub	Hispanic Origin? (S an, Maxican, Puer Specify:	Specify Yas or Note Rican, etc.)	0- 14. Rece Black Specify:	, White,	an Indien, etc. ite
	s within 72 ho piene. r than "natur the Medical	Completed	15. Decedent's Ed (Specify only highast grad Elementary/Secondary (0-12) 1 0	ucation da complated) College (1-4or 5+)	- (G	ecedant's Us Giva kind of v fe. DO NOT	suai Occup vork done usa ratire	pation during most of wo d)	orking	Green wa		
rland	and be liled femial Hyg rked other tic event,	To Be C	17. Father's Nema (First, Middla, Last) Clarence L. M					18. Mother's Na Emelia		, Maldan Sumama em)	
7.00	and 2 shows salth and No. 27 is man er traume		19a. Informant's Name/Relationship (7 Christina Sica/			-				Grove		Code)
timore	ff of He if item or oth		20a. Mathod of Disposition 1 Buriei 2 Cramation 3 4 Donation 5 Other (Specify	namovarnom Stata	Place of D cematary, en F	isposition (A crematory of laven	ama of other pla Mem	ce) (Oct. 25 1996	20c. Location - C		
Balt	permit. Pa Departmen Important: any injury stose.		21. Signeture of Funarai Sarvice Licens	- Naylor						of Pas Pasadena		na . 21122
	hysician		23a. Psrt1. Enter the disease, or comp shock, or haert failure. List only of							srrest,		Approximata interval Between Onsat and Death
	/Medical Examiner	16	Immediate Causa (Final disassa or condition resulting in death)	a		nsequence o	f):	Failure			1	Chron
	and aHransit	Examiner	Sequentially list conditions, if any, lesding to immediate	b. Dua to		Me nsequance o	lli h	15 tg/	2		i	10 years
	certificate be executed ding physician and ise as the burial-transit	fedical	Sequentially list conditions, if any, lesding to immadiate cause. Entar Undarhying Cause (Disaase or Injury that initiated events resulting in death) Last	C. Dua to (or as a cor	sequence of):					
Box	e attendin	iclar	Part II. Other eignificant conditions co	ntributing to death but not re	euitlaa ia t	a undarhine	Causa oi	ven in Pert I	23h Did	tobacco use con	ribute to	the cause of death?
P.O.	requires mat ma or been signed by the should be detached	by Physician/N	Hypertensio		solding in a	ia unuanying	causa gr	vani ni Fait i.				pebly 4 Unknown
Records,	5 CA	Completed b							24a. Was	s sn autopsy ormed?	ava	ara autopsy findings silable prior to appletion of cause death?
E .	ate h	0	25. Was casa rafarred to medical					26 Piece of De		Yes 2 No		Yes 25 No IS AT MERCY
Jo u	ter this neral di	tion: To B	examiner? 1 Yes 22 No 27. Mannar of Death 1 Natural 5 Panding 2 Accident Invastigation	Hospital: 1 Inpatiant 2 [28a. Data of Injury (Month, Day Year)	28b. Tim	e of	28c. Inju Wo	har: 4 Nursing I	Homa 5□ Ras	idence 6XIIOther how injury occurre	(Specify	
Division	s effer death.	Certification:	3 Suicida 4 Homicida 6 Could not be detarmined	28a. Piece of Injury - At building, etc. (Spec	nome, farm	, street, facto	ory, office		28f. Location City or To	(Street and Numbe wn, Stata)	r or Rura	Route Number,
de Money	within 24 hours effect To the Funeral Direct completely filled in by	edical	29a. Certifiar (Check only one) 1 Certifying Phy 2 Medical Example	reician: To the best of my kn Iner: On the basis of axamin end mannar stated.	owledge, d ation and/o	eath occurre r invastigatio	d at tha ti	ma, data and place opinion, death occ	e, and dua to the urred at the time,	csusa(s) and man data snd place, er	ner as et nd due to	ated. the csuse(e)
To the	within 7	M	29b. Signatura end title of certifier	nemo	22	2		se number		29d. Dete signed		Day, Year) 22, 1996
	9		30. Nema end addrass of person who c		m 23a) (Ty		4	40480 5810 " BALTO,	BELAIR	RO		1776
	Sta	te	31. Date filed (Month, Day, Year) OCT 23 1996	32 Hagistrar's Sign	/	MD		SALTO	MD.	21206		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 1649

					Certificate of	Dealli	R	eg. No.	
Physic	ian	1. Decedent's Neme (First, Middle, Les	st)				2. Dete of Deel Month		3. Time of Dee
/Medi Exami	cai	Autry 4e. Fecility Neme (If not institution, give			Mackey	4b. City, Town, or I		20 9 4c. County of E	Deeth
		2405 W. Nor			thday) If Under 1 Year		imore		NA
Funeral Director		5. Sociel Security Number 6. S 2 1 2 - 3 0 - 1 8 4 8 1 Usuel Residence of Decedent	ex 7. Age (☐ M 2XF	(In yrs. last bii 77	Yrs. Months Deys		8. Dete of Birth (Month, Day, APR. 2	1,19 A	Birthplece (Stete or Fo Country) TLANTA, GA
of show fied at	tor	10a. Stete 10b. County n /		0c. City, Tow	BALTIMORE				10d. fnside City Li 1) Yes 2
23s or 28s	ai Director	10e. Street end Number 2405 W. NOR	TH AVENU	ΙE	10f. Zip Code	21216		0g. Citizen of When	,
natural, or liens 23s or 28s-f show ofical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Married 2以 Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ev Armed Forces? 1 Yes 2 XX If Yes, Give Yeer or Detes:	er in U,S.	13. Was Decedent of If Yes, specify Cul		pecify Yes or No- o Rican, etc.)		American Indien, White, etc.
fical	Completed	15. Decedent's Ed (Specify only highest gra		16e.	Decedent's Usuel Occu (Give kind of work done	petion during most of wor	kina	16b. Kind of Busine	ess/Industry
the Me	Idu	Elementery/Secondery (0-12)	Coilege (1-4or 5+)		(Give kind of work done life. DO NOT use retin	ed)		NURSING	HOME
Hygis dhar ant, th		12 th 17. Fether's Name (First, Middle, Last)	-		NUKSE	18. Mother's Ner	ne (First, Middle, M		HOME
kental ked o lic evv	To Be		NGTON					DUNCAN	
uth and Mer 27 is marks r traumatic	-	19a. Informent's Neme/Reletionship (7	Type, Print) CKEY	19b	. Meiling Address (Stree 2405 W .	nt end Number or Ru NORTH	AVENUE,	City or Town, Sta	ORE, MD
of of Head If Item:		20e. Method of Disposition		cemete	Disposition (Neme of ry, cremetory or other pla	-		20c. Location - City	
Department Important: any injury once.		4 Donetion 5 Other (Specify 21. Signature of Funeral Service Licen		KING	MEMORIA 22. Name and Addr		10-24 Baltimo	re, Mar	LLSTOWN,
lmpo amy amy		1 Ones (gh)		WM.C. Ma	arch FH	1101 E.	North	Avenue 2
		23a. Pert1. Enter the queese, or oper shock, or heert failure. List only of	flicetions thet caused thone ceuse on eech line.	e death. Do	not enter the mode of dy	ing, such as cardiec	or respiretory erre	est,	Approximete Interval Between Onset and Deat
ysician Medical aminer		Immediate Cause (Final disease or condition resulting in death)			E RENAL consequence of):	DISEAS	E		2 4EA
and I-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	b	e to (or es e	consequenca of):		_		
hysician the burie	dicai	cause. Enter Underlying Ceuse (Diseese or injury thet initieted events resulting in deeth) Lest	c. Du	e to (or es e d	consequenca of):				1
ding physician and se as the burial-transit	Medical	Ceuse (Diseese or injury thet initieted events	c	e to (or es e d	consequenca of):				
E 8	Medical	Ceuse (Diseese or Injury thet initiated events resulting in deeth) Lest	d						
E 8	Medical	Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	d			iven in Part I.			
gned by the attending se detached for use a	Physician/Medical	Ceuse (Diseese or Injury thet initiated events resulting in deeth) Lest	d			iven in Part I.	23b. Did to		
been signed by the attending should be detached for use a	by Physician/Medical	Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	d			iven in Part I.		No 3	4 Unkertain 4 Unkertain 4b. Were autopsy findin available prior to
s been signed by the attending 2 should be detached for use a	by Physician/Medical	Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	d			iven in Part I.	1 □ Ye	n autopsy ned?	4b. Were autopsy findin availeble prior to completion of cause
s been signed by the attending 2 should be detached for use a	Physician/Medical	Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions co	d		n the underlying cause gi	26. Piece of Dee	1 □ Ye	n autopsy ned? 24	Probably 4 Unk 4b. Were autopsy findir available prior to completion of cause of death?
is certificate has been signed by the attending director, page 2 should be detached for use a	To Be Completed by Physician/Medical	Pert II. Other significant conditions co	d	not resulting in	tpatient 3 DOA	26. Piece of Dee ther: 4□ Nursing H	1 Yes as perform 1 Yes th (Check only only only only only only only only	n autopsy 24 ned? 24 ns 25 No e) Other (5	4b. Were autopsy finding available prior to completion of cause of death? 1 Yes 2 No
is certificate has been signed by the attending director, page 2 should be detached for use a	To Be Completed by Physician/Medical	Pert II. Other significant conditions co	d	not resulting in	tpatient 3 DOA of the control of the	26. Piece of Dee ther: 4 □ Nursing H	1 Yes as perform 1 Yes th (Check only only only only only only only only	n autopsy 24 ned? 24 No	4b. Were autopsy finding available prior to completion of cause of death? 1 Yes 2 No
x oearn. ** oearn. ** After this certificate has been signed by the attending by the funeral director, page 2 should be detached for use a	To Be Completed by Physician/Medical	Pert II. Other significant conditions co	d	2 ☐ ER/Ou 28b. 1 is ar/	tpatient 3 DOA of the control of the	26. Piece of Dee ther: 4 □ Nursing H try et ork? □ Yes 2 □ No	1 Ye 24e. Wes as perform 1 Ye th (Check only onlone 5 Recide 28d. Describe ho	n autopsy 24 ned? 2 No 3 ned? 24 ned? 25 No e) 26 note 6 Other (5 ww.injury.occurred	4b. Were autopsy finding available prior to completion of cause of death? 1 Yes 2 No
e nous arent obstant. The attending the this certificate has been signed by the attending tely filled in by the funeral director, page 2 should be detached for use a tely filled in by the funeral director, page 2 should be detached for use a second seco	Certification: To Be Completed by Physician/Medical	Pert II. Other significant conditions condit	Hospitel: 1 Inpatient 28e. Plece of Injury building, etc. (2 EP/Ou 28b. 1 it	tpatient 3 DOA of time of njury M	26. Piece of Dee ther: 4 Nursing H try et ork? Yes 2 No	24e. Wes at perform 1 Ve th (Check only oncome 5 Reeide 28d. Describe horizontal City or Town	n autopsy ned? 24 No 3 ned? 24 No e) Since 6 Other (5 ow injury occurred reet end Number o. 7, Stefe)	Ab. Were autopsy findin availeble prior to completion of cause of death? 1 Yes 2 No Specify)
Director: After this certificate has been signed by the attending In by the funeral director, page 2 should be detached for use a	To Be Completed by Physician/Medical	25. Wes case referred to medical examiner? 1 Yes No 27. Menner of Deeth Sulcide Accident 3 Sulcide 4 Homicide 29a. Certifier Check only 2 Medical Exam 2	Hospitel: 1 Inpatient 28e. Dete of Injury (Month, Dey Y) 28e. Plece of Injury building, etc. (2 EP/Ou 28b. 1 it	tpatient 3 DOA of time of njury M 1 mm, street, fectory, offica	26. Piece of Dee ther: 4 \(\text{Nursing H} try et tok?] Yes 2 \(\text{No} \) ime, dete end piece, opinion, deeth occur	24e. Wes as perform 1 Ye th (Check only onlone 5 Recide 28d. Describe hor 28f. Location (St. City or Town), and due to the cerred et the time, de	n autopsy ned? 24 No 3 ned? 24 No e) Since 6 Other (5 ow injury occurred reet end Number o. 7, Stefe)	Probably 4 Unkers
e nous arent obstant. The attending the this certificate has been signed by the attending tely filled in by the funeral director, page 2 should be detached for use a tely filled in by the funeral director, page 2 should be detached for use a second seco	edical Certification: To Be Completed by Physician/Medical	Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions	Hospitel: 1 Inpatient 28e. Dete of Injury (Month, Dey Y building, etc. (2 EP/Ou 28b. 1 1 - At home, fe Specify) ny knowledge aminetion end	tpatient 3 DOA of time of njury M 1 mm, street, fectory, offical, deeth occurred et the tayor investigation, in my	26. Piece of Dee ther: 4 \(\text{Nursing H} try et tok?] Yes 2 \(\text{No} \) ime, dete end piece, opinion, deeth occur	24e. Wes as perform 1 Ye th (Check only onlone 5 Recide 28d. Describe hor 28f. Location (St. City or Town), and due to the cerred et the time, de	n autopsy ned? 24 no 2 No 3 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 no 2 No 24 n	completion of cause of death? 1 Yes 2 No Specify) r Rural Route Number, r as steled. due to tha ceuse(s) lonth, Day, Year)
e nous arent obstant. The attending the this certificate has been signed by the attending tely filled in by the funeral director, page 2 should be detached for use a tely filled in by the funeral director, page 2 should be detached for use a second seco	edical Certification: To Be Completed by Physician/Medical	Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions	Hospitel: 1 Inpatient 28e. Dete of Injury (Month, Dey Y 28e. Plece of Injury building, etc. (2 ER/Ou 28b. 1 is At home, fe Specify) The properties of the control of the cont	tpatient 3 DOA of time of njury M 28c. Injury M 1 m, street, fectory, offication of the time of normal street of the time of normal street of the time of normal street of the time of time of tim	26. Plece of Dee ther: 4 Nursing H uny et phk? Yes 2 No ime, dete end plece, opinion, deeth occur se number	24e. Wes air perform 1 Ve 24e. Wes air perform 1 Ve 25 Reeide 28d. Describe ho 28f. Location (Sh. City or Town) end due to the cerred et the time, de	n autopsy ned? 24 ns 27 No 25 ns 27 No e) once 6 Other (5 ow injury occurred reet end Number of, Stete) susse(s) end manne ate end plece, and od. Date signed (M	Ab. Were autopsy findin availeble prior to completion of cause of death? 1 Yes 2 No Specify) r Rural Route Number, r as steled. due to tha ceuse(s)



"natural", or items 23s or 28s-f show imore, Maryland 21215-0020

Funeral Director

Physician /Medical Examiner

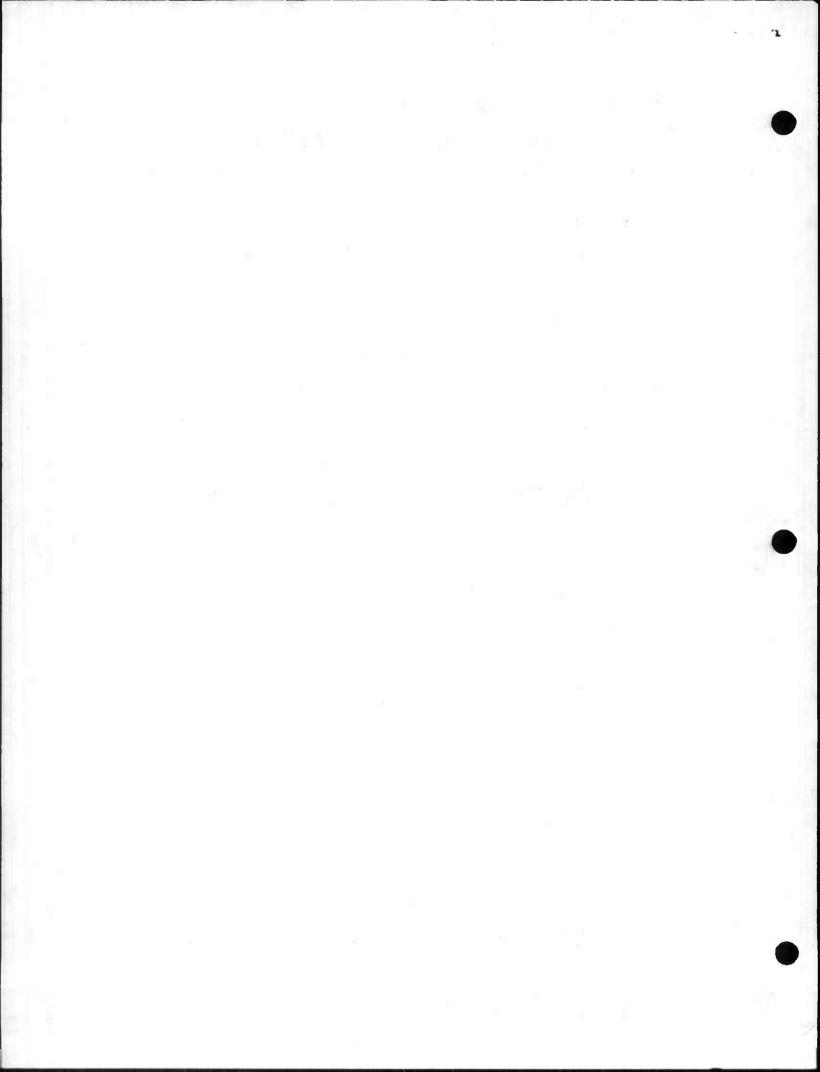
To the Hospital or Attending Physician: The law requires that the death certificete be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

5. Soc 2] Usuel 10e. \$ 10e. \$ 11. M 11. M 11. M 12. \$ 13. \$ 14. \$ 15. \$ 16. \$ 17. Fe 16. \$ 19e. \$ 14. \$ 16. \$ 17. \$ 18. \$ 19e. \$	ciel Security Number 19-84-8501 A Residence of Decedent Stete 10b. County aryland N/A Sfreet and Number 130 Quantril Watarital Stetus [X Nevar Married 2 Married Married Midowed 4 Divorced 15. Decedent's Expective only highest green enary/Secondery (0-12) th Grade Grade Carade Carade Carade ether'e Nama (First, Middle, Last ade Leon Tennar Informant's Name/Reletionship The Burlar of Disposition Denarity Carade Donarien 5 Other (Special Information of Disposition Sex 7. Age (III Sex No. 110 Se	16e. D 16e. C (i) P 19b. N 20b. Place of D cemetery.	months Devisor Location for E 10f. Zip Code 212 13. Wes Dacedent of If Yes, specify Cul 1 Yes 2 X No eccedent's Usuel Occ. Give kind of work done ainter Mailing Address (Street 7 Bonura I isposition (Neme of cremetory or other pict.)	205 Hispenic Origin? (See Specify: Upetion a during most of wo and or a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of work and are a during most of work and are a during most of work and a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and a	Specify Yes or Noto Ricen, etc.) Specify Yes or Noto Ricen, etc.) Specify Yes or Noto Ricen, etc.)	No. 10g. Citizen of No. 23, 1963 10g. Citizen of No. 14. Recomplete Specify 16b. Kind of Bian Anders Maiden Suman Sum	9. Birthpl Count Mar: 10 Whet Count A. 2e - America ck, White, e 2y: Whit usiness/Ind on Pa ne)	yland Od. Inside City Li 1X) Yas 2 Li try? an Indien, etc. ite dustry inting	
Usued 10e. S Usued 10e. S 10e. S 10e. S 10e. S 10e. S 10e. S 10e. S 11. Ma 11. Ma 11. Ma 11. Ma 11. Ma 11. Ma 11. Ma 11. Ma 11. Ma 11. Ma 11. Ma 12. S 13e. I 14. Ma 12. S 13e. I 14. S 15e. I 16e. I 17e. I 18e. I 18e. I 18e. I 19e. I 18e. I 19e. I	ciel Security Number 19-84-8501 A Residence of Decedent Stete 10b. County aryland N/A Sfreet and Number 130 Quantril Watarital Stetus [X Nevar Married 2 Married Married Midowed 4 Divorced 15. Decedent's Expective only highest green enary/Secondery (0-12) th Grade Grade Carade Carade Carade ether'e Nama (First, Middle, Last ade Leon Tennar Informant's Name/Reletionship The Burlar of Disposition Denarity Carade Donarien 5 Other (Special Information of Disposition Sex 7. Age (If XA) M 2 F 7. Age (If XA) M 2 F 7. Age (If XA) M 2 T 10 10 10 10 10 10 10 10 10 10 10 10 10	Doc. City, Town of Baltim Baltim If In U.S. 16e. D ((i) P	months Deys or Location fore 10f. Zip Code 212 13. Wes Dacedent of If Yes, specify Cul 1 Yes 2 No eccedent's Usuel Occusive kind of work don're. Painter Mailing Address (Street 7 Bonura I isposition (Neme of cremetory or other picture) L Cremation	205 Hispenic Origin? (See Specify: Upetion a during most of wo and or a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of wo are a during most of work and are a during most of work and are a during most of work and a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and are a during most of work and a	8. Dete of Bir (Month, De March Specify Yes or Noto Ricen, etc.) Trking The Poche of the Poch of the Poche of the Poche of the Poche of the Poche of the Poche	10g. Citizen of V U.S. 14. Rec Blee Specify 16b. Kind of Bi Anders Maiden Suman	9. Birthplicound Mary 10 Whet Count A. De - America Ck, White, e y: Whit usiness/Ind on Pa ne)	ityland Od. Inside City Li 1 X Yas 2 d try? an Indien, etc. ite dustry inting	
10e. S. M. M. 10e. S. 10e. S. 10e. S. 10e. S. 10e. S. 10e. S. 10e. S. 11e. M. 11. M. 1	Stete 10b. County aryland N/A Sfreet and Number 130 Quantril Watarital Stetus [X] Nevar Married 2 Married Widowed 4 Divorced 15. Decedent's Expecially only highest green tary/Secondery (0-12) th Grade ether'e Nama (First, Middle, Last ade Leon Tennar Informant's Name/Reletionship of the Country of Disposition Burlal, 2 X Cremation 3 Indicate the Country of Count	12. Was Dacedent Ever Armed Forces? 1	Baltim or In U.S. 16e. D (/// // // // // // // // // // // // /	107e 10f. Zip Code 212 13. Wes Dacedent of If Yes, specify Cul 1 Yes 2 No. eccedent's Usuel Occ. Give kind of work don. fe. DO NOT use retin ainter Aailing Address (Street 7 Bonura I isposition (Neme of cremetory or other pik 1 Cremation	Hispenic Origin? (5 ban, Mexican, Puer o Specify: uppellon a during most of worded) 18. Mother's Na Jerlea st end Number or R Orive St	me (First, Middle, ne Poche ural Route Numb	U.S. 14. Rec Blee Specify 16b. Kind of Bi Anders Maiden Suman er, City or Town, LA 700	Whet Count A. De - America Ck, White, e. Whit Usiness/Ind On Pa State, Zip	1X Yas 2C try? an Indien, etc. ite dustry inting
To Be Completed by Fundamental Pert II. Sector Management Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the III. Sequence of the II. Sequence of the I	Sfreet and Number 130 Quantril Wafarital Stetus [X Nevar Married 2 Married Widowed 4 Divorced 15. Decedent's E (Specify only highast greentary/Secondery (0-12) th Grade ether'e Nama (First, Middle, Last ade Leon Tennar Informant's Name/Reletionship of the Burial 2 Married Polymer Secondery (0-12) th Grade Part Enter the disease, or commonly of neert fellure. List only addicte Ceuse (Final	12. Was Dacedent Ever Armed Forces? 1	16e. D. (() 19b. N. 9 20b. Place of D cemetery,	10f. Zip Code 212 13. Wes Dacedent of If Yes, specify Cul 1 Yes 2 X No eccedent's Usuel Occ. Give kind of work done is. DO NOT use relin ainter Aailing Address (Street 7 Bonura I isposition (Neme of cremetory or other pict) L Cremation	Hispenic Origin? (5 ban, Mexican, Puer o Specify: uppellon a during most of worded) 18. Mother's Na Jerlea st end Number or R Orive St	me (First, Middle, ne Poche ural Route Numb	U.S. 14. Rec Blee Specify 16b. Kind of Bi Anders Maiden Suman er, City or Town, LA 700	A. See - America ck, White, e White, e usiness/Ind on Pa ne)	an Indien, etc. ite dustry inting
To Be Completed by Fundamental Pert II. Sector Management Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the II. Sequence of the III. Sequence of the II. Sequence of the I	Arrital Status Nevar Married 2 Married Widowed 4 Divorced 15. Decedent's E (Specify only highast green Part First, Middle, Last Ade Leon Tennar Informant's Name/Reletionship Part Enter the disease, or commod, or neert feiture. List only Indicate Indicates Part Enter the disease, or commod, or neert feiture. List only Indicate Indicates Indicates	12. Was Dacedent Ever Armed Forces? 1	16e. D 16e. C (i) P 19b. N 20b. Place of D cemetery.	13. Wes Dacedent of If Yes, specify Cul	Hispenic Origin? (5 ban, Mexican, Puer o Specify: uppellon a during most of worded) 18. Mother's Na Jerlea st end Number or R Orive St	me (First, Middle, ne Poche ural Route Numb	U.S. 14. Rec Blee Specify 16b. Kind of Bi Anders Maiden Suman er, City or Town, LA 700	A. See - America ck, White, e White, e usiness/Ind on Pa ne)	an Indien, etc. ite dustry inting
To Be Completed by 117. Fee My 20e. My	Mover Married 2 Married Midowed 4 Divorced 15. Decedent's E (Specify only highast gr mentary/Secondery (0-12) Th Grade ether'e Nama (First, Middle, Last ade Leon Tennar Informant's Name/Reletionship TS. Jerleane Po Method of Disposition Burial, 2 Acremation 3 Di Donafien 5 Other (Specificationship) Part Enter the disease, or commod, or neert feiture. List only addicte Ceuse (Final	Amed Forces? 1	16e. D 16e. C (i) P 19b. N 20b. Place of D cemetery.	alling Address (Street Popular Popula	petion a during most of wo ed) 18. Mother's Na Jerlea et end Number or R Drive St	me (First, Middle, ne Poche ural Route Numb	Specify 16b. Kind of Bi Anders Maiden Suman er, City or Town, LA 700	ck, White, e y: Whi usiness/ind on Pa ne) State, Zip	ite Sustry inting
17. Fe War 19e. I 19e.	(Specify only highest gromentary/Secondery (0-12) th Grade ether'e Nama (First, Middle, Last ade Leon Tennar Informant's Name/Reletionship or Jerleane Power of the Community of	College (1-4or 5+) College (1-4or 5+) (1) College (1-4or 5+) (1) College (1-4or 5+) College (1-4or 5	P 19b. N 9 20b. Plece of D cemetery,	Aailing Address (Street Proposition of Comments of Com	18. Mother's Na Jerlea et end Number or R Drive St	me (First, Middle, ne Poche ural Route Numb	Anders Maiden Surnan er, City or Town, LA 700	on Pa	inting
17. Fe War 19e. I 19e.	th Grade ether'e Nama (First, Middle, Last ade Leon Tennar Informant's Name/Reletionship ors Jerleane Po Method of Disposition Objection	oche (Mother DRemovel from State fy)	19b. M	Mailing Address (Street 7 Bonura I isposition (Neme of cremetory or other pic 1 Crematio	Jerlea otend Number or R Orive St lece)	ne Poche ural Route Numb . Rose,	Maiden Surnamers er, City or Town, LA 700	State, Zip	
19e. Inmediate Sequence of season of	ade Leon Tennar Informant's Name/Reletionship Informant's Name/Reletionship Informant's Name/Reletionship Informant's Name/Reletionship Informant's Name/Reletionship Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Informant's Name Name Name Informant's Name Name Name Informant's Name Name Name Informant's Name Name Name Informant's Name Name Name Informant's Name Name Name Informant's Name Name Informant's Name Name Name Informant's Name Na	Oche (Mother DRemovel from State by)	20b. Plece of D cemetery,	7 Bonura I isposition (Name of cremetory or other plants) Crematio	Jerlea otend Number or R Orive St lece)	ne Poche ural Route Numb . Rose,	er, City or Town, LA 700	State, Zip	Code)
19e. I My 20e. M 1 4 21. Si Immedisea result Sequention of the ingression of	TS. Jerleane Po Method of Disposition □ Burial, 2 ☑ Cremation 3 □ □ Donation 5 □ Other (Special Ignature of Fundal Serves Lice Part Enter the disease, or commonly, or neer feiture. List only	Oche (Mother DRemovel from State fy)	20b. Plece of D cemetery,	7 Bonura I isposition (Name of cremetory or other plants) Crematio	Orive St	. Rose,	LA 700	-	Code)
Imme disea result Sequence Se	Method of Disposition Burial 2 Cremation 3 Donarion 5 Other (Special Control of Fundary Service Lice Control of Fundary Service Lice Control of Control o	Removel from State (fy)	20b. Plece of D cemetery,	isposition (Neme of cremetory or other place) L Cremation	ece)			87	
Immedical Examiner Sequence Se	Part Enter the disease, or come adoct, or neert feilure. List only	nsee	Carrol			10/00/00		City or To	
Imme disea result Sequences Examinate Sequences Sequence	ediete Ceuse (Final	policetions that caused the			n Service	10/20/96	Hamps	tead,	Maryla
Imme disea result Sequences Examinate Sequences Sequence	ediete Ceuse (Final	iplications that caused the		Loring By	yers Fune	Randa1	1stown.	MD	21133
disea result Sequence Examiner Sequence Causa Ceuse thet in rasult	ediete Ceuse (Final				ring, such es cardia	c or respiretory e	rrest,		Approximete Intervel Batwee Onset and Dee
Ceuse thet in rasult	ase or condition ting in deeth)	a	Jer to (or as a cor	Foilure				1	& Days
Physician/N	nentially list conditions, the eding to immediate a. Entar Underlying e (Disease or Injury nitiated events ting in deeth) Last		to (or es e cor		Copsthy			6	o Days
Pert II.		d							
- P	AIDS He			ne underlyling causa g	iven In Pert I.	23b. Did	tobacco uee col Yee 2□ No		the cause of d
Completed b						24e. Wes	an autopsy med?	eva	re eutopay findi illebte prior to nplation of caus death?
						10	res 2 No	10	Yas 2□ No
m ex	res case referred to medical kaminer? □ Yes 2 Vo	Hospital:	2□ER/Outpa	atient 3 DOA	lh a m	ath <i>(Check only d</i> fome 5☐ Resid		or /Consile	1
	enner of Deeth Netural 5 Pending Accident Investigation	28a. Dete of Injury (Month, Day Yea	28b. Tim	e of 28c. Inju			how Injury occur		/
3[Suicide 6 Could not be determined			, street, fectory, office		28f. Location (S City or Tox	Street end Numb vn, Stata)	er or Rural	Route Number,
29a. C	Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	yaiclan: To the best of my niner: On the basis of exar and manner steted.	minetion end/o	eeth occurred et the to r investigation, in my	ime, dete end place opinion, death occu	e, end due to the cred at the time,	cause(s) end ma dete end piece,	inner as ate and due to	eted. the cause(a)
-	Signeture and talle of certifier	, MD			2438°		29d. Dete aigned		Day, Year)
30. Na			(Item 23a) (Ty						

Registrar



29c. Licansa number

v/well

29d. Data algned (Month, Day, Year)

Division of Vital Records, P.O. Box 68760,

physician and the buriel-transit signed by the e or Attending Physician: after death. Director: After this certific funeral director, To the Hospital or Attention 24 hours after der To the Funeral Director completely filled in by the

Physician

Examiner

Funeral

Director

mast be notified at

r than "natural", or items the Medical Examiner m

Be

Hygiene.

. Peges 1 and 2 should be filed w ment of Health and Mental Hygies lant: If Item 27 is marked other th Jury or other trsumatic avent, to

permit. Page Department of Important: If any Injury or once.

Physician /Medical

Examiner

Examiner

Physician/Medicai

þ

Completed

Certification: To

edicai

the Meryland

deeth with

filed within 72 hours after

altimore, Maryland 21215-0020

/Medical

State Registrar

DHMH 16 Rev 6/95

29b. Signatura and title of

Cond 31. Data filed (Month, Dey, Year)

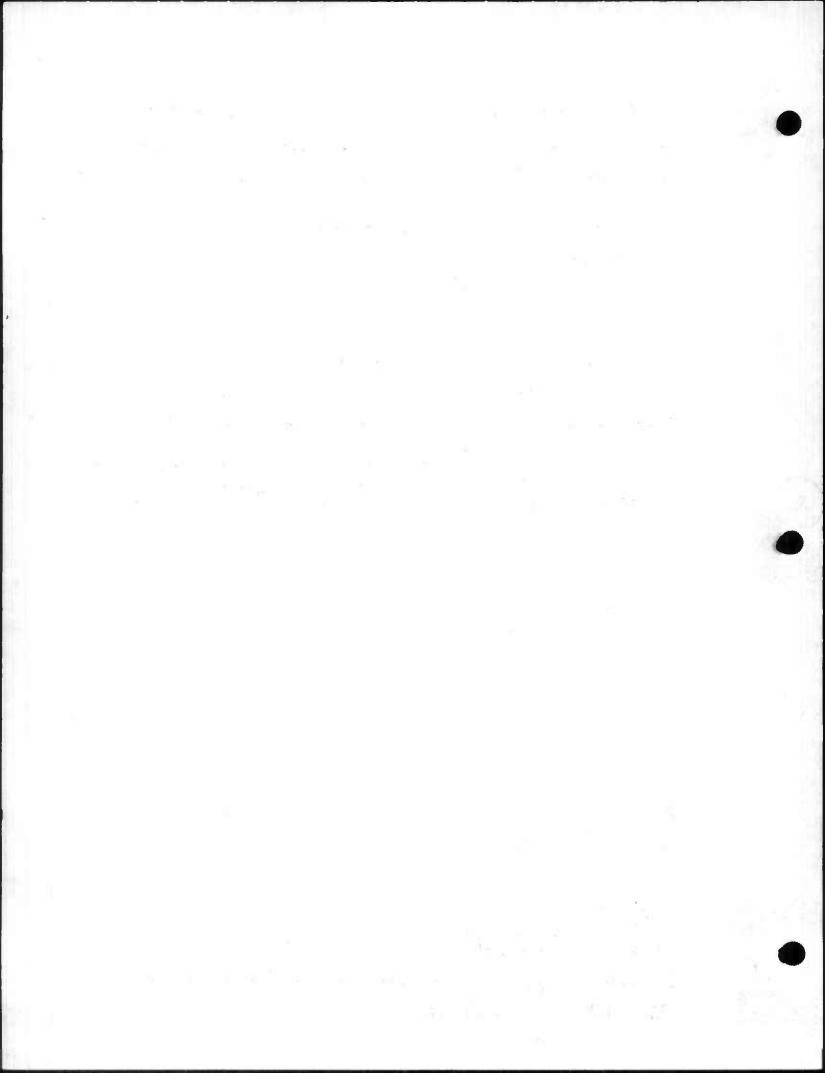


30. Nama and address of person who complated cause of death (itam 23a) (Type, Print)

are Frag . . Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

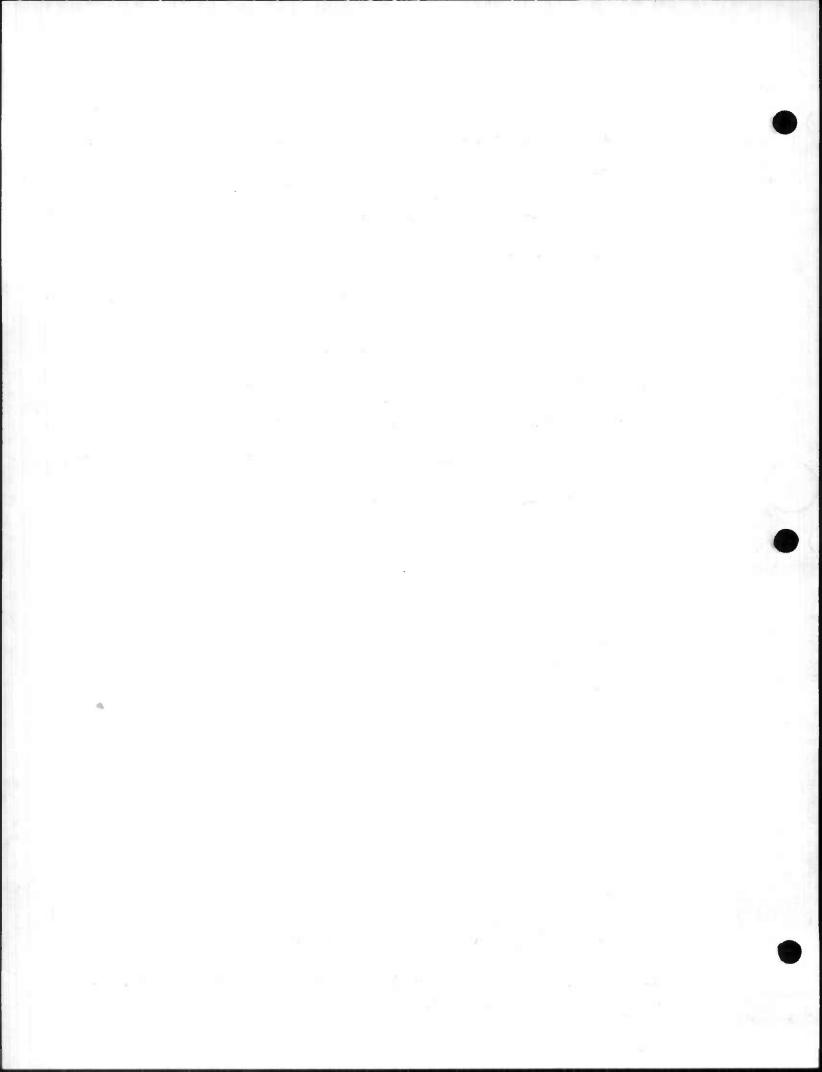
r Type or Print in black indelible ink. Assure All Copies Are I	.egible.			
State of Maryland / Department of Health and Mental Hygiene	96	31	65	2
Certificate of Death Reg. No.				

											Reg. No.		
hysicia		1. Decedent's Nama (First, Midd	dia, Last)							2. Date of De Month		Yaar	3. Tima of Deat
/Medica	_	Jennifer 0.	Nowakows	ci.						Octobe		996	0510
xamine		4a. Facility Nema (If not institution						4b. City, To		cation of Daeth		ty of Daath	0310
	ш	3922 Love Av	zenije				,	Edgarra	boo		IIo	£ 1	
nerai	П	5. Social Security Number	6. Sax	7. Aga (In yr:	s. last birthday) If Undar				B. Data of Birt	th	ford 9. Birth	piaca (Stata or For
ector		220 96 7478	1□ M 28 F		1.5 Yrs.	Months	Deys	Hours	Min.	(Month, Da	y, Year)		piaca (Stata or For
		Usuel Rasidance of Decedant			1.5					Feb 25	1981	Mar	yland
神		10a. Stata 10b. Count	у	10c. C	ity, Town or L	ocation							10d. Inside City Li
9	ğ	Md Harfo	1		. 1	1 14							1 ☐ Yas 2 🛭
unotified at	<u> </u>	Md Harfo	ora		Edgewoo	od Mar	y Lar	nd			10g. Citizan of	What Cou	ntry?
or other fraumatic event, the Medical Examination count be	by Funeral Director										iog. Ontanii oi	VIII OOU	they t
8	era	3922 Love Ave		acedant Evar in	118 113	Was Dacad		040	ain? (Cno.	oifu Van ar Na	USA	ce - Amari	aan Indian
iner co	5	1 Navar Marriad 2 Mai	Armed	Forcas?	0,5.	If Yas, spec	ify Cub	en, Maxican	, Puarto F	cify Yes or No- Rican, atc.)	Bi	ack, White,	
Tall I	2	3 Widowed 4 Divorce	If Vac (3 2 No Giva		1□ Yas 2	2 No	Specify:			Speci	ity: LTh	ite
edical Exc				Datas:	10. 0	-1							
쓩	Completed		nt's Education as <i>t grada complata</i> e	d)	16a. Dece	edent's Usua e kind of wor DO NOT us	k done	pation during most	of working	ng	16b. Kind of E	Business/In	dustry
3		Eiamentery/Secondary (0-12)	Collaga	(1-4or 5+)	IITO.	DO NOT us	a retire	d)					
1	ပ္ပ	10 th	N/A			Stude	ent_				Hig	h Sch	001
matic event, tre M	ă	17. Fether's Nama (First, Middla,	, Last)					18. Motha	r's Name	(First, Middla,	Maidan Suma	ma)	
op C	0	Vincent W. No	wakowski					Do	ra F	. Rohlf	fing		
E S		19a. Informant'a Name/Ralation	ship (Type, Print)		19b. Mail	ling Address	(Straat				er, City or Town	n, Stata, Zip	o Coda)
1		Vincent W. No	wakowski		39	22 Lov	ve A	Avenue	Edg	ewood N	Marylan	d 210	40
other tr		20a. Method of Disposition			Place of Disponentery, cra	osition (Nam	ne of			Dete	20c. Location		
7 0		1 Buriei 2 ☐ Cramation 4 ☐ Donetion 5 ☐ Other (5							į				
ng.	-	21. Signature of Funarai Sarvion			acred	Heart 2. Nama and				-23-96	Balti	more_	Md.
any injury or once.		21. Signature of Furnaral Salvio	00	7						eral Ho	nme.		
		Joden &	1 mit	t								2122/	
-					1			ora Ka	· na	lrimore	- Mu	11114	
		shock, or heart feilure. List	r complications the t only ona causa on	t causad tha das aach lina.	ath. Do not an	ntar the mode	a of dyi	ng, such es	cardiac or	ltimore raspiratory ar	rrast,	21234	Approximata
cian		23a. Part1. Enter the disease, o shock, or heart feilure. List	r complications the t only ona causa on	causad tha das aach lina.	ath. Do not an	ntar the mode	a of dyi	ng, such es	cardiac or	raspiratory ar	rrast,	21234	Approximata Interval Batween
dicai		Immadiata Causa (Finel	r complications the t only ona causa on	causad tha das	ath. Do not an	ntar the mode	a of dyir	ng, such es	cardiac or	respiratory ar	rrast,	21234	Approximata Interval Batween
dicai niner			r complications the t only ona causa on a.	Si	insk	e I	a of dyin	ng, such es	cardiac or	respiratory ar	rrast,	21234	Approximata Interval Batween
dicai niner	Lec.	Immadiata Causa (Finel diseasa or condition	r complications the t only ona causa on a.	Si	ath. Do not an	e I	a of dyin	ord Rd	cardiac or	Trimore respiratory ar	rast,	21234	Approximata Interval Batween
dicai niner	aminer	Immadiata Causa (Finel diseasa or condition resulting in daath)	r complications the t only ona causa on a b	Dua to	(or es e conse	equance of):	a of dyi	ng, such es	cardiac or	r raspiratory ar	rast,	21234	Approximata Interval Batween
dicai niner	Examiner	Immadiata Causa (Finel diseasa or condition resulting in daath)	r complications the t only ona causa or a.	Dua to	insk	equance of):	a of dyin	le Rang, such es	cardiac or	raspiratory ar	rast,	21234	Approximata Interval Batween
dicai niner		Immediata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, tagding to Immediata cause. Entar Underlying Causa (Disaasa or Injury that Initiated avants	r complications the t only ona causa or a. b.	Dua to (or es e conse	equance of):	a of dyin	lord Rd ng, such es	cardiac or	TELMOYE respiratory ar	e, Md.	21234	Approximata Interval Batwee
dicai niner	adical	Immadiata Causa (Finel diseasa or condition	a	Dua to ((or es e conse	equance of):	a of dyin	ng, such es	tadiac or	TELMOTE respiratory and	e, Md.	21234	Approximata Interval Batween
dical purie-transit	Medical	Immediata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, tagding to Immediata cause. Entar Underlying Causa (Disaasa or Injury that Initiated avants	a	Dua to (or es e conse	equance of):	a of dyle	held	tudiac or	respiratory and	e, Md.	2123	Approximata Interval Batween
for use as the bunde-transit	Medical	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediata cause. Enlar Underlying Causa (Diseasa or Injury that initiated avants resulting in daath) Last	a	Dua to ((or es e conse	equance of): quence of):	a of dyli	rg, such es d	decardiac or	respiratory ar	rrast,		Approximata Inflarval Batweer Onset and Deat
for use as the bunde-transit	Medical	Immediata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, tagding to Immediata cause. Entar Underlying Causa (Disaasa or Injury that Initiated avants	a	Dua to ((or es e conse	equance of): quence of):	a of dyli	rg, such es d	decardiac or	23b. Did t	lobacco use or	ontribute to	Approximata Inflarva Batweei Onset and Deat
lached for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use as the buriel-transit lacked for use	rnysiciatymedical	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediata cause. Enlar Underlying Causa (Diseasa or Injury that initiated avants resulting in daath) Last	a	Dua to ((or es e conse	equance of): quence of):	a of dyli	rg, such es d	decardiac or	23b. Did t	rrast,	ontribute to	Approximata Inflarval Batweer Onset and Death
be detached for use as the buriel-transit up to Division Medical Exemines	by rnysiciatymedical	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediata cause. Enlar Underlying Causa (Diseasa or Injury that initiated avants resulting in daath) Last	a	Dua to ((or es e conse	equance of): quence of):	a of dyli	rg, such es d	cardiac or	23b. Did t	lobacco use co Yes 2□ No	ontribute to	Approximata inflavrus Batweer Onset and Death
be detached for use as the buriel-transit up to Division Medical Exemines	by rnysiciatymedical	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediata cause. Enlar Underlying Causa (Diseasa or Injury that initiated avants resulting in daath) Last	a	Dua to ((or es e conse	equance of): quence of):	a of dyli	rg, such es d	cardiac or	23b. Did t	lobacco use or	ontribute to	Approximata Inflarval Batweer Onset and Death of the cause of debably 4 Unkular autopsy findin allabia prior to
be detached for use as the buriel-transit up to Division Medical Exemines	by rnysiciatymedical	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediata cause. Enlar Underlying Causa (Diseasa or Injury that initiated avants resulting in daath) Last	a	Dua to ((or es e conse	equance of): quence of):	a of dyli	rg, such es d	deadlac or	23b. Did t	tobacco use co Yes 2□ No en eutopsy	ontribute to	Approximata Inflarval Batweer Onset and Death o the cause of debebly 4 Unkr
pe 2 should be detached for use as the buriel-transit and property and	by rnysiciatymedical	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediata cause. Enlar Underlying Causa (Diseasa or Injury that initiated avants resulting in daath) Last	a	Dua to ((or es e conse	equance of): quence of):	a of dyli	rg, such es d	Bacardiac or	23b. Did t	lobacco use co Yes 2 □ No en eutopsy rmed?	ontribute to	Approximata inflavrual Batweer Onset and Death of the cause of debably 4 Unker of the cause of
pe 2 should be detached for use as the buriel-transit and per per per per per per per per per per	completed by Enysiciative dical	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, lagding to immediata cause. Enter Underlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last Part II. Other significant conditions.	a b c d ons contributing to	Dua to ((or es e conse	equance of): quence of):	a of dyli	van in Part I.	cardiac or	23b. Did t 1 24a. Was operfor	tobacco use co Yes 2 No en eutopsy rmed? 7 fas 2 No	ontribute to	Approximata inflaval Batweer Onset and Death of the cause of de bebly 40 Union of cause daath?
inector, page 2 should be detached for use as the buriet-transit an an inector, page 2 should be detached for use as the buriet and Machinal Examiner	o be completed by Fritzsiciativascical	Immadiata Causa (Finel diseasa or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Entar Underfying Causa (Diseasa or Injury that Initiated avants rasulting in death) Last	a b d d ons contributing to	Dua to ((or es e consector as a consector sulting in the u	equance of): quence of): quence of):	a of dyli	van in Part I.	of Daath	23b. Did t 1 24a. Was perfor	tobacco use co	ontribute to	Approximate inflavarial Batweet Onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset o
il director, page 2 should be detached for use as the buriel-transit and a state of the buriel-transit and a state of the buriel and the state of the state of the buriel and the state of the stat	to be completed by Fritzschaffmedical	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, lagding to immediata cause. Enter Underlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last Part II. Other significant conditions.	a b d d d hons contributing to	Dua to (Dua to (Dua to (daath but not ra	(or es e consector as a consector as a consector)	equance of): quence of): quence of): quence of):	a of dyli	van in Part I. 26. Piece	of Daath	23b. Did t 1 24a. Was perior	tobacco use co Yes 2 No en eutopsy rmed? 7 //as 2 No	ontribute to 3 Prof	Approximate inflavarial Batweet Onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset o
neral director, page 2 should be detached for use as the buriel-transit and in To Be Completed by Physician Madinal Examiner	to be completed by Fritzschaffmedical	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, lagding to Immediata cause. Entar Underlying Causa (Diseasa or Injury that Initiated avants rasulting in daath) Last Part II. Other significant conditions are saminar? 10 Yas 2 No 7. Manner of Death Naturel 5 Pandin	a. b. c. d. Mospital: 1 28a. Det. (Mo	Dua to (Dua to (Dua to (daath but not ra Inpatiant 2 a of Injury	(or es e consector as a consector sulting in the u	equance of): eq	A Oth	yan in Part I. 26. Piece har: yat Nur yat k?	of Daath	23b. Did t 1 24a. Was perior	tobacco use co	ontribute to 3 Prof	Approximate inflavarial Batweet Onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset o
neral director, page 2 should be detached for use as the buriel-transit and in To Be Completed by Physician Madinal Examiner	to be completed by Fritzschaffmedical	Immediata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Causa (Diseasa or Injury that Initiated avants rasulting in daath) Last Part II. Other significant conditions are sugminar? 1 Yas 2 No 27. Manner of Death Nature 5 Pandir investing Suicide 6 Could	a. c. d. Hospital: 1 ggation not be	Dua to (Dua to (Dua to (Dua to (or es e consector as a consector as	equance of): eq	A Oth	van in Part I. 26. Piece	of Daath rsing Hom	23b. Did t 1 1 24a. Was perior (Chack only or as 5 Rasid 8d. Dascribe h	lobacco use co	ontribute to 3 Prol 24b. Www. evo. of har (Specifi	Approximate inflaval Batweet Onset and Deat of the cause of debety 40 Unk are autopsy findiraliable prior to implation of cause death? Yes 2 No
neral director, page 2 should be detached for use as the buriel-transit and in To Be Completed by Physician Madinal Examiner	to be completed by Fritzschaffmedical	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last Part II. Other significant conditions are supplied to medical examinar? 1 Yas 2 No 27. Manner of Death Naturel 5 Pandir investi	a. b. c. d. Inguisied 28a. Deta (Mo gatton not be page 28a. Piec.)	Dua to (Dua to (Dua to (daath but not ra Inpatiant 2 a of Injury	for es e consector es e consector as a consector as	equance of): eq	A Oth	yan in Part I. 26. Piece har: yat Nur yat k?	of Daath rsing Hom	23b. Did t 1 1 24a. Was perior (Chack only or as 5 Rasid 8d. Dascribe h	tobacco use co	ontribute to 3 Proi 24b. W av co of har (Specifi rred	Approximate initiarival Batweer Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
neral director, page 2 should be detached for use as the buriel-transit and in To Be Completed by Physician Madinal Examiner	carried on the completed by raysiciaty medical	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediate cause. Entar Underfying Causa (Diseasa or Injury that Initiated avants rasulting in daath) Last Part II. Other significant conditions are summar? 1 Yas 2 No 25. Was casa refarred to medical examinar? 1 Yas 2 No 27. Manner of Death 1 Naturel 5 Pandir Investing Significant could detarm	a. b. c. d. Inguisied 28a. Deta (Mo gatton not be page 28a. Piec.)	Dua to (Dua to (Dua to (Dua to (Inpatiant 2 a of Injury - At I Dua to (Dua	for es e consector es e consector as a consector as	equance of): eq	A Oth	yan in Part I. 26. Piece har: yat Nur yat k?	of Daath rsing Hom	23b, Did t 1 24a. Was perfor (Chack only or as 5 A Rasid 8d. Dascribe h	tobacco use co	ontribute to 3 Prol 24b. Www. evo. of har (Specifi	Approximate initiarival Batweer Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
neral director, page 2 should be detached for use as the buriel-transit and in To Be Completed by Physician Madinal Examiner	carried on the completed by raysiciaty medical	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avants rasulting in death) Last Part II. Other algnificant conditions are examinar? 1 Yas 2 No 27. Manner of Death Naturel 5 Pandir investing Suicide 6 Could detarm	a. b. c. d. Hospital: 1 28a. Det (Mo) 1 28a. Piec build 1 29a. Piec puild 29a. Piec puild 29a. Piec puild 29a. Piec puild	Dua to (Dua to (Dua to (Dua to (daath but not ra Inpatiant 2 a of Injury rath, Day Year) (- 9 be of Injury - At It ding, atc. (Spacial a best of my known as a be	or es e consector as a consector as	equance of): quance of):	A Oth Wor 1 control of the time of time of the time of time of the time of	yan In Part I. 26. Piece nar: 4□ Nur Yas 4□ Nur	of Daath rsing Hom 21 No 21 31 Dece, er	23b. Did t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tobacco use covered? Yes 2 No en eutopsyrmed? Yas 2 No now injury occur in, State Street and Num in, State Sausse(s) end m	ontribute to 3 Proi 24b. Way coo of har (Specifi rrred Leannar as si	Approximatia Inflarval Batweer Onset and Death
neral director, page 2 should be detached for use as the buriel-transit and in To Be Completed by Physician Madinal Examiner	and the second s	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avants rasulting in death) Last Part II. Other algnificant conditions are examinar? 1 Yas 2 No 27. Manner of Death Naturel 5 Pandir investing Suicide 6 Could detarm	a. b. c. d. d. Hospital: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dua to (Dua to (Dua to (Dua to (daath but not ra Inpatiant 2 a of Injury rath, Day Year) (- 9 be of Injury - At It ding, atc. (Spacial a best of my known as a be	or es e consector as a consector as	equance of): quance of):	A Oth Wor 1 control of the time of time of the time of time of the time of	yan In Part I. 26. Piece nar: 4□ Nur Yas 4□ Nur	of Daath rsing Hom 21 No 21 31 Dece, er	23b. Did t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tobacco use covered? Yes 2 No en eutopsyrmed? Yas 2 No now injury occur in, State Street and Num in, State Sausse(s) end m	ontribute to 3 Proi 24b. Way coo of har (Specifi rrred Leannar as si	Approximate inflarval Batweer Onset and Deat Onset and Deat of the cause of debably 4 Unk. For an autopsy findinal labla prior to implation of cause death? Yes 2 No No No No No No No No No No
neral director, page 2 should be detached for use as the buriel-transit and in To Be Completed by Physician Madinal Examiner	The second of th	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediate cause. Entar Underfying Causa (Diseasa or Injury that Initiated avants rasulting in daath) Last Part II. Other significant conditions are summar? 10 Yas 2 No 27. Manner of Death Naturel Accidant 3 Suicide 6 Could detarm 11 Centifying 25 Medical	a. b. c. d. d. Hospital: 1 1 1 1 1 1 1 1 1 28a. Deter (More (More 1)) 28a. Plea (More 1) 28a. Plea (More	Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (or es e consector as a consector as	int 3 DO/ of 28 AM reet, fectory, h occurred an investigation, I	A Oth Sc. Injury office ti the tim In my o	zan in Part I. 26. Piece har: yat k? Yas Zana, data and pinion, deati	of Daath rsing Hom No 20 4 plece, er	23b. Dld t 10 24a. Was performed as 5 Reside as 5 Reside as 5 Reside as 5 Reside at the time, of	tobacco use or Yes 2 No en eutopsy med? Yas 2 No Ine) Idence 6 Oth now injury occu Street end Num m, State) Lause(s) end m data and plece, 29d. Data signe	ontribute to 3 Proid Pro	Approximatia initiarval Batweer Onset and Death of the cause of debety 4 Unkild are autopsy findingliable prior to implation of cause death? Yes 2 No No No No No No No No No No
pletely filled in by the funeral director, page 2 should be detached for use as the buriel-transit of places of the places of th	The second of th	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to Immediate cause. Entar Underlying Causa (Diseasa or Injury that Initiated avants rasulting in daath) Last Part II. Other algnificant conditions are always and in the conditions of the c	a. b. c. d. d. Hospital: 1 1 1 1 1 1 1 1 1 28a. Deter (More (More 1)) 28a. Plea (More 1) 28a. Plea (More	Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (or es e consector as a consector as	int 3 DO/ of 28 AM reet, fectory, h occurred an investigation, I	A Oth Sc. Injury office ti the tim In my o	zan in Part I. 26. Piece har: yat k? Yas Zana, data and pinion, deati	of Daath rsing Hom No 20 4 plece, er	23b. Dld t 10 24a. Was performed as 5 Reside 8d. Dascribe h City or Town 72 2 4 6 4 1 that time, c	tobacco use or Yes 2 No en eutopsy med? Yas 2 No Ine) Idence 6 Oth now injury occu Street end Num m, State) Lause(s) end m data and plece, 29d. Data signe	ontribute to 3 Proid Pro	Approximate inflatival Batweer Onset and Death Death D
neral director, page 2 should be detached for use as the buriel-transit and in To Be Completed by Physician Madinal Examiner	medical to be completed by righted and reduced	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Causa (Diseasa or Injury that Initiated avants rasulting in daath) Last Part II. Other significant conditions are sagninar? 1	a. b. c. d. d. Hospital: 1 gatton not be nined 28a. Piec huild 28a. Piec h	Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (or es e consector es e consector as a consector as	int all DO/ of 28 AM reet, fectory, h occurred all investigation, I	A Oth Sc. Injury office ti the tim In my o	zan in Part I. 26. Piece har: yat k? Yas Zana, data and pinion, deati	of Daath rsing Hom No 20 4 plece, er	23b. Dld t 10 24a. Was performed as 5 Reside 8d. Dascribe h City or Town 72 2 4 6 4 1 that time, c	tobacco use or Yes 2 No en eutopsy med? Yas 2 No Ine) Idence 6 Oth now injury occu Street end Num m, State) Lause(s) end m data and plece, 29d. Data signe	ontribute to 3 Proid Pro	Approximatia initiarival Batweer Onset and Death Death Onset and Death Death Death Death Death Death Death Dea
neral director, page 2 should be detached for use as the buriel-transit and in To Be Completed by Physician Madinal Examiner	medical to be completed by righted and reduced	Immadiata Causa (Finel diseasa or condition resulting in daath) Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Causa (Diseasa or Injury that Initiated avants rasulting in daath) Last Part II. Other significant conditions are sagninar? 1	a. b. c. d. d. Hospital: 1 1 1 1 1 1 1 1 1 28a. Deter (More (More 1)) 28a. Plea (More 1) 28a. Plea (More	Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (Dua to (or es e consector as a consector as	int all DO/ of 28 AM reet, fectory, h occurred all investigation, I	A Oth Sc. Injury office ti the tim In my o	zan in Part I. 26. Piece har: yat k? Yas Zana, data and pinion, deati	of Daath rsing Hom No 20 4 plece, er	23b. Dld t 10 24a. Was performed as 5 Reside 8d. Dascribe h City or Town 72 2 4 6 4 1 that time, c	lobacco use or Yes 2 No en eutopsy med? //as 2 No ine) Idence 6 Ott freet end Num m, State) Loause(s) end m data and plece,	ontribute to 3 Proid Pro	Approximatia initiarival Batweer Onset and Death Death Onset and Death Death Death Death Death Death Death Dea



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

			TEM#5 PER F.H. FILM#G741 11-12-96 J.A.	Certificate of	Death	Reg. No.	6 31653
	Physic /Medi		1. Decedent's Nama (First, Middla, Last) Vola Mildred Phillips		2. Date of Octob		3. Tima of Deeth 10:30am
H	Exami		4e. Fecility Neme (If not institution, give street end number) 5907 Edmondson Avenure		4b. City, Town, or Location of De Catonsville		of Deeth imore
	, Funerai Director		5. Sociel Security Number 6. Sex 1 1 M 2 1 7. Age (In yrs. lest 84	birthday) If Under 1 Year Months Deys	If Under 24 Hrs. 8. Dete of 1 (Month, Aug.	Birth Dey, Year) 13,1912	9. Birthplece (State or Foreign Country) Pennsylvani
	Aaryland Febow	٥		own or Location			10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	the A	Directo	10e. Street end Number	10f. Zip Code		10g. Citizen of V	
	With 3a or	0	5907 Edmondson Avenue	2122	0		States
020	d within 72 hours after death with the Maryland jiene. If then "natural", or fterns 23a or 28a-f show the Marical Examines Principled at the Marical Examines Principled at	by Funerai	11. Maritai Stetus 1 □ Never Merried 3 □ Widowed 4 ☑ Divorced 1 □ Ves Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 ☒ No If Yes, Give Yeer or Dates:	13. Wes Decedent of H If Yes, specify Cube	lispenic Origin? (Specify Yes or len, Mexican, Puerto Rican, etc.) Specify:		e - American Indien, k, White, etc.
21215-0020	within 72 ho ene. then "netur	Completed	(Specify only highest grede completed) Elamantary/Secondary (0-12) Coilega (1-4or 5+)	6e. Decedant's Usuel Occup (Give kind of work done life. DO NOT use retired	during most of working f)	16b. Kind of Bu	
2	il Hygie other ti		6 17. Fether's Neme (First, Middle, Last)	self-employ		food	
Maryland	V 5 0 0	Be C	George T. Evans		18. Mother's Neme (First, Midd		θ)
N/	d 2 should by and Mental F Is marked traumatic ex	To		19h Mailing Address /Street	Ada Belle S end Number or Rural Route Num	-	State Zin Code)
more, Ma	l and lealth m 27 her t		Heidi Petroniero, daughter 20e. Method of Disposition 120 Buriel 2 Cremetion 3 Remove from Stete		s Avenue, Ba	1timore	, Maryland City or Town, Stete
Bally	permit. Pages 1 Department of H Important: If its any Injury or ot		21 September of Flything Service Licensee	22. Name end Addre	ss of Fecility	Tnc	dale,Maryland
	Physician /Medical Examiner	er	23a. Penti. Enter the diseese, or complications that caused the deeth. Dishock, or heart failure. List only one cause on each line. Immediata Cause (Final diseasa or condition resulting in deeth) Due to (or estimated)				21227 ApproxImete Intervei Between Onset end Deeth
60,	ificate be executed g physician and es the burial-transit	ai Examiner		e consequance of):	de lando	- Me	
Box 68760,	2 00	in/Medical	thet initiated events resulting in deeth) Last Due to (or established by the control of the cont	e consequance of);			
P.O.	the d	by Physician/N	Pert II. Other significant conditions contributing to deeth but not resulting	g in the underlying cause give			tribute to the cause of death?
of Vital Records,	aw requir is been s 2 should	Completed b	Fx Hip- Gales	age.	. 24e. Wa	as en eutopsy formed?	24b. Were eutopsy findings evailable prior to completion of cause of death?
E H	F age	S	(w Evidence of Thurn	eb o phlibell	10	Yes 2 10	1 ☐ Yes 2 ☐ No
<u> </u>	Physician: The this certificate ral director, pag	Be	25. Wes case refarred to medical axeminer?	lou.	26. Placa of Deeth (Check only	one)	
	Phys this ral di	5	1 Inpatient 2 ER/	Outpetient 3 DOA Other	4U Nursing Home 5 He	sidence 6 Otha	
on	th. After funer	tion	27. Manngr_ol-Death 1 □ Natural 5 □ Pending 2 □ Accident Investigation 2 □ Accident	Injury Work	Yes 2 No	s now injury occurre	,0
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	Certification:	3 Suicide 4 Homlcide 6 Could not be determined 28e. Piece of Injury - At homa, building, etc. (Spacify)		28f. Location	(Street and Numbe own, Stete)	or or Rural Route Number,
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	tedical	29e. Certifier (Check only one) 11 Certifying Physician: To the best of my knowled 2 Medical Examiner: On the best of examinetion end manner steted.	ge, deeth occurred et the tim end/or Investigation, in my op	e, date and piece, end due to the time time.	e ceuse(s) and mer e, data end plece, a	nner as stated. nd dua to the cause(s)
	or ¥ 000		29b. Signature and silver of certifier		TS 0	29d. Dete signed	(Month, Dey, Year) -96.
	Sta		30. Name and address of person who completed causa of death (Item 23a Alejandro Mejia 405 Fredric 31. Dete fillad (Month, Day, Year)	ck Avenue S	uite 100 Cato	onsville	e, Maryland

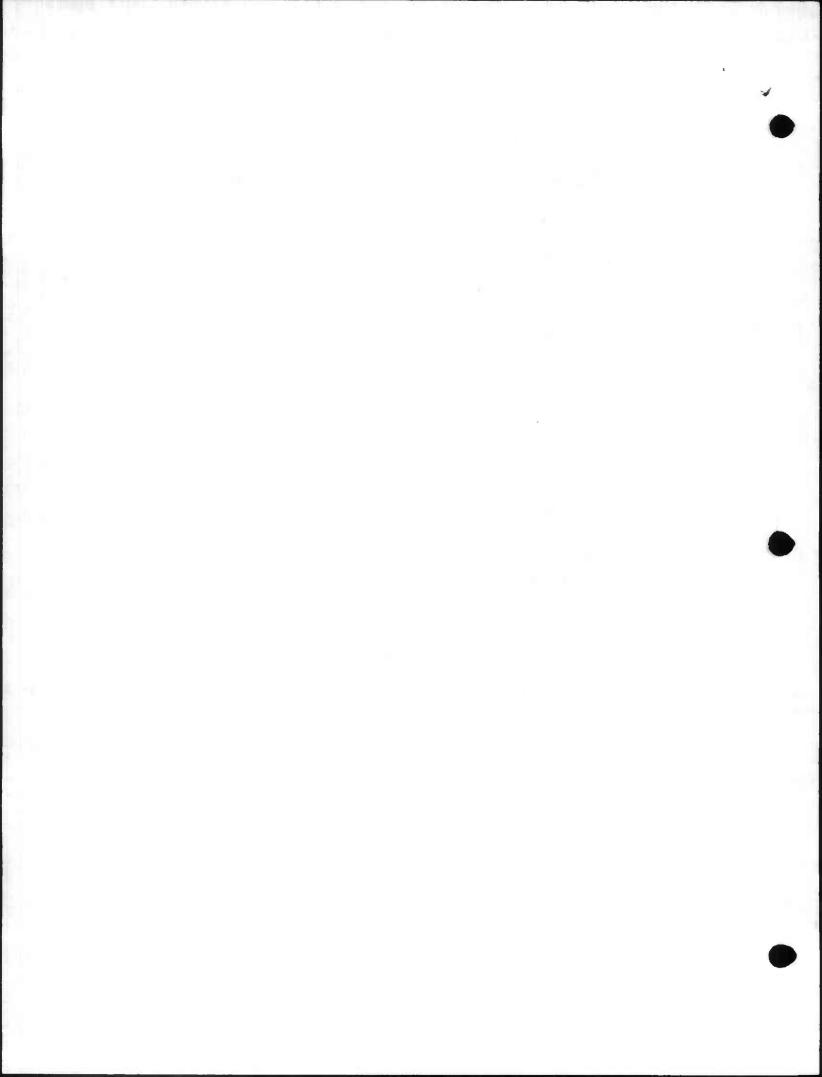


Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 | 654

	,					Certificate of	Death	R	eg. No.		210	
1	, j	-11	1. Decedent's Name (First, Middle, Last)	- 6			2. Date of Deat Month	-	Year	3. Time	of Death
	Physici /Medic		Nazareth Pa	te				oct.		996	10:1	OAM
	Examir		4a. Facility Name (If not institution, give				4b. City, Town, or L	ocation of Death	4c. County	of Death		
			SiANI HOSDI	TAL			BALTI	MORE	N	PA		
	Funeral Director		5. Social Security Number 191-22-0893 Usual Residence of Decedent	7. Aga (//	yrs. lest birt	hday) If Undar 1 Yaa Months Days	r If Under 24 Hrs.	6. Data of Birth	Year) ,1927	9. Birthp Coun	try)	a or Foreign
	and and		10a. State 10b. County	10	c. City, Town	or Location				1	0d. Inside	City Limits
	the Marylar 28a-f show notified at	ector	MD. N/A	}	BACT	IMORE			0			es 2□No
	23a or 2	Funeral Director	1734 E. 28	TH		10f. Zlp Code	18		Og. Citizen of V	S.A		
020	within 72 hours after death with the Maryland ene. then "natural", or flams 23a or 28a-1 show he Medical Examiner must be inclified at	þ	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Eve Armed Forces? 1 Yes 2 No If Yas, Give Yaar or Dates:	r in U,S.	13. Was Decedent of If Yas, specify Cul		ecify Yes or No- Rican, atc.)		e - Amaric sk, Whita,		K
2-0	72 ho	pete	15. Decedant's Edu (Specify only highest grad	cation	16a.	Decedent's Usual Occu	upation	cina	16b. Kind of Bu	usiness/Inc	Justry	
21215-0020	s 1 and 2 should be filed within 72 hc if Health and Mental Hygiene. Itam 27 is marked other then "natur other traumatic avant, the Medical	Completed	Elementary/Secondary (0-12)	Coilega (1-4or 5+)		(Give kind of work done life. DO NOT use retin PRESSEA		ang	DRY (CLER	NEI	2
	I Hygid	BeC	17. Fathar's Nama (First, Middle, Last)		-	•	18. Mother's Nam	e (First, Middle, I	Meiden Surnam	е)		
/lar	Jental Jental rked o	TOE	SIDNEY DU	NLAP			EMM	A SK.	ALES			
Maryland	2 should be filed with and Mental Hygiene. Is marked other ther aumatic avant, the	-	19a. Informant's Name/Relationship (T)	rpe, Print)	19b.	Melling Address (Street		-		-	Code)	
2	es 1 and 2 of Health I ham 27 I		NANCY WILL		/	734 E-	28TH ST.	BALT	O. M	D.	2121	18
Baltimore	0 0 - 2		20a. Method of Disposition 1 ■ Buniai 2 □ Cramation 3 □ F 4 □ Donation 5 □ Other (Specify)		20b. Place of comatar	Disposition (Name of y, cremetory or other pl	ece)	14-72	PAGE			5-C.
alti	permit. Pag Department Important: I any Injury o		21. Signature of Fundial Service License	00 10	1 1	22. Nama and Addi	rass of Fecility					
m	SOFES		14 homes of	Affair	o-p	SKARDA	FH 3	2829 HUDSON ST. BALTO-MD. 7-1224				
	Dhysisian		23a. Part1. Entar tha disease, or compl shock, or heart failure. List only or	Ications that caused the na causa on each line.	daath. Do n	ot enter the mode of dy	/Ing, such as cardiac	or respiratory arr			Approximinterval B	nata Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death) a. Renal Failure									
		7	resolung in dealin)	Due	o to (or es a c	consequence of):				1	_ /	
	nsit led	Examiner		Diabete	1						2	
	eath certificate be executed attending physician and for use as the burial-transit	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due			i	,				
68760,	siciar buri		Cause (Disease or injury that Initiated events	C								
89	ificate g phy as the	edical	resulting in death) Last	Due								
Box	andin use	M/u		d								
	death e atte	sicia	Part II. Other significant conditions cor	ntributing to death but n	ot resulting in	the underlying cause of	iven in Part f.	23b. Did to	bacco use co	ntribute to	the caus	e of death?
, P.O.	that the death cer ed by the attendir detached for use	y Physician/							es 2 No			
Records,	law requires that the death certificate be executed as been signed by the attending physician and a 2 should be deteched for use as the burial-itansit	Completed by						24a. Was a perfor		av.	ere autops allable pric mplation o death?	or to
E	The ate h	Con						1 🗆 Y	as 2 No	10	Yas 2	No No
ita/	delan: The certificate rector, pag	Be (25. Wes case referred to medical examiner?				28. Place of Dea	th (Check only or	e)			
of Vitai	Physician: this certific ral director,	To	1 Yas 2 No	lospitai:	2 ER/Out	tpatient 3 DOA	ther: 4 Nursing H	oma 5 🗆 Raside	ance 6 DOth	ar (Specif	y)	
ion o	After After fune	Certification:	27. Manner of Death 1 Natural 2 Accident 5 Pending investigation	28a. Date of Injury (Month, Dey Ye	28b. T	njury W	ury at ork? □ Yes 2 □ No	28d. Describe h	ow Injury occur	red		
Division	i or Attandi after death. Director: A d in by the fu	ertific	3 Suicide 6 Could not be determined	28e. Plece of injury building, etc. (S	At home, fai Specify)	m, street, factory, office	3	28f. Location (Si City or Town	reet and Numb n, Stete)	er or Rura	/ Route No	um <i>ber</i> ,
	To the Hospital or Attant within 24 hours after deat To the Funeral Director: completely filled in by the	edical C	29a. Certifier (Check only one)	stctan: To the best of m ner: On the basis of exa and manner stated	aminetion and	deeth occurred at that	tima, date and place, opinion, death occur	and due to the cred at the time, d	ause(s) and ma ate and place,	enner as s	ated.	e(s)
	o the o the omple	Me	29b. Signatura and title of certifier	/	•	29c. Licer	nsa number	2	9d. Date signe	d (Month,	Day, Year)
	- 3 - ō		100:40 A 41	1001		1 . 1	02011000					
			30. Name and address of person who co	moleted cause of death	Medical		02321ER9	447	oct zi	119	76	
			Elliat & Pather-1	LILL C.	: H_	Soital						
	Sta	te	31. Date flied flyery, Bay OV 400C	A Min Holmwinds	Spangand	402						

Registrar

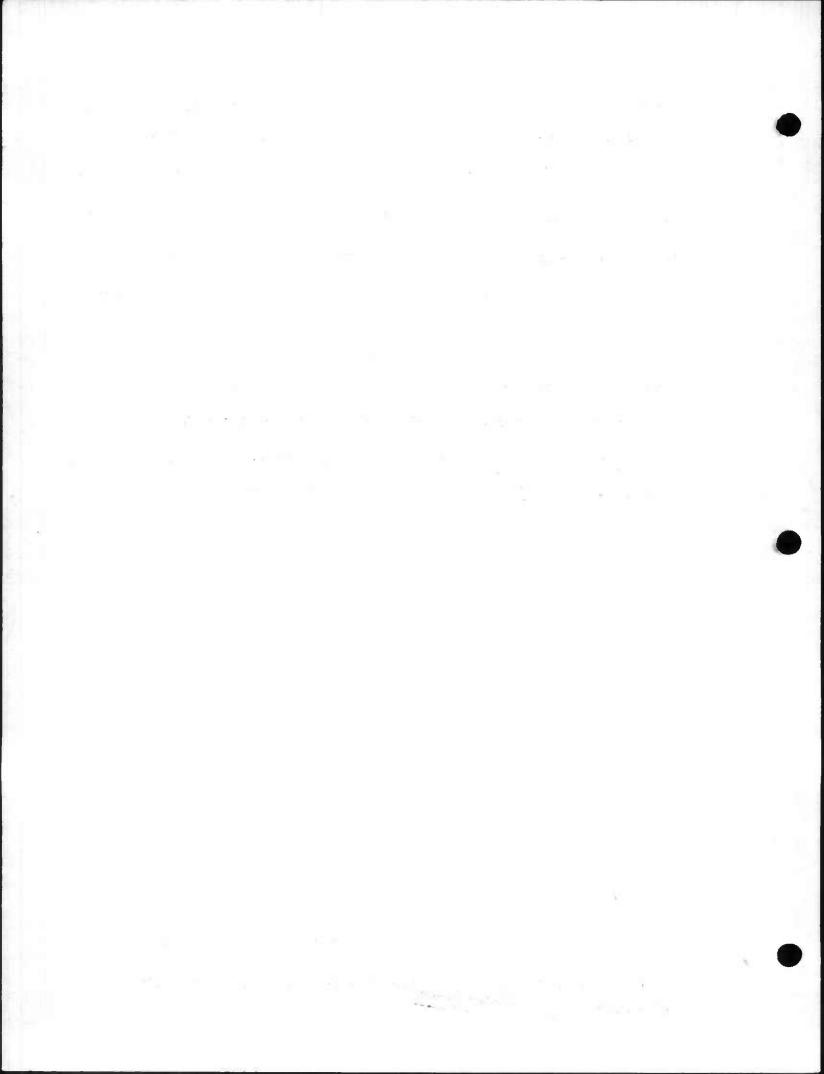


Please Type or Print in Black Indelible ink. Assure All Copies Are Legible,

	1. Decedent's Neme (First, A	Aiddle, Las	st)				ficate of	20411		2. Dete of				3. Time of Death
ician dical	ILLETION			J.		POSN	ER			Month OCT	. 17	19	96	6 PM
iner	An Cantilla Mana Official Institution			u <i>mber)</i>				4b. City, To BALTI		ocation of De		County I/A	of Death	
al or	5. Sociel Security Number 212-03-7763	6. Se	ex ⊋M 2□F	7. Age ('In yrs. lest bi		f Under 1 Yeer fonths Deys	if Under Hours	24 Hrs. Min.	8. Dete of (Month,	Birth Dey, Year)	1	9. Birthpi Coun MAI	lece (Stete or Forei try) RYLAND
	Usuel Residence of Deceder 10a. Stete 10b. Co				On City Tou		ina							
1		N/		'	Oc. City, Tow	TIMOR							11	0d. fnside City Limi X☐ Yes 2☐ N
Director	MD 10e. Street and Number	N/	A		DAL						10- 00	410	0.10	
							10f. Zip Code						het Coun	try7
Funeral	6309 IVYMOUN	NT RO	12. Wes De	cedent Ev	er In U.S.	13. Wes	21209 s Decedent of H	lispenic Ori	gin? (Sp	ecify Yes or	USA No-		e - Americ	an Indian.
by Fun			Armed F	Forces? 2 XNo Sive			s Decedent of Hes, specify Cubo	en, Mexicar Specify:		Rican, etc.)	1		k, White,	etc.
P	15. Dece	dent's Ed			16e	. Decedent	t's Usuel Occup	etion			16b. Kir	nd of Bu	siness/Inc	dustry
pie	(Specify only his			(1-4or 5+)		(Give kind life. DO	d of work done NOT use retired	during mos d)	t of work	ing				
Completed	12		5,000	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		BUTC	HER				S. P	OSN	ER &	SONS
0		idle, Last)						18. Mothe	r's Nem	(First, Midd	die, Maiden	Sumam	0)	
2	SAMUEL		POSNER					JENN		SUG				
ToE	19e. Informent's Neme/Relei				1		Address (Street							Code)
	MRS. IDA POS	SNER	(W	IFE)			VYMOUNT	ROAD	BAL					
	20e. Method of Disposition	6n 3□	Removei from	n Stete	20b. Piece o	ery, cremeto	on (Neme of ory or other pied	ce)	1	Date	20c. Loc	cation -	City or To	wn, Stete
	4 Donetion 5 Othe	r (Spendy	P	1	BETH		EM. PAR			6	RA	NDA	LLSTO	OWN, MD
	21. Signature of Furieral Sen	VICE IN	900		-		ame end Addre L LEVIN							
	shock, or near failure	Cist offly	one cause on	caused the eech line.	e death. Do	not enter	og bels	TERST	QWN.	ROAD	PIKES	VIL	LE, N	Doproximate 208 Interval Between
36	Immediate Cause (Finel disease or condition resulting In death)	Cist offy o		ANAPI		THYR	OID CAN		QWA:	ROADien	PIKES	VIL	LE, M	Dproximat 208 fntervat Between Onset and Deeth
	Immediate Cause (Final disease or condition resulting in death)	City of the City o		ANAPI	ASTIC	THYR	OID CAN		QWN.	Respiraten	PIKES	VIL	LE,	Dproximat 208 Interval Between Onset and Deeth
icai Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter I bertwin.	{		ANAPI	ASTIC	THYR(OID CAN nca of):		Q.W.N.	ROADien	PIKES	VIL	LE,	Opproxima 12 08 interval Between Onset and Deeth
edicai Examiner	Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	{		ANAPI	ASTIC ue to (or as a ue to (or es e	THYR(OID CAN nca of):		QWIN.	ROAD	PIKES	VIL	LE, N	Roproxid 1208 interval Between Onset and Deeth
edicai Examiner	Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	{	e	Du Du	ASTIC ue to (or as a ue to (or es e e to (or es e	THYRe consequent consequent	OID CAN nca of): nca of):	CER						Onsat and Death
Physician/Medicai Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other significant con	{	e	Du Du	ASTIC ue to (or as a ue to (or es e e to (or es e	THYRe consequent consequent	OID CAN nca of): nca of):	CER		23b. D	fd tobacco e			o the cause of deat
by Physician/Medicai Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other significant con	{	e	Du Du	ASTIC ue to (or as a ue to (or es e e to (or es e	THYRe consequent consequent	OID CAN nca of): nca of):	CER		23b. D 1	rfd tobacco o	uss con	ntributs to	the cause of deat
by Physician/Medicai Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other significant con	{	e	Du Du	ASTIC ue to (or as a ue to (or es e e to (or es e	THYRe consequent consequent	OID CAN nca of): nca of):	CER		23b. D 1	ifd tobacco (uss con	atributs to 3 Prot	o the cause of deat
by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other significant con	{	e	Du Du	ASTIC ue to (or as a ue to (or es e e to (or es e	THYRe consequent consequent	OID CAN nca of): nca of):	CER		23b. D 1 24e. W	fd tobacco (Yss 2[es en autoportormed?	uss con	24b. We ave cor of c	o the cause of deat pebly 4 Unkno
Completed by Physician/Medical Examiner	Immediate Cause (Finel disease or condition resulting In death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other afgnificant con ASCVD	ditions co	bd	Du Du	ASTIC ue to (or as a ue to (or es e e to (or es e	THYRe consequent consequent	OID CAN nca of): nca of):	CER		23b. D 1 24e. W	ofd tobacco of Yes 2 [See en autoperformed?]	No sy	24b. We ave cor of c	o the cause of deat cably 4 Unkno
by Physician/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other afgnificant con ASCVD	ditions co	b	Du Du death but r	ASTIC ue to (or as a ue to (or es e e to (or es e	THYRO consequent consequent consequent in the under	OID CAN nca of): nca of): nce of): ortying cause give	Zee. Place		23b. D 1 24e. W pe	ofd tobacco of Yes 2 [See en autoperformed?]	No No	24b. We ave cor	o the cause of deat pebly 4 Unknown ore autopsy findings alleble prior to mpletion of cause death? Yes 2 No
To Be Completed by Physician/Medical	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other afgnificant con ASCVD 25. Was case referred to me examiner? 1	ditions co	b	Du Du death but i	ASTIC De to (or as a De to (or es e De to (or es e De to (or es e De to (or es e De to (or es e	THYRO consequent consequent consequent in the under the	OID CAN nca of): nca	Zee. Place	of Deeti	23b. D 1 24e. W pe	ofd tobacco of the second of	No No	24b. We ave cor of a	o the cause of deat bebly 4 Unkno ere autopsy findings alleble prior to mpletion of cause death? Yes 2 No
To Be Completed by Physician/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other afgnificant con ASCVD 25. Was case referred to me examiner? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pert In Inguistration of the cause o	ditions co	b	Du Du Du death but i	ASTIC le to (or as a le to (or es e le to (THYRO consequent consequent consequent in the under	OID CAN nca of): nca	26. Place	of Deeti	23b. D 1 24e. W pe	ofd tobacco of the second of	No Other	24b. We ave cor of a	o the cause of deat pebly 4 Unknown ore autopsy findings alleble prior to mpletion of cause death? Yes 2 No
Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other afgnificant con ASCVD 25. Was case referred to me examiner? 1	ditions co	b. C. d. Hospitel: 1 28e. Date (Modern: To the Inter: On t	Du Du Du death but of	ASTIC De to (or as a let to (or es e let to (THYRO consequent consequent consequent in the under utpatient Time of Injury erm, street,	OID CAN nca of): nca	ren in Pert I 26. Place 26. Place 19: 4 Nu yat k? Yes 2 I	of Deeti	23b. D 1 24e. W per 1 1 1 1 1 28f. Location City or	rid tobacco of Yes 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	No No Other	24b. We ave cor of a super (Specify ed	o the cause of deat pably 4 Unkno ore autopsy findings alleble prior to mpletion of cause death? Yes 2 No When the cause of deat Yes 2 No
To Be Completed by Physician/Medical Examiner	Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert II. Other afgnificant con ASCVD 25. Was case referred to me examiner? 1	ditions co	b. C. d. Hospitel: 1 28e. Date (Modern: To the Inter: On t	Du Du Du Du Du Du Du Du Du Du De of Injury Onth, Dey Y De of Injury Desis of ey	ASTIC De to (or as a let to (or es e let to (THYRO consequent consequent consequent in the under utpatient Time of Injury erm, street,	OID CAN nca of): nca of)	ren in Pert I 26. Place er: 4 \(\text{Nu} \) yat k? Yes 2 \(Dinner, dete en plnion, deep	of Deeti	23b. D 1 24e. W per 1 1 1 1 1 28f. Location City or	es en autoperformed? Yes 2X Yyone) esidence 6 be how injury n (Street end Town, State) the ceuse(s) ie, dete and	No Sy Other	24b. We ave cor of control of the cor (Specify ed	o the cause of deat pably 4 Unkno ore autopsy findings alleble prior to mpletion of cause death? Yes 2 No When the cause of deat Yes 2 No
edical Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other afgnificant con ASCVD 25. Was case referred to me examiner? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pert No 27. Menner of Deeth 1 Neturel 5 Pert No 28. Suicide 6 Ccd 4 Homicide 29e. Certifier (Check only one)	ditions co	b. C. d. Hospitel: 1 28e. Date (Modern: To the Inter: On t	Du Du Du Du Du Du Du Du Du Du De of Injury Onth, Dey Y De of Injury Desis of ey	ASTIC De to (or as a let to (or es e let to (THYRO consequent consequent consequent in the under utpatient Time of Injury erm, street,	OID CAN nca of): nca	26. Place ener: 4 \(\text{Nu} \) vat k? Yes 2 \(\text{Implicit me, dete en number} \)	of Deeti	23b. D 1 24e. W per 1 1 1 1 1 28f. Location City or	rid tobacco of tobacco	No Sy No Other	24b. We ave cor of control of the cor (Specify ed	othe cause of deat cably 4 Unkno ere autopsy findings alleble prior to mpletion of cause death? Yes 2 No No No Route Number, leted. the cause(s)

DHMH 16 Rev 6/95

State Registrar

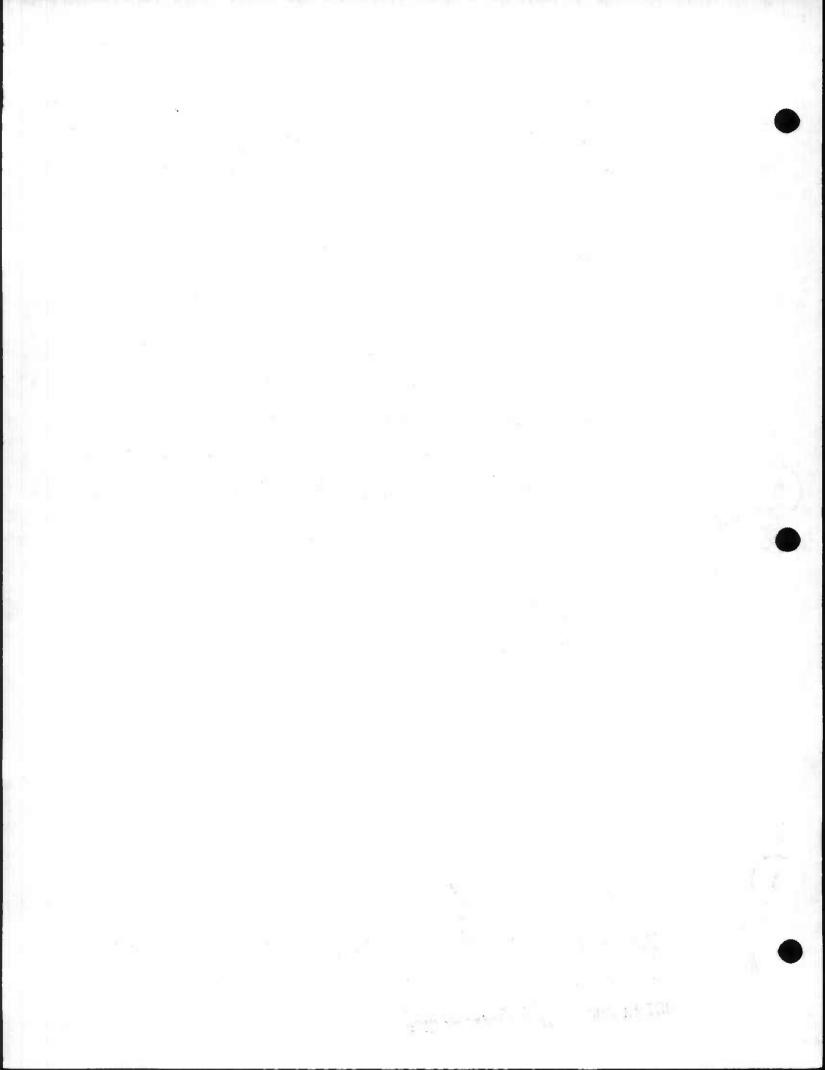


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

siciar	_	1. Decedent's Nan			o4 i					2. Date of D Month	eath Day	Year	3. Time o	f Death
edica	al .	Ruth	. ,		shul					octobe	V 15 1	996	08	40
mine	er	4a. Facility Name (ilf not institution			er)			4b. City, Town, or balti		ith 4c. Cou	nty of Death		
ral	-	5. Social Security N		6. Sex		Age (In vrs	. last birthdey)	If Under 1 Yee			irth		elece (Stete	or Form
lor .		216-32- Usual Residence of	4376	1 M		61	Yrs.	Months Days		SEPT.	21, 193	5 Coun	MD	or rore
		10a. State	10b. County			10c. C	ity, Town or Loc	cation	,			1	Od. Inside C	ity Lim
	Director	MD	BALTI	MORE			TOWSON						1 X Yes	2 🗆 1
1	Ore	10e. Street and Nu	mber					10f, Zip Code			10g. Citizen		ntry?	
	ē	8229	RUXTON					21:	204		US	A		
1	by Fur	11. Maritai Stetus 1 Never Mari 3 Widowed	2121	ried 1	es Deceder med Force □ Yes 2 ¶ Yes, Give ear or Detes	s? XIX∕o	- If	Ves Decedent of Yes, specify Cu I ☐ Yes 2 ☐ Yes	Hispanic Origin? (Seen, Mexican, Puel o Specify:	Specify Yes or Note Rican, etc.)	Spe	ece - Americ lack, White, city: WE		
	e e	(Sne	15. Deceden	it's Education	nleted)		16e. Deced	lent's Usuai Occu	upation duning most of wo ed)	urkina	16b. Kind of	Business/inc	dustry	
jum	Completed	Elementery/Seco		1	ollege (1-4o	r 5+)			ed)	iking				
		17 Fathar's Name	/First Middle	(and)	3			NURSE	Table 1			SING		
	מֿ	17. Fether's Neme	(riisi, Middie,	Last)			MAKOV	(ED	18. Mother's Na	me (First, Middl	e, Maiden Sum		INGST	INO
F	= -	JACK 19a. Informant's N	eme/Reletions	hin Type P	nint)				of end Number or A		h O'h T			OLV
		DONALD P							CROSSING					
	-	20a. Method of Dis		K (HOD	DAND /	20b.		sition (Neme of netory or other plant		Date		- City or To		
		1 🂢 Burial 2 4 ☐ Donetion			ei from Stat	(8)		-	H ISRAEL	10-17-	96 BALT			
once.	-	21. Signature of Fu				PIL		Neme end Addr		10.11	JO DALL	.11.101.01	, 125	
Duce		18	-	11 4	00000		S	SOL LEVI	NSON & BF	ROS., IN	ic.			
in al er	- 11	23a. Part1. Enter t shock, or hee Immediete Cause (disease or condition resulting In deeth)	(Final			strutic	th. Do not ente	er the mode of dy	STERSTOWN ing, such es cardie	c or respiretory	errest,		Approxime Interval Bel Onset end	e wee Deat
er Examiner	cxammer	Immediate Cause (disease or condition resulting In deeth)	(Final n	a	Metas	Static Due to (Adenu	er the mode of dy OUTCINES LUHCE LE LUHCE LE	ing, such es cardie	c or respiretory	errest,	2	Approxime Interval Be Onset end	e weer Deati
edicai Examiner	edical examiner	Immediate Cause ((Final on anditions, namediete orlying injury s	a	Metas	Due to (Adenvo	or the mode of dy OCCYCINOT uence of): CLHC Le uence of):	ing, such es cardie	c or respiretory	errest,	2	Approxime Interval Bel Onset end	te ween Death
edicai Examiner	edical examiner	Immediate Cause disease or condition resulting in deeth) Sequentially list co if eny, leading to in cause. Enter Unde Cause (Disease or that initiated events	(Final on anditions, namediete orlying injury s	a	Metas	Due to (th. Do not ente Aden v or es e consequ or as e consequ or as e consequ	or the mode of dy OCCYCINOT uence of): CLHC Le uence of):	ing, such es cardie	c or respiretory	errest,	2	Approxime Interval Bel Onset end	e ween Death
edicai Examiner	edical examiner	Immediate Cause disease or condition resulting in deeth) Sequentially list co if eny, leading to in cause. Enter Unde Cause (Disease or that initiated events	(Final on on on one of the one of	a b c	Metas	Due to (c	ACLINUTION OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CON	or the mode of dy OCATINOT Lence of): Lence of): Lence of):	na - Un	known	errest,	2	Approxime Interval Bel Onset end	e ween Death
Physician/Medical Examiner	riyalcialumedical Examiner	Immediete Cause idisease or condition resulting in deeth) Sequentielly list confirm from the cause. Enter Undersonate Cause (Disease or that initiated events resulting in death) in the cause of the cause (Disease or the cause (Disease or the cause).	(Final on on on one of the one of	a b c	Metas	Due to (c	ACLINUTION OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CON	or the mode of dy OCATINOT Lence of): Lence of): Lence of):	na - Un	ENOVIN 23b. Dic	Priman	2 2 contribute to	Approxime Interval Bel Onset end	e ween Death OVY
by Physician/Medical Examiner	by ruysicial medical examiner	Immediete Cause idisease or condition resulting in deeth) Sequentielly list confirm from the cause. Enter Undersonate Cause (Disease or that initiated events resulting in death) in the cause of the cause (Disease or the cause (Disease or the cause).	(Final on on on one of the one of	a b c	Metas	Due to (c	ACLINUTION OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CON	or the mode of dy OCATINOT Lence of): Lence of): Lence of):	na - Un	23b. Dic	Priman	2 2 2 2 2 2 2 2 2 3 □ Prob	Approxime Interval Bel Onset end	ween Death CVVV
by Physician/Medical Examiner	by ruysicial medical examiner	Immediete Cause idisease or condition resulting in deeth) Sequentielly list confirm from the cause. Enter Undersonate Cause (Disease or that initiated events resulting in death) in the cause of the cause (Disease or the cause (Disease or the cause).	(Final on on on one of the one of	a b c	Metas	Due to (c	ACLINUTION OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CON	or the mode of dy OCATINOT Lence of): Lence of): Lence of):	na - Un	23b. Dic	Priman I tobacco use o I Yes 2 No	contribute to 3 Prob	Approxime Interval Bel Onset end Ons	or ween Death CVV CVV CVV CVV CVV CVV CVV CVV CVV CV
Completed by Physician/Medical Examiner	completed by righting the control examiner	Immediete Cause idisease or condition resulting in deeth) Sequentially list conditions of identity, leading to incause. Enter Unde Cause (Disease or initiated events resulting in death) if the condition of the	(Final in inditions, i	a b c	Metas	Due to (c	ACLINUTION OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CON	or the mode of dy OCATINOT Lence of): Lence of): Lence of):	ing, such es cardie NO - Un Luluenui a	23b. Dic	I tobacco use of Yes 2 No	contribute to 3 Prob	Approxime Interval Bel Onset end Ons	oru Oru Oru Oru Oru Unkn
by Physician/Medical Examiner	o be compressed by Fritzelandmedical Examiner	Immediete Cause disease or condition resulting in deeth) Sequentielly list condition from the cause. Enter Under Cause (Disease or that initiated events resulting in death) in the cause	(Final in inditions, meditions, mediate shying in light state of the conditions of t	a b c	Metus Chron	Due to (c Due to (c Due to (c	ACLINUTION OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CON	er the mode of dy COYCINO uence of): Cuffic Le uence of): derlying cause g	ing, such es cardie No - Un Luluenui a	23b. Dic	I tobacco use of Yes 2 No	24b. We sys	Approxime Interval Bel Onset end Conset end	oruge of dear
To Be Completed by Physician/Medical Examiner	o be compressed by ruysicial umedical examiner	Immediete Cause disease or condition resulting in deeth) Sequentielly list condition of the cause. Enter Under Cause (Disease or that initiated events resulting in death) if the cause in	nditions, medicate hybrid in large l	a b c d Hospital	Metas Chron	Due to (c Due to (c Due to (c Due to (c	th. Do not ente	er the mode of dy COYCINO uence of): Cuffic Le uence of): derlying cause g	ing, such es cardie No - Un Lululurura ven in Pert I. 26. Piece of De- her: 4 □ Nursing H	23b. Did 1 24e. We perl	I tobacco use of Yes 2 No	24b. We sws confidence of Confidence (Specify	Approxime Interval Bel Onset end Conset end	of deal
To Be Completed by Physician/Medical Examiner	o be compressed by ruysicial umedical examiner	Immediete Cause disease or condition resulting in deeth) Sequentielly list condition of the cause. Enter Unde Cause (Disease or thet initiated events resulting in death) in the cause of the cause (Disease or the cause (inditions, medical red to medical No	d c d Hospita gation pat he	Chron	Due to (c Due to (c Due to (c Due to (c but not res tient 2 jury ey Year)	th. Do not ente ACLIVIO or es e consequ or es a consequ or es a consequ sulting in the uni ER/Outpatient 28b. Time of Injury	ar the mode of dy DUTCINO LUTCINO LU	ing, such es cardie No - Un Lululurura ven in Pert I. 26. Piece of De- her: 4 □ Nursing H	23b. Did 1 24e. We- perl 1 eth (Check only Home 5 Res 28d. Describe	I tobacco use of IYes 2 No	contribute to 3 Prob 24b. We sys con of c	Approxime Interval Bel Onset end Conset end	over the second of the second
To Be Completed by Physician/Medical Examiner	o be compressed by ruyalcial umedical examiner	Immediete Cause in disease or condition resulting in deeth) Sequentially list conditions are in the cause. Enter Under Cause (Disease or that initiated events resulting in death) in the cause in the cause in the cause (Disease or the initiated events resulting in death) in the cause (Disease or Cause (Disease inditions, medicate within a linjury should be conditionated to medical No.	d c d Hospital 28e g gation not be	Metus Chron Ing to death Ing to death Ing to death Ing to death	Due to (c Due to (c Due to (c Due to (c but not res tient 2 jury ey Year)	th. Do not ente ACLINE or as a consequence of as a consequence of a conse	ar the mode of dy COYCINO uence of): Cuffic Le uence of): derlying cause g 3 DOA Other	ing, such es cardie No - Un Lullenu o ven in Pert I. 26. Plece of De her: 4 Nursing Here?	23b. Did 1 24e. We-perl 1 eth (Check only) tome 5 Res 28d. Describe	I tobacco use of Yes 2 No one)	contribute to 3 Prob 24b. We sys con of c	Approxime Interval Bel Onset end Conset end	over the second of the second	
Certification: To Be Completed by Physician/Medical Examiner	or meaning to be completed by rightly and medical examiner	Immediete Cause disease or condition resulting in deeth) Sequentielly list condition of the cause. Enter Unde Cause (Disease or thet initiated events resulting in death) in the cause of the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause of the ca	Inditions, medical with ing linjury in inditions and inditions, medical with inditions and inditions and inditions and inditions and investigations and investigations an	b c d Hospita Hospita gation oot be gation of be	metus Curon Ing to death Dete of Ing (Month, B) Place of Irr building, e	Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Company Year)	th. Do not ente ACCNU or as a consequence of as a consequence of a conseq	DOA OF STATE	ven in Pert I. 26. Plece of Deher: 4 Nursing High National Pert I.	23b. Did 1 24e. We-perl 1 eth (Check only) thomas 5 = Res 28d. Describe	I tobacco use of toba	24b. We sw corror of c	Approxime Interval Bel Onset end Conset end	over the second of the second
To Be Completed by Physician/Medical Examiner	to the state of th	Immediete Cause in disease or condition resulting in deeth) Sequentially list conditions are in the cause. Enter Under Cause (Disease or that initiated events resulting in death) in the cause in the cause in the cause (Disease or the initiated events resulting in death) in the cause (Disease or the cause (Disease or the initiated events resulting in death) in the cause (Disease or Indiana (Disease or I	Icant condition red to medical No h Certifying Could n determi	d	Metus Curon It I Inpai Dete of Inf. (Month, D.) Placa of Ir building, e	Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Due to (c Company Year)	th. Do not ente ACCNU or as a consequence of as a consequence of a conseq	DOA Of Street, fectory, office occurred et the tiestigation, in my	ven in Pert I. 26. Plece of Deher: 4 \(\) Nursing H vken in Version	23b. Did 1 24e. We-perl 1 eth (Check only) thomas 5 = Res 28d. Describe	I tobacco use of toba	24b. We say on of contribute to 3 Prob	Approxime Interval Bel Onset end 1998 1998 1998 1998 1998 1998 1998 199	over the second of the second
Certification: To Be Completed by Physician/Medical Examiner	to the state of th	Immediete Cause disease or condition resulting in deeth) Sequentielly list condition of the cause. Enter Unde Cause (Disease or thet initiated events resulting in death) in the cause of the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause of the ca	Icant condition red to medical No h Certifying Could n determi	d	Chiven Chiven It Inpat Dete of Info/Month, D Place of Ir building, 6 To the besis and manner s	Due to (c Due to (c Due to (c Due to (c Due to (c but not res but not res tient 2 jury lary - At halc. (Specific tof my knoof examinal sileted.	th. Do not enter ACLINE or as a consequence of as a consequence of a cons	DOA Of 28c. Injunct, fectory, office occurred et the tiestigation, in my	ven in Pert I. 26. Plece of Deher: 4 Nursing Hirk? 1 Yes 2 No	23b. Did 1 24e. We-perl 24e. We-perl 25d. Describe 28d. Describe 28f. Location City or To	I tobacco use of I Yes 2 No No No No No No No No No No No No No	24b. We sw con of contribute to 3 Prob	Approxime Interval Bel Onset end Ons	over the second of the second
Certification: To Be Completed by Physician/Medical Examiner	modern of the second confidence of the second	Immediete Cause in disease or condition resulting in deeth) Sequentially list conditions are in the cause. Enter Under Cause (Disease or that initiated events resulting in death) in the cause in the cause in the cause (Disease or the initiated events resulting in death) in the cause (Disease or the cause (Disease or the initiated events resulting in death) in the cause (Disease or Indiana (Disease or I	red to medical No Certifying Could in determine the condition of the condition of the condition of the could in determine the could in determine the could in determine the could in determine the could be could in determine the could be could in determine the could be condition of the could be condition of the could be condition of the could be condition of the could be condition of the could be condition of the could be condition of the could be condition of the could be condition of the could be conditionally be condition	Hospita Grass contribution Hospita Grass contribution Grass co	Metus Cuvon It in Inpai Dete of Information, of the besis of manners To the besis of manners MS SA	Due to (c Due to (c Due to (c Due to (c Due to (c but not res but not res but not res tient 2 U jury ley Year) njury - At h. atc. (Specification of examina steted.	th. Do not enter ACLINE or as a consequence of as a consequence of a cons	DOA Of 28c. Injunct, fectory, office occurred et the tiestigation, in my	ven in Pert I. 26. Plece of Deher: 4 \(\) Nursing H vken in Version	23b. Did 1 24e. We-perl 24e. We-perl 25d. Describe 28d. Describe 28f. Location City or To	I tobacco use of I Yes 2 No No No No No No No No No No No No No	24b. We sw con of contribute to 3 Prob	Approxime Interval Bel Onset end Ons	over de la company de la compa

DHMH 16 Rev 6/95



detached for use as the burial-transit permit. Pages 1, 2, 3 should

	8	9	
•	nay 1	pag.	
	9	ctor	
	Page	dire	
	eath.	uner	
	100	the f	Na.
	s aft	3	emo
	DO	in be	0
	3	fille	jou,
	within	pletely	геша
	pe	EO.	a, c
	noe.	Pu	Pur
	9	an a	00 1
	ite b	ysici	Pro-
	tifica	Pp I	ene
	90	ndin	ESE P
	death	afte	ental
•	the	the	ME
	that	d D	an r
	res	signe	lealth
	nbau	нен	o
	MP	as b	Jept.
	The state of	ate h	ate
	AN:	tifica	e St
	SIC	90	th th
	F	this this	1 wil
	DING	After	death
	TEN	TOR	after
	OR All	SIREC	SUNO
	AL	AL C	72
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be	FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

포 물

2 2 3

Santona

32. REGISTRAR'S SIGNATURE

~ . wilson-Randell

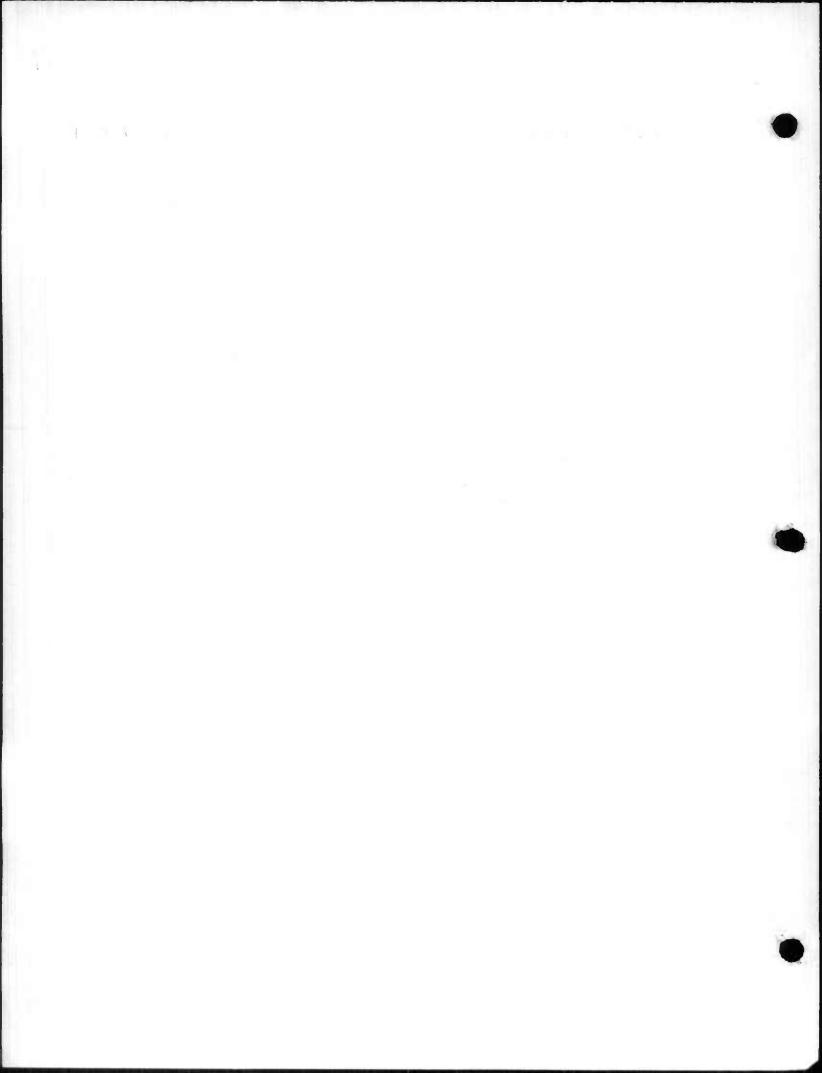
Ronny

31996

31. DATE FILED (Month, Day, Year,

Film G740 item 27 per PH 10-23-96 rja FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF GEATH OCTOBER 07 ester Rivers 1:00 P 96 8. BIRTHPLACE (State or Foreign Country) 7. OATE OF BIRTH
(Month, Day, Year)
03-27-10 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 241-14-8367 NORTH CAROLINA 86 9a. FACILITY NAME (If not institution, give atreet and no 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF GEATH HARPOUR INN CONVALESCENT U.S. DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY macyland BALtimore 1 X YES 2 | NO FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2700 MLK U.S.A 20032 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO
IF YES, GIVE WAR OR DATES
UN LABOUR If yes, specify Cuban, Mexican, Puerto Rican, etc.)

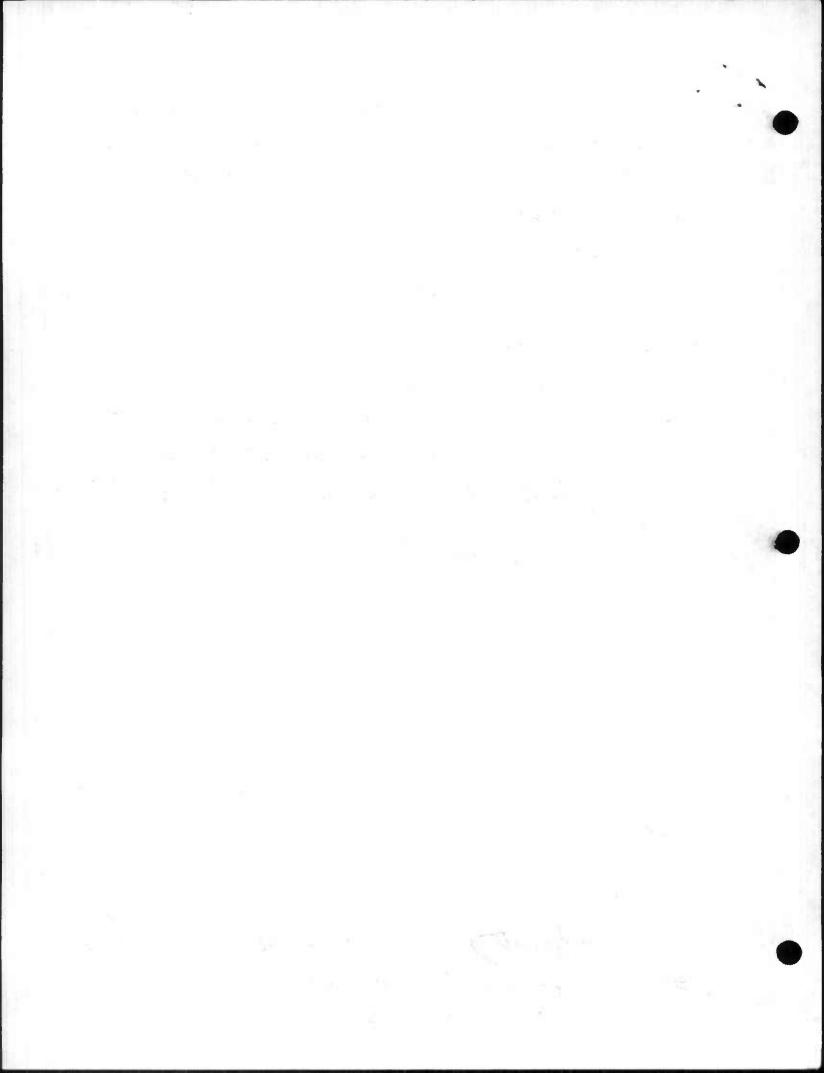
1 YES 2 NO Specify: 1 Never Married 2 Merried BY Specify: 3 Widowed 4 Divorced BIACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) onstruction UNKNOWN unknown 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surna: UNKNOWN MENTIUM notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 unknown unknown pe 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION - City or Town, State must 22. NAME AND ADDRESS OF FACILITY
State Anatomy Board-655 W. Baltimoer Street examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE -Van Sant Joseph B Baltimore, Maryland 21201-1559 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximate interval Between ahock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final the disesse or condition Myocardial infarch event, t resulting in death) DUE TO (OR AS A CONSEQUENCE OF): orlery vasculor discore marked, or item 23 shows any Injury, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING Hyper cho le terolemia CAUSE (Disesse or injury that initiated events DUE/TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO vonculor diseduc. COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 1 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 🖾 Nursing Home 5 🗆 Recidence 8 🗆 Other (Specify) 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY 28b. TIME OF 26d, DESCRIBE HOW INJURY OCCURED 1 XX Natural
2 Accident
3 Suicide 6 Pending BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28 Is I COMPLETED 6 🔂 Could not be 4 Homicide determined IMPORTANT: If Item 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 8 D0050860 Ronry Santura. 10-7-96 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 710 Druid Hill Avenue Bolt-mre MO 21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 31658

F1IMG/	40	item 23 per PH 10-	23-96		Certific	ate of	Death			Reg. No.		01000
		1. Decedant's Nama (First, Middle	a, Last)					1	2. Data of De	ath		3. Tima of Death
Physic /Med		LAVINIA	AGNETTA		REEV	ES			Month OCTOBER	Day 20,199	Yaar	9:10 A.M
Exam		4a. Facility Nama (If not Institution	n, giva straat and number)				4b. City, Tov		cation of Death			
		GENESIS ELDER C						TIMO	PAR		E AR	UNDEL
Funera		5. Social Security Number	6. Sax 7. Ag	e (In yrs. last b	Yrs. If Ur	hs Days		Min.	8. Data of Bird 7-6-190	th y, Year)	9. Birth	placa (Stata or Forai) LAND
Directo		219-16-2618 Usual Rasidance of Decedant		94	113.				7-6-190	02	MARI	LAND
No m		10a. Stata 10b. County		10c. City, Tov	wn or Location							10d. Insida City Limit
the Merylen 28a-f show	o	MARYLAND AND	NE ARUNDEL		GLEN I	BURNI	E					1 ☐ Yas 2KIN
r 28a-f	Tec.	10e. Straat and Number			10f.	Zip Coda				10g. Citizen of	What Cou	intry?
natural, or items 23s or 28s4 show orest Examiner institute of the control of the	Funeral Director	225 MAPLE AVENU	E				21061					S.A.
Rems :	ner	11. Marital Status	12. Was Decedant Armed Forcas?	Evar in U,S.	13. Was Da	acadant of	Hispanic Orig	in? (Spe	ecify Yas or No Rican, atc.)	- 14. Rac		ican Indian,
or Its		1 Navar Married 2 Marr						, Puarto	Hican, atc.)		ck, Whita	, atc.
4	d by	3√ Widowed 4 □ Divorced	Yaar or Datas:		1018	s 2 No	Specify:			Specif	у:	WHITE
Hygiene. ther than "natural", ont, the Med cal Exa	Completed	15. Dacedeni (Specify only highas	's Education it grada complated)	168	a. Decedant's U	work done	during most	of workii	na	18b. Kind of B	usinass/Ir	ndustry
han Nan	mp.	Elemantary/Secondary (0-12)	College (1-4or 5	5+)	life. DO NO	T usa retire	ed)			Oth	7 1101	1D
Hygiene. ort, the M		17 Fathada Nama /Firet Middle			HOMEMAK	EK	T				MOH N	1E
Mentel F Brked off atic ever	Be	17. Fathar's Nama (First, Middla,					112		(First, Middla,	Maidan Surner		
merked other than imatic event, the M	2	VINCENT	JOSEPH		CLAIN		BERT			KE		
0 0 8		19e. Informant's Name/Ralations LAVINIA A. GU	LLIVAN (DAUG							er, City or Town,		
item 27 other tr		20a. Mathod of Disposition			of Disposition (ana!		Data	20c. Location	- City or T	own, Stata
m = 0		1 Burial 2 Caramation 4 Donation 5 Other (S)			PEAKE C			NC.	0/21/9	BELTSV	ILLE,	MD.
ttt.		21. Signature of Fyneral Services		0	22. Nama	and Addr	ass of Facility	CI	NCI ETO	N FUNERA		
Depa Impo any it		· / \/.	0-#	1				DI). 21061
		23a. Part1. Enter the discussion shock, or heart failure. Vial	complications that caused	I the death Do							J, 141	Approximata
nysician		shock, or heart failure. List	only one cause on each lin	na.					· raspiratory a	1001,		Intarval Batween Onsat and Death
Medical		Immediate Cause (Final	-	-11	4	CODTUA						6-11-54
caminer	н	disease or condition resulting in death)	1		No. of the last of		SCULAR /	ACCID	ENT		-	6-11-54
	je			Due to (or as a	-1	-	Artery o	diasc			1	1
D S	Examiner	Sequentially list conditions	b .	Dua to (or as a	-		nitery (uicas	E		ŀ	
en ar		Sequantially list conditions, if any, leeding to Immadiate causa. Entar Underlying Cause (Disaasa or Injury		Dua to (or as a consequanca of):							1	
physicien and s the buriel-transf	Ical	that initiated evants rasulting in death) Last	С.	Dua to (or as a	consequanca	of):					-	
ettending ph d for use es ti	Medical	rasulting in Obath) Last		,		,					i	
lendii	an		d				-				1	
he et ed fo	slci	Part II. Other significant conditio	ns contributing to death bu	ut not rasulting	In the underlyir	ng causa gi	van in Part I.		23b. Did 1	obacco usa co	ntributa t	to the cause of death
ed by the e	Physician								10	Yes 2ENo	3 Pro	bably 4 Unknow
be de	by											
been signe should be	ted								24a. Was	an autopsy med?	24b. W	lara autopsy findings vallable prior to
8 CA	ple							_	, , , , ,		C	omplation of causa death?
	Completed								101	as 2 No	1	☐ Yas 2☐ No
	Be	25. Was casa rafarred to medical					26. Place	of Death	(Check only o	na)		
0 0	To	axaminer?	Hospital: 1 ☐ Inpatie	nt 2 ER/O	utpatient 3	DOA Ot				lance 8 Oth	er (Speci	fv)
9 9		27. Manner of Deeth 1 Metural 5 ☐ Panding	28e. Deta of Injui		Tima of Injury	28c. Inju Wo				ow injury occur		
or: Af	atic	2 Accidant Invastig	ation		М		Yas 2□N	lo				
after death. I Director: Af d in by the fu	Certification:	3 Suicida 6 Could n 4 Homicida datami		iry - At homa, fa	arm, straat, fac	tory, office		2	28f. Location (Street and Number or Rural Routa Number City or Town, Stata)			
al Del	Cer		Salari g, att	. (opoony)					ony or ron	ni, otalaj		
uner uner	edicai	29a. Cartifiar St Certifying	Physician: To the best of caminer: On the basis of	f my knowledge	a, daath occurr	ad at tha ti	ma, data and	place, a	nd dua to tha	causa(s) and mi	annar as s	stated.
within 24 hours after To the Funeral Dire completely filled in the		one)	and mannar sta	ited.				. occurre				
- CO	Σ	29b. Signatura and titla of certifiar	Un. H		-	29c. Licans	sa number	3		29d. Data signa		
		0	Municip	t.		DO	-35	30		10-2	1-5	56
11		30. Nama end addrass of person v	no completed cause of de	aath (Itam 23a)	(Type, Print)							
U		3927 anna	polis Ro	ad "	Balte	5. N	ld 2	122	7			
St	ate	31. Date filed (Month, Day, Year)										
Regist	rar	OCT 23	1996 gra	ar's Signatura Davidson	Randell.							



State of Maryland / Department of Health and Mental Hygiene
Film G740 item 26 per DR 10-23-96 rja

Certificate of Death

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

General Post Prize

Gener

Physic /Medi		1. Decedent's Name (First, Middle, Le Peter J. Rosst				2. Date of Death	Day 1	Year	me of Death
Exami			al Center		4b. City, Town, or Ballimor	e City	4c. County		
Funeral Director			Sex 7. Aga (In yrs. li	dast birthday) If Under 1 Yea Months Day		(Month, Day, Ya	lo Lo	9. Birthplace (Single Colors	tate or Foreig
28a-f show	ector	10a. State 10b. County N/A	10c. City	Ba Himore Ci	H			10	de City Limit Yes 2□ N
23a or	Funeral Director	1346 Avoice 5	street	10f. Zip Code	1230	10g.	luita of V	What Country? I Starte	25
tural', or items 23s or 28s-1 show a Examiner must be notified at	by	11. Marital Status 1 Never Married 2 Married 3 Widowad 4 Divorcad	12. Was Decedent Ever in U.S Armed Forces? 1 M Yas 2 □ No IVYes, Give Year or Datas: 4/ - 4/	If Yas, specify Cu	ban, Mexican, Puar	pecify Yas or No- to Rican, etc.)		e - American India ck, Whita, etc.	e e
r than "nat The Medic	Completed	15. Decedent's E (Specify only highest gra Elementary/Secondary (0-12)	ducation ada com <i>pleted)</i> College (1-4or 5+)	16a. Decedent's Usual Occ (Give kind of work don life. DO NOT use retir	e during most of wo.	rking 16t	b. Kind of Bu	hipping	
Mental Brked o atic eve	To Be C	17. Fathar's Neme (First, Middla, Last, Phillip Ross	bach		Mary	Teigle	~		
of Heel f Item 2 r other		19e. Informant's Name/Relationship (HELEN ROSDEC 20a. Method of Disposition 12 Burial 2 Cramation 3 C	h /wife 20b. Pi	134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Address (Street 134/6 Awailing Awailing Address (Street 134/6 Awailing Awail	the stre	pet Bali	D. ML	O alac City or Town, Sta	
Department of Important: if Ite any Injury or o		4 Qonation 5 Other (Specification of Fundamental Service Classics)	y) /to	22. Nama and Add	etery Oct ress of Pacifity L. STEVEN	18, 1996 US FLWERG UNE, 34H	1 Hon	MORE,	
nysician		23a. Part1. Enter the disaase, or com shock, or heart failure. List only	pilications that caused the death one cause of each line.					Approx	imate
Medicai		Immediata Cause (Finai							l Between and Death
kaminer	Iner	Immediata Cause (Finai disease or condition resulting in death)							
caminer	dical Examiner	disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	a. Metastatic Due to (or b	as a consequence of): as a consequenca of): as a consequenca of):					
anding physician and use as the buriel-transit	n/Medical	disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury	a. Metastatic Due to (or b	as a consequence of):					
by the ettending physician and ached for use as the buriel-fransit	Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	a. Met astatic Due to (or b	as a consequence of): as a consequenca of): as a consequenca of):	Delung. Liver	Small Cell Metasta	type	Onset	O -
s been signed by the ettending physician and Strouid be detached for use as the burial-transit of	by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Met astatic Due to (or b	as a consequence of): as a consequenca of): as a consequenca of):	Delung. Liver	Small Cell Metasta	type scs cco use cor 2 No	Onset	use of deatl
ate has been signed by the ettending physician and page 2 should be detached for use as the buriel-transit of	Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions of the con	a. MeA as at a Due to (or b. Due to (or c. Due to (or d. Due to montributing to death but not result on the contributing to death but not result on the contribution to death but not result on the co	as a consequence of): as a consequenca of): as a consequenca of):	Liver in Part 1.	Small Cell Metasta 23b. Did tobe 24a. Was an a	type scs cco use cor 2 No	Onset Onset	use of deatl 4 Unknoopsy findings
is certificate has been signed by the ettending physician and director, page 2 should be detached for use as the buriet-transit of	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions of the con	a. MeA additional pue to (or b. Due to (or c. Due to (or d. Due to (or	as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of): as a consequence of):	De Lung. Live of December: 4 Nursing H	23b. Did tober 24a. Was an a performance	type ses cco use cor 2 No utopsy 17 2 No	Onset Onset Onset	use of death Unknown of cause
is certificate has been signed by the ettending physician and director, page 2 should be detached for use as the buriet-transit of	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions of the con	a. MeA as at a Due to (or b. Due to (or c. Due to (or d. D	as a consequence of): as a consequence of):	26. Piece of Deather: 4 Nursing Hury et ork?	23b. Did tober 24a. Was an a performace 1 Yes ath (Check only one)	type Scs CCO USE COV 2 No utopsy 2 No a 6 Other injury occurr	Onset Onset Onset Onset	use of death 4 Unknor psy findings rior to n of cause
death. After this certificate has been signed by the ettending physician and Yhe funeral director, page 2 should be detached for use as the buriel-transit D	Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions of the conditions of the cause of the caus	a. MeA addition Due to (or b. Due to (or c. Due to (or d.	as a consequence of): as a consequence of):	26. Plece of Decther: 4 Nursing Hury et ork?	23b. Did tober 24a. Was an a performace 1 Yes eth (Check only one) toma Residence 28d. Describe how in 28f. Location (Stree City or Town, S.	cco use cor 2 No utopsy 2 No a 6 Othe injury occurr	Onset Onset Onset Onset Onset	use of death Unknown of cause Number,

Registrar

State

31. Dete filed (Month, Day, Year)

22. Registrar's Signature

We Davidson - Randelle

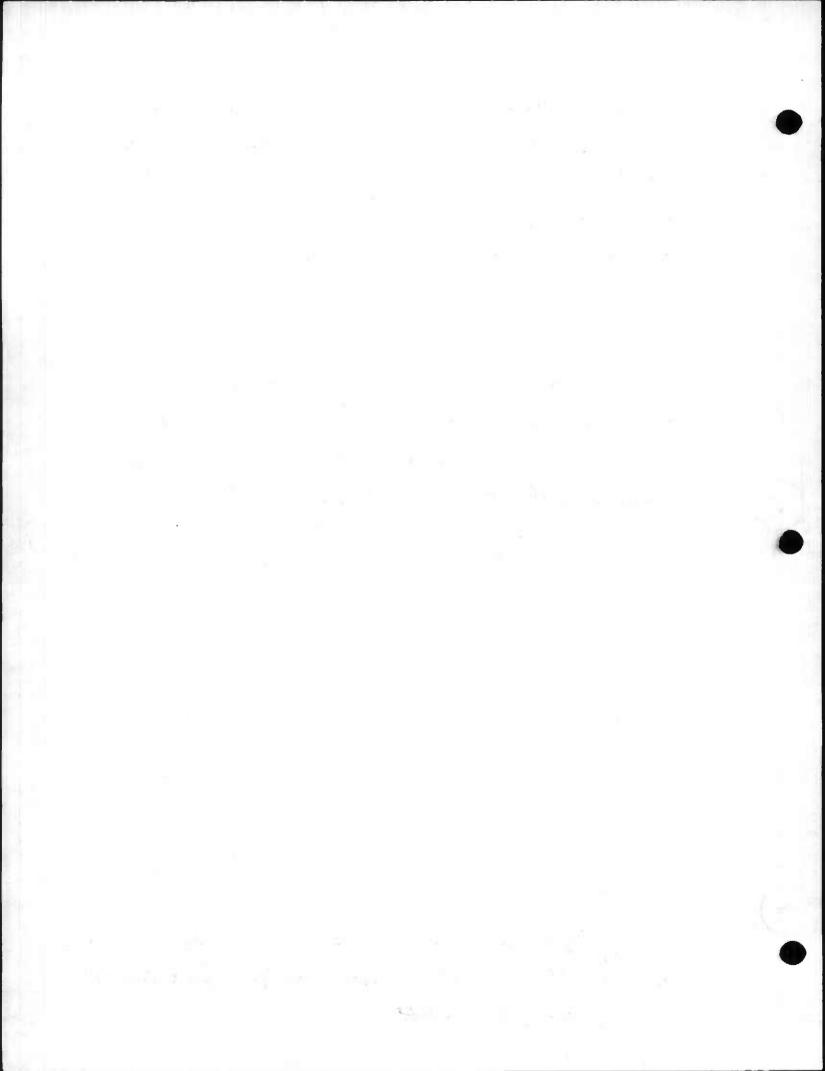
DHMH 16 Rev 6/95

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate o	f Death		Reg. No.	20	31661
Physic	ian	1. Decedent's Name (First, Middle,	Last)					2. Date of De Month	Day	Year	3. Time of Death
/Medi		Joseph Th	nomas Ross,	Sr.				Octob	er 19,	1996	7:55pm
Exami	ner	4a. Facility Name (If not institution,	give street and numbe	or)			4b. City, Town,	or Location of Deet	h 4c. Count	y of Death	
		Westminster Nur				I William A Mari		minster			ounty
Funeral Director		5. Social Security Number 216-14-3936 Usual Residence of Decedent	5. Sex 1 M 2 □ F	Age (In yrs. li 79	ast birthday) Yrs.	If Under 1 Yea Months Day	and the same of	lin. (Month, Da	th ay, Year) 7, 1917		lece (State or Foreign try) Land
yland		10e. State 10b. County		10c. City	, Town or Lo	ocation				1	0d. Inside City Limits
Mar Mar	cto	MD Carrol	1 County	W	estmir	ster					1 Yea 2 No
章 20 K	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Coun	try?
ath w		2331 Hampstead					21158			.S.A.	1.
ter de	Funeral	11. Marital Status 1 □ Never Married 2 □ Marrie	12. Was Deceder	\$?	S. 13.	Was Decedent of if Yes, specify Cu	Hispanic Orlgin? Iben, Mexican, Pu	(Specify Yes or No erto Rican, etc.)	- 14. Ra	ce - Americ ck, White,	
21215-0020 d within 72 hours after death with the Maryland giene. If then "natural", or flems 23s or 28s-f show in the Marklosl Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	d 1 □XTes 2 □ If Yes, Give Year or Dates	: WWI	_	1□ Yes 2X N	o Specify:		Specif	y: Wh	ite
72 ho	Completed	15. Decedent's (Specify only highest	Education	VVVI	16a. Dece	dent's Usual Occ	upation e during most of i	working	16b. Kind of B	usiness/Inc	justry
2121 d within giene. r than "r	ap m	Elementary/Secondary (0-12)	College (1-4o	r 5+)	life.	DO NOT use retir	red)	WOIKING		,	
nd 2.	S	17. Father'a Name (First, Middle, La	net)		Snip	yard Do		Jame /First Middle	Shipy		
# 0 % D •	o Be	Samuel T. F	*					lame (First, Middle, h Henry	, walden Sumat	ne)	
Maryland d2 should be file th and Mental Hy 7 Is merked othe traumetic event,	To	19a. Informant's Name/Relationship	p (Type, Print)		19b. Mailie	ng Address (Stree		Rural Route Numb	er. City or Town	. State. Zip	Code)
C = 61 +		Mr. Joseph T. F	loss, Jr. (Son)				edom, PA		,,,	
Itimore, it. Pages 1 and infment of Heat retant: If Heat njury or other		20a. Method of Disposition 1 □ Burial 2 □ Cremation 3	[]D	0.0		sition (Name of natory or other p	/ace)	Date	20c. Location	- City or To	wn, State
Pages ment of ant: If it		4 □ Donation 5 □ Other (Spe			ke Vie	w Cemete	ery 1	0/23/96	Sykesv	ille,	MD
Biltimore, mit. Pages 1 a Department of Hee Important: If item any injury or othe once.		21. Signature of Funeral Service Lie	censee //			Name and Add		ME & CHAP	FT. (D O	Boy	195)
0 1 = 00		Duan d	. Houghts	>		Sykesvi	lle, MD :	21784 (41	0)-795-		1937
245		23e. Pert1. Enter the disease, or co ahock, or heart failure. List or	omplications(that cause ily one cause on each	ed the deeth line.	. Do not ent	er the mode of dy	ying, auch as card	flec or respiratory a	rrest,		Approximate Interval Between Onset end Death
Physician /Medical		immedlete Cause (Finai	M		11	T-6	+				Oriset end Death
Examiner		disease or condition resulting in death)	e. / 1/4	DUCC	191	TYIS	an			(mene-1
D #	ner		Cha	016 10 (01	age consec	VCD L	Dulmm	a Dise	ace	1	en yews
and trans	Examiner	Sequentially list conditions,	Ь.	Due to (or	as a conseq	uence of):	10(1.4	75			or opens
Box 68760, eath certificate be executed ettending physician and for use as the burial-transit		Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or injury	C								
68760, ificate be expression as the burial	edicai	thet initiated events resulting in death) Last		Due to (or	es e conseq	uence of):				1	
OX reading use e	2		■ d								
cords, P.O. Box requires that the death cent seen signed by the ettendin hould be deteched for use	Physician/	Part II. Other aignificant conditions	contributing to death	but not resul	Iting in the u	nderiving cause o	oiven in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
P.O	Phy	Coolmal has	La Acc	100	+	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yee 2□ No	3 ☐ Prob	
dS, signer d bed	by	Certain	clas Lice	. 10 00	/			_			
cord require been si should	Completed	(arold A	rtery D	isla	cl			24a. Waa perfo	an eutopsy rmed?	ave	ore autopsy findinga allable prior to appletion of cause
Rec The law ita hes t	mpi		1					-		of c	death?
SION Of VITAI Her tending Physicien: The lav leath. tor: After this certificate hes the funeral director, page 2		25. Was cese referred to medical						10		1 🗆	Yes 2110
DIVISION Of VITAL RECORDS, or attending Physicien: The law requires the effect death. Director: After this certificate has been signed in by the funeral director, page 2 should be death.	o Be	examiner?	Hospital:	tient 2 🗆 E	R/Outpatien	t 3D DOA	Wher /	Death (Check only only only only only only only only		as /Caasih	
VISION Of VIta Attending Physicien: or death. ector: After this certific by the funeral director,	T:U	27. Menner of Deeth	28a. Date of Inj (Month, D	jury	28b. Time of				how injury occur		,
SIOT auth. or: Aft	atio	1 ☐fNatural 5 ☐ Pending investigat	ion	ay rear/	Injury		Yes 2□No				
DIVISION Or Attending letter death. Director: After	Certification:	3 ☐ Suicide 6 ☐ Could not determine	A 286. Place of it	njury - At hon	ne, farm, str	eet, fectory, office	•	28f. Location (S City or Tov	Street and Numi	ber or Rura	Route Number,
Dital or surs effe											
Fun Plely	edical	29a. Certifier 1 Certifying I (Check only one) 2 Medicai Ex	Phyelcian: To the best aminer: On the basis end manner s	of exemination	riedge, death on and/or inv	occurred at the trestigetion, in my	time, dete and pia opinion, death oc	ce, and due to the curred at the time,	ceuse(s) end mo date and place,	enner as sta and due to	ated. the cause(a)
within 2 To the comple	Me	29b. Signature and title of certifier	//			29c. Licer	nse number		29d. Detel signe	d (Month, L	Day, Year)
ί, λ		1111	1 ME)		1)3	3184		Octobel	-21,	1996
X		30. Name and address of person wh	o completed cause of	death (item :	23a) (Type, I	Print)	1. 10	01	20 10 1	. (221
2		Jonathan	Kushne	110	1150	5. NSS	(enth	Drue K	4,31579	NO1 1	111)
Sta Registr		31. Date filed (Month, Day, Year)	96 Subid	trar'a Signatu	Redak						
DHMH 16 Rev 6/9		00123 19	Jun a	- was		*					

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

		G740 item 1 per PH 1 1. Decedant's Nama (First, Middla, Las	⁽⁾ Jean	Och	ificate of	Dodiii	2. Data of D			3. Tima of Deeth	
Physic /Medi		BARBARA JANE	SHEPPARD	F.			October	Dey 19,	1996	4:10 am	
Examin Funeral	ner	4e. Fecility Nama (if not institution, give Union Mem. 5. Social Security Number 6. Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec	orial Hospi	. last birthday)	If Under 1 Yaar Months Days		8. Bata of Bi	irth	9. Birthplec	a (Stata or Foraign	
Director		Usuel Rasidance of Dacadant	42	110.			FEB 9,	1954	MD		
the Marylend 28a-1 show	ctor	MD 10b. County N/		ity, Town or Loca	BAI	TO.				Insida City Limits XYes 2 □ No	
or 28	Dire	10e. Straat and Number			10f. Zip Coda			10g. Citizen of	What Country	?	
s 23s	rai		RD			1228			S.A.		
within 72 hours after deeth with the Maryland ane. then "naturel", or items 23s or 28s-1 show he Medical Evarines must be natified at	by Funeral Director	11. Maritel Status 1 □ Naver Married 2 □ Marriad 3 □ Widowed 4 ☼ Divorced	1 Yas YVNo		es Decedent of Yas, specify Cub ☐ Yas 2 🗓 No	Hispanic Origin? (: ban, Mexican, Pua Spacify:	Specify Yes or Nato Rican, atc.)	Bia	ce - Amarican ck, White, etc y: BLAC		
hin 72 ho b. In "natur Medical	Completed	15. Decedant's Ed (Specify only highast grad Elementery/Sacondary (0-12)	ucation da complatad) Collega (1-4or 5+)	16a. Decede (Giva ki iife. DC	nt's Usual Occu ind of work dona O NOT usa retire	pation during most of wo	orking	16b. Kind of B	usinass/Indus	try	
filed within Hygiene. Ither than	Com	12th	N/A	CO	OK			НОТІ	EL		
2 should be filed and Mental Hygi is marked other aumatic event, it	Be	17. Fathar's Name (First, Middla, Last)						a, Maiden Suman	na)		
should be ind Mental is marked of umatic eve	To	CLIFTON EDWARI 19a. Informant's Name/Ralationship (T		10h Malling	Addraga (Stron	INETHA		has City as Taur	Ctn to Zin Co		
of Health Itam 27 other tr		INETHA EDWARDS 20a. Mathod of Disposition 1 Burial 2 Cramation 3 DI 4 Donetton 5 Other (Specify	20b.	2816 Place of Disposit cemetary, crama	HARFO	RD RD B	ATLO, Date	MD 2122 20c. Location	28 - City or Town	, Stete	
permit. Peges Department of Important: If I any injury or once.		21. Signeture of Emeral Service Licens	ARBUTUS MEM PK			ess of Fecility	1996 ARBUTU				
82 5 8		Fatura 2	Sillo	1:	129 N	CAROLIN				213	
Physician		23a. Part1. Enter tha disaasa, or comp shock, or heert failura. List only o	lications that causad tha daa na causa on aach line.						Ar Int	oproximate tarvai Between nsat end Deeth	
/Medical Examiner		Immediate Causa (Final disaase or condition rasulting in death)	a Fulminant Sepsis						24 hour.		
different	ē		Dua to (or es e consaque	ance of):						
rificete be executed og physician and as the buriel-transit	Physician/Medical Examiner	Sequantially list conditions, if sny, leading to immadiata causa. Enter Underlying Cause (Disease or injury that inlitated avents resulting in death) Last	c	or as a conseque							
attending for use	sian/M		d								
es that the de igned by the a be deteched	by Physic	Part II. Other significant conditions con Unionic Alexandrian		sulting in the und	erlying causa gi	van in Part I.		tobacco uss co Yss 2□ No		e causs of death?	
aw requires been s	Completed	Malmutition						s an autopsy ormed?	availal	autopsy tindings ble prior to ation of cause th?	
		25 Man oppo referred to modical					10		1 🗆 Y	es 2 No	
Physician: this certific ral director,	o Be	25. Was casa refarred to medical examinar?	lospitai: 1 XInpatient 2	ER/Outpatient	3□ DOA OH	har	ath (Check only	ona) Idance 8 □Oth	ar (Specify)		
ing Ph After th funeral	tion: T	27. Menner of Deeth 1 Natural 5 Pending 2 Accident invastigation	28a. Data of Injury (Month, Dey Year)	28b. Time of injury	28c. Inju Wo		1	how injury occur			
if or Attending after death. Director: After d in by the fune	Certification:	3 Sulcida 6 Could not be datamined	ioma, farm, strea fy)	t, fectory, offica		28f. Location (City or To	(Straat and Numb wn, State)	per or Rural Re	outa Number,		
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29a. Certifier (Check only one) Certifying Physical Exami	sicien: To the best of my kno ner: On the bests of exemine and mannar stated.	owledge, deeth o etion and/or invas	ccurred at tha ti stigetion, in my o	ma, deta and place	e, and dua to the urred at tha tima,	cause(s) and ma date and plece,	annar as state and dua to the	d. a cause(s)	
To the To the	Me	29b. Signatura and title of certifiar	Valedo MMD.		29c. Licans		3610	29d. Dete signe			
with To t	2	Nathyolm M. 1	valuation (Italian). Implated cause of deeth (Italian), www. 201 Ea	m 23a) (Type, Pri	AUHI	76435 NE		October	19,1996		

DHMH 16 Rev 6/95

State Registrar

The same

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Shahan tredenck Noon 1994 12 John /Medical 4a. Facility Name (If not Institution, give straet and number) 4b. City, Town, or Location of Death Examiner calherbed MOOD (If Undar 24 Hrs. Lanc 6. Sex/ 7. Age (In yrs. last birthday) If Under 1 Yaar 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) , Funeral Days Months Hours 212-58-6933 Director maryland Usual Residence of Decedant 10a. State 10b Count 10c. City, Town or Location 10d. Insida City Limits 28a-1 show woodlaw Baltimore "natural", or items 23a or 28a-f shedical Examiner must be notified 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2120 1940 Featherbed Lang SA Completed by Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Raca - Amarican Indian, Black, White, etc. 11. Marital Status filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1□ Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation
(Give kind of work done during most of working
lifa. DO NOT use retired)

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN

CSPEN The Medical 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) permit. Peges 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event. The Mean Injury or other traumatic event. Elementery/Secondary (0-12) College (1-4or 5+) Employed 15 W Baltimore, Maryland 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Fredenck Shahan Sr John Doms Mar Wiedeteld 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) wife 1940 Featherbed In Balto MD 217 67 Shah an 20b. Place of Disposition (Name of cemetary, crematory or other place) 20a. Method of Disposition metary, crematory or other prece,
emetary, crematory or other prece,

Metro Crematory 1912

and Address of Facility 5(5) Date 20c. Location - City or Town, State 1 ☐ Burial 2 M Cremation 3 ☐ Removal from State 10/2/194 Catonsuille 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funeral Service Licensee Ballmare Nehonal Pike Vaugha C Greenz Funcral Scruicz 23a. Part1. Entar the discase, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failura. List only one causa on each lina. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Physician/Medical Examiner The law requires that the death certificate be executed buriel-transit pug Sequentially list conditions, if any, leeding to Immadiate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Box 68760, the Due to (or as a consequence of) for use es P.O. I signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ page 2 should 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 2 0 No After this certificate 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital nepital or Attending Physician: The hours efter deeth.

Ineral Director: After this certificate by filled in by the funeral director, pa Be 25. Was cese referred to medicel exeminer? 26. Place of Death (Check only one) Lo 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manger of Death Certification: 28a. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Matural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Thomicide To the Hospital o within 24 hours of To the Funeral DI completely filled Is 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, date and place, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifiar 29c. License number 29d. Data signed (Month, Day, Year) State Registrar

4			Certificate of	Death	Reg. No.	
Physica /Media Examin	al	1. Decedent's Name (First, Middle, Last) Robert 4a Facility Name (#Lnot institution, give street and number)	rama AD	2. Date of [Month Ab. City Town, or Location of De	Death Day Year	3. Time of Death
Funeral Director		5. Social Security Number 160-16-3055 Usual Residence of Decedent	. last birthday) If Under 1 Year Months Days	If Under 24 Hrs. 8. Date of E (Month, I Dec.)		place (Stete or Foreig ntry) nsylvania
Aaryland I show	ō	10a. State 10b. County 10c. Ci	ity, Town or Location			10d. Inside City Limite
the A	ect	MD Montgomery B	Burtonsville		40. 001 440 10	
With No.	급		10f. Zip Code		10g. Citizen of What Cou	ntry?
eath mag	era	3425 Oakhurst Drive	20866	ionania Orlain? (Speak); Voc. or h	USA 14. Race - Americ	an Indian
5-0020 72 hours efter death with the Maryland natural, or items 23s or 28s4 show a call Examiner must be nothing at	by Funeral Director	1 Never Married 2 Married 1 Tyres 2 Nover 194 3 Widowed 4 Divorced Year or Dates: 194	If Yes, specify Cube 12 1 □ Yes 2√□ No	ispanic Orlgin? (SpecIfy Yes or Non, Mexican, Puerto Rican, etc.) Specify:		
T = 1.8	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)	16a. Decedent's Usual Occupi (Give kind of work done of life. DO NOT use retired	ation during most of working t)	16b. Kind of Business/In	dustry
d 212 filed with Hygiena. ther than	Con	12 4	Research Age	ent	NSA	
ind be filed tal Hyg tother	Be	17. Father's Name (First, Middle, Last)		18. Mother's Name (First, Midd	lle, Maiden Sumame)	
arylan should be nd Mental marked o	To	Joseph Stewart		Esther Smith		
Maryland 12 should be file 12 should be file 12 should be file 13 marked oth 14 marked oth		19e. Informant's Name/Relationship (Type, Print)		and Number or Rural Route Num		
e, N l and lealth m 27		Elaine Stewart/Wife		Drive, Burton		
DO DE STORY HE HE HE SON OF OF		TELEGRAL SECTION SERVICE TOTAL STATE	Place of Disposition (Name of cemetery, cremetory or other place		20c. Location - City or Te	own, State
altimor mit. Peges partment of I portant: if Its y injury or or			ltimore-Washingt		Laurel, Ma	ryland
Baltimo permit. Peges Department of Important: if I any Injury or soce.		21. Signeture of Funeral Service Licensee	22. Name and Addres	ss of Facility Ineral Home, In	c.	
Physician /Medical Examiner	Examiner	23a. Part1. Enter the disease, or complications that caused the deat shock of heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) a. Due to (condition death)	Atory FA or assertions adverse of the company of th	ilonp ry Edomp	Window States	Approximate interval Between Onset and Death 2-Weeks 2-Weeks
.O. Box 68760, the death certificate be executed y the attending physician and tched for use as the burial-transit	Medical	Sequentially list conditions, if eny, feading to immediate cause. Enter Underfying Cause (Disease or injury that initiated events resulting in deeth) Last	or as a consequence of): Or es a consequence of): Or es a consequence of):	nyopath	/ Ise	whow years
IS, P.O. I as thet the designed by the a	Physician/	Part fl. Other significant conditions contributing to death but not res	sulting in the underlying cause give	en in Pert I. 23b. Die	d tobacco use contribute to	the cause of death
O 10 0 25		1-7 Bord + Mat	tre Acu	10	Yes 2 No 3 Pro	bably Unknow
COFC requir	Completed by	Rheumatoid Art	britis, Chi		formed? av	ere autopsy findings ailable prior to mpletion of cause death?
- 50	Be Com	125. Wes case referred to medical	Conal FA	26. Place of Death (Check only	Yes 2000 1	Yes 21 No
- 2 00	To	examiner? 1 No Hospital: Inpatient 2	ER/Outpatient 3 DOA Othe			(v)
On of offing Phys h. After this funeral di		27. Manner of Death 1 Natural 5 Pending (Month, Dey Year)	28b. Time of 28c. Injury Work		how injury occurred	
VISION Attending or deeth. ector: After by the fune	catle	2 Accident investigation 9/16/96	Utzn " 10)		niate no	S.
Division tel or Attending rs after deeth. ai Director: After led in by the fune	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At h. building etc. (Specification)	ome, farm, street, fectory, office by)	28f. Location City or To	(Street and Number or Rura own State)	Il Route Number,
To the Hospital or / ithin 24 hours after to the Funeral Dire completely filled in b	edicai	29a. Certifler (Check only one) Certifying Physician: To the best of my kno 2 Medical Examiner: On the basis of exemina end manner steted.	wiedge, deeth occurred et the tim tition and/or investigation, in my op	e, date and placa, and due to the binion, death occurred et the time	e ceuse(s) end manner as s e, date and placa, and due to	tated. the ceuse(s)
To the complex	M	29b. Signature and title of Complian	29c. License	1) 427113	29d. Date signed (Month,	Day, Year)
0		30. Name and address of person who completed cause of death (Item H. West Reyn LOS Co. T. Core	e Mea, ZZ	S. Groent	St. BALL	· My

DHMH 16 Rev 6/95

Registrar

The second of th Harris Charles In the Control March 1 And the Carlotte Carl

The law requires that the death certificate be executed use as the buriel-tran Box 68760 physicien P.O. I signed by t Division of Vital Records, page 2 should peen certificate has Attending Physician: this Aftert s after des.

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death Month Year **Physician** Anthony **JACK SODARO** OCTOBER 18 96 2:35 P.M. /Medical 4e. Fecility Name (If not institution, give street end number, 4b. City. Town, or Location of Death 4c. County of Death **Examiner** SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND BALTIMORE 5. Social Security Number 335–18–9019 If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Funerai 9. Birthplece (State or Foreign 18 M 2□ F Months Days Hours Min Yrs. Illinois Director Usual Residence of Decedent the Maryland show 10a. Stale 10b. County 10c. City, Town or Location r 28a-f show inciting at 10d. inside City Limits Maryland Baltimore Towson 1 ☐ Yes 2 1 No Director 10f. Zip Code 21286 10e. Street and Number 1130 Cowpens Ave. 10g. Citizen of What Country? U.S.A. therms 23s or intermediate in Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 23 Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Bieck, White, etc. 11. Marital Stetus filed within 72 hours after 1 ☐ Never Married 2 Harried Maryland 21215-0020 1 ☐ Yes 2 BNo Specify: þ Specify: 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) đ Draftsman-Supervisor Western Electric 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be es 1 and 2 should be of Health and Mental Sodaro Mary Joseph Dattlo 0 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) . / Hoalth Mrs. Rose M. Sodaro same as #10a - #10e pre, 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 Burlai 2 ☐ Cremation 3 → Hemoval from State Dulaney Valley Mem. Gdns. 10/22/96 Timonium, Maryland 4 Donation 21. Signature of RD 22. Name and Address of Facility Ruck Towson Funeral Home, Inc. Erry 1050 York Rd., Towson, Md. 21204 23a. Part1. Ent 1 the diseale, or complications that caused the death. Do not enter the mode of dying, auch as cardlec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate val Be Onset end Death **Physician** /Medicai fmmediate Cause (Final disease or condition resulting in deeth) a UNRESECTABLE CANCER OF LUNG Examiner 8 WEEKS Due to (or es a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown ARTERIOSCLEROTIC HEART DISEASE WITH ð 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? CARDIOMYOPATHY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE 1 ☐ Yes 2 No 1 ☐ Yes 2 No Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Menner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Netural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled is Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 10/5 D10091 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) ARTHUR A, SERPICK 7620 YORK ROAD, TOWSON, MARYLAND 21204 31. Date filed (Month, Dey, Yeer) 32. Registrar's Signature State OCT 2 3 1996 Registrar

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

e 96 3166

					Certificate of	Death		Reg. No.		
	. 1	1. Decedent's Name (First, Middle, L	ast)				2. Data of De Month		Yaar -	3. Time of Death
Physic /Medi		sandsia	Sherma	1			OUtob_	- 1	1996	7=10ph
Exami		4a. Facility Nama (If not Institution, g	iva street and number)			4b. City, Town, o	or Location of Deat		y of Death	
Funeral	r		Sex 7. Aga (in yrs	. last birti	hday) If Under 1 Yaar Months Days		all COurses 8. Data of Bir	th Vacil	9. Birthpla	ca (Stata or Foreign
Director		218-36-0277	1□ M 2QF 57	١	rs. Months Days	Hours M	s. Data of Bir (Month, Da OCT 2	1,1938	MARY	
P R		Usual Residence of Decedent 10a. Stata 10b. County	10c C	ity Town	or Location				104	d Incide City I imite
ne Maryle 8a-f sho	Director	MD BA	ALTIMORE		EISTERSTOWN					d. Inside City Limits
er death with the Marylan Herrs 23a or 28a-f show her must be notified at		10e. Street and Number 259 E. CHATSWORT	TH AVE.		10f. Zip Coda 211	36	10g. Citizen of What Country? USA			
O20 ours af	by Funeral	11. Maritai Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Evar in U Armed Forces? 1 ☐ Yes 2 DNo if Yes, Give Year or Dates:	J,S.	13. Was Decedant of If Yes, specify Cut		(Specify Yes or No erto Rican, atc.)		ce - Amarican ack, White, ato fy:	
15-00% n 72 hours natural,	Completed	15. Decedent's l (Specify only highast g	Education	18a.	Decedent's Usual Occu (Give kind of work done	pation	mrking	16b. Kind of B	Jusiness/Indu	istry
within one.	nple	Eiementery/Secondary (0-12)	College (1-4or 5+)		life. DO NOT use retire	ed)	Orking			
d 21 filed will ther the	S	5			HOMEMAKE				WN HOM	E
D STEP S	Be	17. Fathar's Nama (First, Middle, Las SOLOMON	,	א זרו א	NT.		ame (First, Middle	, Meiden Sumar		
aryla should to and Ment	2			APLA		HILD			-	GAN
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event		19a. Informant's Name/Relationship			Mailing Address (Stree					
CHNF		DONALD SHERMAN (20a, Method of Disposition		25 Place of	9 EAST CHA	TSWORTH	AVE RE			
0 80 = 5		XX Burial 2 Cramation 3	Bemoval from State	cemeter	, crematory or other pla	,		20c. Location		
O DE C		4 Donation 5 Other (Spec		1GA	KURLANDER '		10/18/9		EDALE,	MD
pomit as my injury injury injury injury injury injury injury price.		21. Signature of uneral Service 159	HISE		SOL LEVI					
		23a Part I Enter the disease of room	policeties that caused the dea	th Don	8900 REI	STERSTOW	N RD., P	IKESVILI		
		23a. Part1. Entar tha disaase, or con shock, or heart failure. List onl	y one cause on each line.	in. Don	or enter the mode of dy	ing, such es cerd	ec or respiratory a	rrest,	lr.	Approximate nterval Between Onset and Death
Physician /Medicai		Immediate Causa (Final	1 1		A 1					
Examiner		disease or condition resulting in death)	a. Hemply Duelo(tic	- A hen	WC.				
	ē		Due Yo (or as a c	onsequence of):	الم	1			
pet I	E I		b. ChADIC	/	Jubra 44	ve 1	enter	nia	i_	
58760, icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury	Due to (or as a c	onsequence of):				1	
68760, filicate be ex physician as the burial	edical	that initiated events	C		onsequence of);					
K 68760, stificate be executed ing physician and e as the burial-transit	Medi	resulting in death) Last	000 10 (1	n as a U	sisequence oi).					
2 2 5 5	A P		d							
O. Bo e death the atter hed for u	sicia	Part II. Other significant conditions	contributing to death but not re-	sulting in	the underlying ceuse g	iven in Part I.	23b. Dld	tobacco use co	ontribute to t	the cause of death?
- 5°	Physician/						1 🗆	Yee 2□ No	3 Probe	ably 4 Onknown
S, P	by F									
Records,	Pe							an autopsy emed?	24b. Were	e autopsy findings lable prior to
as be	ple						-	,,,,,	comp	pletion of causa sath?
	Completed						10	Yas 2 No	10	Yas 2□ No
Vital I	Be C	25. Was cese referred to medicel				26 Place of D	eath (Check only o			
Of Vita Physician: this certific	To B	axaminar? 1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatient 2	ER/Out	patient 3 DOA	her:	Home 5 Resi		her (Specify)	
O = = 0		27. Manner of Death	28a. Date of Injury	28b. Ti	ime of 28c. inju			how injury occur		
SION O tending Ph feath. tor: After th the funeral	atlo	1 Natural 5 ☐ Pending Investigation	on (Month, Day Year)	In		ork?]Yes 2 ☐ No				
IVISION Attending ter death. rector: After by the fune	fice	3 Suicide 6 Could not	28e. Place of Injury - At h	ome, fan	m, street, factory, office			Street and Numi	ber or Rural F	Route Number,
d in t	Certification:	4 Homicide	building, etc. (Speci	(y)			City or To	wn, State)		
To the Hopfiel or within 24 hours like To the Funeral Dir completely filled in	edical C	29e. Certifier (Check only one) Certifying P 2 Medicaf Exa	hysician: To the best of my knominar: On the besis of examination and manner stated.	owledge, ation and	death occurred at the t /or Investigetion, in my	lme, dete end pla oplnion, death oc	ce, and due to the curred at the time,	ceuse(s) and m date and plece,	annar as stat , and due to th	led. he ceuse(s)
To the	Me	29b. Signature and title of certifier	and mainer stated.		29c. Licen	se number	T	29d. Data signe	ed (Month, Dr	ev. Year)
FIFE		Al.			11	119	7.			
\mathcal{A}		NIL	151		H	4311	14	UCUL	er/	5,1716
0		30. Name and address of person who	completed ceuse of death (Ite	m 23a) (1	Type, Print)	_ //	1	6	1 1	1 4
		31. Date filed (Month, Day, Year)	All	NO	Kthwest	1401	14101	· Re	ndil	6,1986 10tour
Sta			Julia Dandon - 1	W.C.	2		/			
Regist	al	OCT 23 1996	U		4 . * *					

DHMH 16 Rev 6/95

e e englishing mengeren en eig og en in Brein.

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Film G740 item 4c per FH 10-23-96 rja 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Schneider 7:07 Am 1996 Dorothy alover /Medical 4a. Fecility Name (If not institution, give street end number) 2401 W Belvedere 4b. City, Town, or Location of Death 4c. County of Death Examiner Sinai Hispital of Bulhmer Baltmer July 21217 Bultimore M. Siai Security Number 6. Sex 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. 8. Bouthers N/A H Under 24 Hrs. 8. Date of Birth Hours Min. 1987 1933 Birthplaca (State or Foreign Country) 5. Social Security Number **Funeral** Months Deys 1 M 2 F 216-28-6249 63 Vre Director MARYLAND Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits The Marylar raf, or items 23s or 28s-f show Examiner must be notified at MD BALTIMORE BALTIMORE 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1 GRISTMILL CT. 21208 IISA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Marital Status 72 hours after 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detas: 1 Never Merried 2 Married 'natural', or 1 ☐ Yes 2 ☑ No Specify: WHITE à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry ould be filed within Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 50 12 HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be **JACOB** STLVERBERG ROSE PENNICK Pages 1 and 2 should 2 19a. tntormant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) . DR. LEONARD S. SCHNEIDER (HUS.) 1 GRISTMILL CT. f Health: BALTIMORE, MD 21208 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20e, Method of Disposition ↑☐ Burial 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) 75 Important: If it any injury or o once. LIBERTY PARK 10/20/96 RANDALLSTOWN, MD 22. Name end Address of Facility
SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart tailure. List only one cause on each lina. **Physician** /Medical Immadiate Cause (Final disease or condition resulting in death) -ova -Examiner Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that inflated and the cause). Due to (or as a consequence of Division of Vital Records, P.O. Box 68760, Physician/Medical that initiated evants resulting in death) Last Due to (or as a consequence of) 980 signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Multiple metestatic 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy certificate hes birector, page 2 s 1 Yas 2 No after deeth.

Director: After this certifica 25. Was case reterred to medical examiner? 26. Placa of Death (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 1 Bunpatient 2 □ ER/Outpatient 3 □ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b Time of 28c. tnjury at Work? 28d. Describe how Injury occurred Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accidant 6 Could not be datamined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 ☐ HomicIde 1 Certifying Physictan: To the best of my knowledge, death occurred at tha time, date and placa, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 88 4 E 29b. Signature and title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) 10/10/96 AS 2402321 JH9852 30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print) 10 Bilvedere WEST AVENUE, BAKIMONE Mayland 2401 Akim 31. Date tiled (Month, Day, Year) 32. Registrar's Signature State

in w Luidson Randoll

DHMH 16 Rev 6/95

Registrar

10 H K

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician
/Medical
Examiner

1. Decedant's Name (First, Middle, Last) MARY SUE SHEFFER 4a. Facility Nama (If not institution, giva streat and number)

Dctober 4b. City, Town, or Location of Death

2. Data of Death

3 Time of Death

Sinai Hospital of Baltimore 5. Social Security Number

Baltimore (City)

If Undar 24 Hrs.

10, 1996 3:30am 4c. County of Death

Funeral Director

28a-1 show

or itema 23s or

'natural',

Hygiena.

Jeffmit. Pages 1 and 2 should be filed w. Department of Health and Mentel Hygien. Important: if Item 27 is marked other tha any Injury or other traumatic events.

hours after

timore, Maryland 21215-0020

the Medical Examinar must be notified at

Director

Funeral

à

Completed

Be

10a. Stata 10b. County

8. Data of Birth (Month, Day, Year) Days Months Hours July 29, 1955 9. Birthplace (State or Foreign Country) Harrisonburg Virginia

Usual Rasidance of Decedent

Maryland

227-86-8337

10c. City, Town or Location Baltimore City

Yrs

7. Aga (In yrs. last birthday)

10d. Inside City Limits 1X Yes 2 No

10e. Street and Number 1701 Eutaw Place

10f. Zip Coda 21217

10g. Citizan of Whet Country? United States of America

11 Marital Status

1 Navar Marriad 2 Married 3 Widowed 4 Divorced

12. Was Decedent Ever in U,S. Armad Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas:

1 □ M 2 🕅 F

 Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ Yas 2 ☑ No Specify:

14. Rece - Amarican Indian, Black, White, atc. Specify:

White

15. Decedant's Education (Specify only highast grada completed)

16e. Dacedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired)

16b. Kind of Business/Industry

Elementery/Secondary (0-12) 11

College (1-4or 5+)

aren

Clerk

Retail Sales Department Store

17. Fathar's Nama (First, Middle, Last)

Thomas H. Joiner

18. Mothar's Nema (First, Middla, Meiden Sumema) Alice J. Butler

19e. Informant's Name/Ralationship (Type, Print) Alice J. Whitesel /Mother

19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stete, Zip Coda) Route 1, Box 222, Dayton, VA 22821

20c. Location - City or Town, State

20a, Mathod of Disposition

1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramovel from Stata 4 ☐ Donetion 5 ☐ Othar (Specify)

20b. Place of Disposition (Nama of cematary, cramatory or other plece) Metropolitan Crematory

October . 10, 1996 Alexandria, Virginia

ura of Funaral Service Licensaa

#M00690

22. Nama and Addrass of Fecility Johnson Funeral Home

208 South Main Street, Bridgewater, Virginia 22812 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line.

Physician /Medical Examiner

ettending physician and for use as the bunal-transit the deeth certificate be executed

signed by t f be detach

this

After

death.

after death

24 hours

To the Hosp within 24 hos To the Fune completely fi

filled in by

þ

Be

2

Medical

Box 68760,

P.0.

Records,

Division of Vital or Attending Physician:

The law requires that

SYSTEMIC INFLAMMATORY RESPONSE SYNDROME

Approximata Interval Batween Onset and Deeth 13 days

Immediate Cause (Final disaasa or condition rasulting in death)

Physician/Medical Examiner Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated avants resulting in death) Last

INVASIVE Group A Beta hemolytic Streptococced infection 15 days

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

DISSEMINATED INTRAVASCULAR COAGULATION

1 Yes 2 No 3 Probably 4 Unknown

23b. Did tobacco use contributs to the cause of death?

Human Immunodeficiency Virus Infection

24a. Was an autopsy periormed?

24b. Wara autopsy findings available prior to complation of cause of death? 1 ☐ Yas 2 No

25. Was case rafarrad to medical axaminar?

Hospital: 1 Inpatiant 2 ER/Outpatiant 3 DOA

Dua to (or as a consequence of)

26. Placa of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify)

2 No

28f. Location (Street and Number or Rurel Routa Number, City or Town, Stata)

1 Yas 20 No 27. Menner of Deeth 1 Netural 2 ☐ Accident

3 ☐ Suicida

4 Homicida

5 Panding Invastigation

6 Could not be datarmined

28b. Tima of

28a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify)

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

28d. Describe how Injury occurred

(Check only

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated.

29b. Signature end titla of certifie 29c. License number

PG4-III Medical Resident

AS 2402321 AD 9820

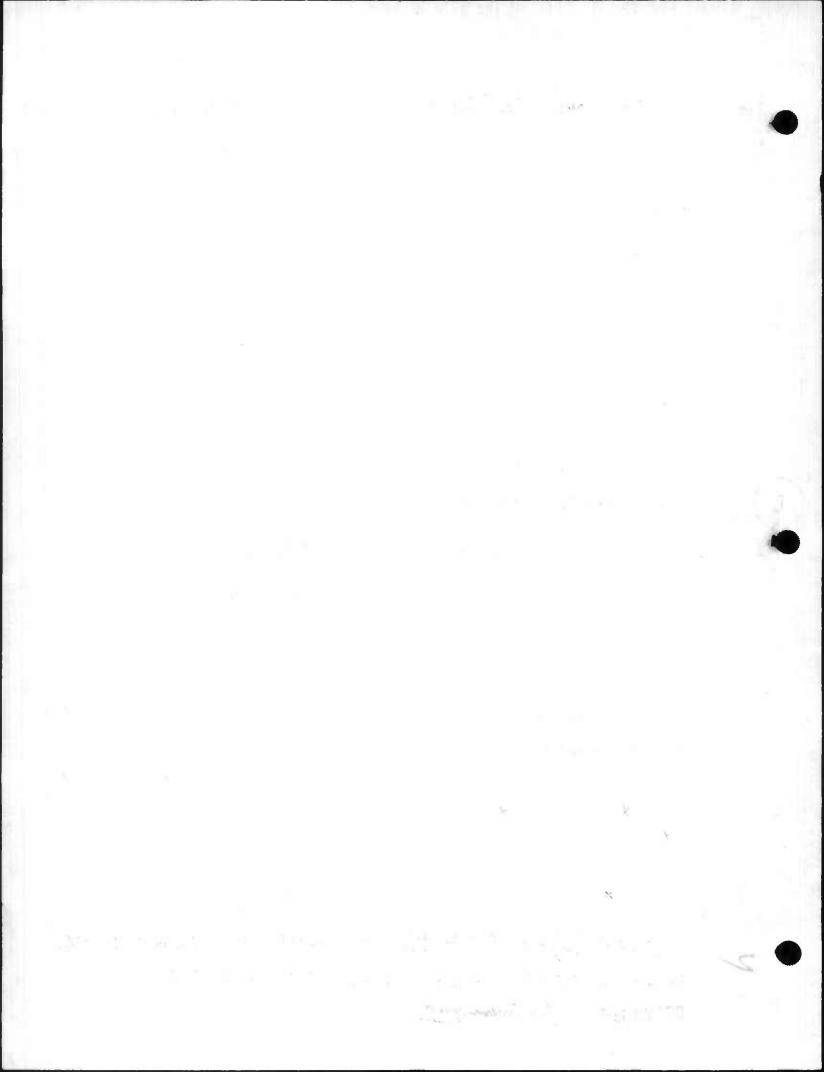
29d. Date signed (Month, Day, Year) October 10, 1996

30. Nama and addrass of person who completed causa of daath (Item 23e) (Type, Print)

ANIL K. DUBEYIMD. SINAL HOSPITAL OF Baltimore, Baltimore, Maryland

State Registrar 31. Dete filed (Month, Day, Yaar) OCT 23 1996





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 1 6 6 8

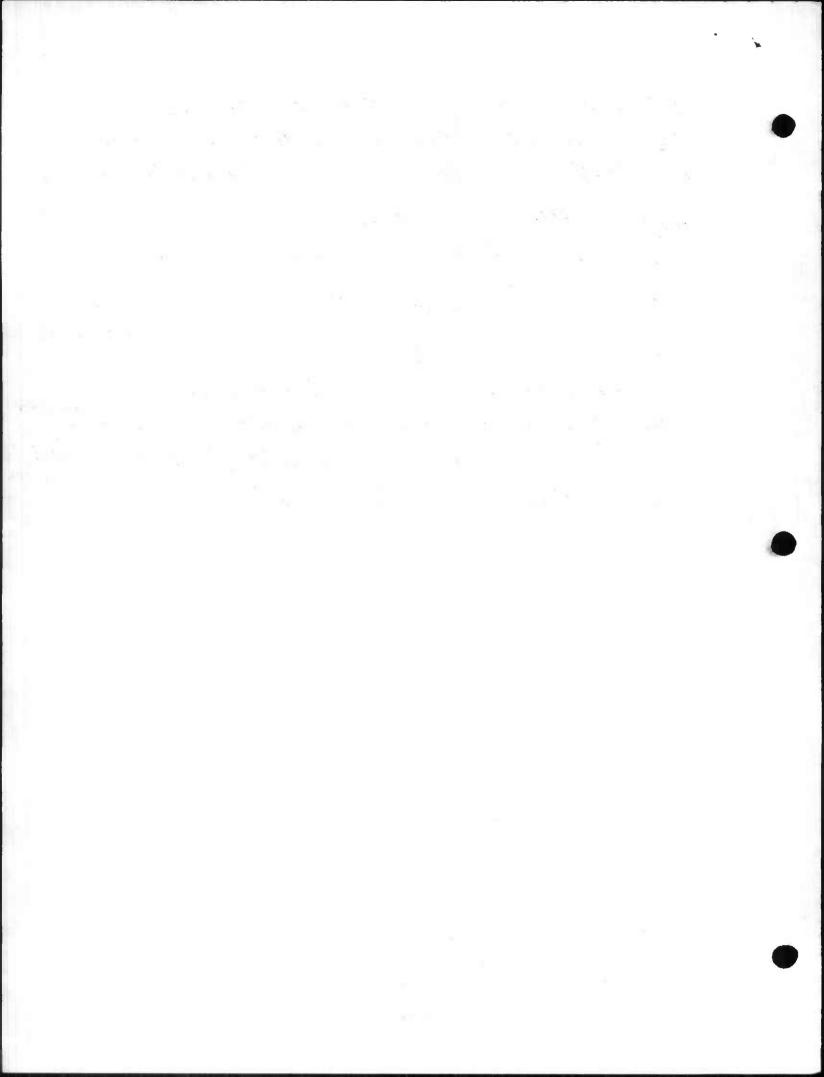
			Decedent's Name (First, Middle, L.)	act)	C	ertificate of	Death		Reg. No.		1000
	Physic /Medi		ROBERT	E. SMITH				2. Date of De Month OCt.	ath 18 199	6 Yaar	3. Time of Death 11:00 AM
	Exami		4a. Facility Name (If not institution, gi				4b. City, Town, or L Baltimo	ocation of Death	4c. County		
	Funeral Director		217-05-3634	Sex 7. Aga (In)	yrs. last birthda Yrs.	y) If Under 1 Year Months Days		8. Date of Bir (Month, Da Dec • 2	y Yaari) 3 1912	9. Birthp Coun Pe	olaca (State or Foreign
	Aaryland I ahow	or	Usual Residence of Decedent 10a. State 10b. County Cit		City, Town or Balt	Location				1	0d. Inside City Limits
	h with the A	Funeral Director	10e. Streat and Number 1423 Light St	reet		10f. Zip Code	21230	0	10g. Citizen of V USA	g. Citizen of What Country?	
020	**1215-0020 within 72 hours after death with the Maryland ene. ***Americal Experient Frust De Fottland at the Maryland Experient Frust De Fottland at the Maryland Experient Frust De Fottland at the Maryland	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedent Ever in Armed Forces? 1	n U,S. 13	B. Was Decedant of If Yas, specify Cut	Hispanic Origin? (Spean, Mexican, Puerto	pecify Yes or No Rican, etc.)	14. Rac Blac Specify	ck, White,	ean Indian, etc. ite	
21215-0020	re, Maryland 21215-002 s 1 and 2 should be filed within 72 hours Health and Mental Hygiene. tem 27 is marked other than "natural", other traumatic event, the Medical Exp	Completed	15. Decedent's E (Specify only highast gr Elementary/Secondary (0-12)	ducation ade completed) College (1-4or 5+)		edant's Usual Occu re kind of work dona DO NOT use retire	pation during most of work ed)	king	16b. Kind of Business/Industry Beth. Stee		
Maryland 2	Maryland 212: 2 should be filed within and Mental Hygiene. Is marked other then surmatic event, the H		17. Father's Name (First, Middle, Last Chauncey Smi				18. Mother's Nam	nie (First, Middla,	Maiden Sumam		
	s 1 and 2 sho if Health and h Item 27 is ma other trauma	19a. Informant's Name/Relationship (Type, Print) Mary Ella Smith/Wife 19b. Mailing Address (Street and Number or Rural Routa 1423 Light Street Bal							nore, N	1d.	21230
Baylimore,	permit. Pages 1 Department of H Important: If iter any injury or ott		1 M Burlal 2 □ Cremation 3 □ 4 □ Donation 5 □ Othar (Special	Removal from State C	edar F	ematory or other pla IIII Cem		1996	Baltir		
Ba	Depa Impo any li		21. Signature of Furfaral Service Lice	2. Harl	-	McCully 130 E.	ess of Facility Funeral Fort Ave	L Home e. Balt	of Sou	th 21	Balto. 230
<i>.</i>	Physician /Medical		23a. Part1. Enter the diseasa, or com- shock, or haart failure. List only fmmediate Causa (Final diseasa or condition rasulting in death)	a. Res		loug of	ng, such as cardiac	P	rast,	13	Approximata Interval Between Onset and Death
Box 68760,	rificate be executed rificate be executed of physician and as the burial-transit	Physician/Medical Examiner	Sequentielly list conditions, if any, laading to immediata causa. Enter Undarlying Causa (Disease or Injury that initiated evants resulting in daath) Last	b. Dua to	o (or as a cons	equence of):	nç.				Imo.
s, P.O.	The law requires that the death cer te has been signed by the attendir page 2 should be detached for use	by Physic	Part II. Other eignificant conditions of	ontributing to death but not Mulli Hus	resulting In the	andarlying cause gi	ven in Part f.		obacco uee con Yee 2 No		the ceuse of death? bably 4 Unknown
Records,	e law require has been sig ge 2 should b	Completed I	Hyperc	alcamia	î · "//			24a. Was perfo	an eutopsy rmed?	ava	ere autopsy findings allable prior to mpletion of causa daath?
al H	00	-	V					101	es 20No	1 🗆	Yes 2 No
<u>=</u>		o Be	25. Was case refarred to medical examiner? 1 ☐ Yes 2 ☐ No	Hospital:	ПЕВЮ	Oti Oti	26. Placa of Death	/			
	Attending Physic death. octor: After this by the funeral of	ation: To	27. Manne of Death 1 Natural 5 Panding 2 Accident investigation	28a. Date of Injury (Month, Day Year	28b. Time Injury	of 28c. Inju	4 LI Nursing Ho		lance 6 Other		0
Divis	tal or Atters all Directo	Certification:	3 Sulcide 6 Could not b 4 Homicide detarmined	28e. Place of Injury - A building, etc. (Spe	t home, farm, s	treet, factory, offica		28f. Location (5 City or Tow	Street and Numb m, State)	er or Rura	i Routa Number,
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	Medicai	one) 2 Medicar Exam	yelclan: To the best of my land manner stated.	nowledge, dea ination and/or I	nvestigation, in my	opinion, death occurr	red at the time, o	date and placa,	and due to	the cause(s)
	8 7 1 2		29b. Signature and tiper of certified	18min		29c. Licans	08900)	29d. Data signed		Jay, Year)
	Sta		30. Name and address of person who	completed cause of death (I	NU X	58 N.E	itaw St	Fal	No M	d z	21201

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 1 6 6 9

				Certin	ficate of	Death	Reg	No.		
Physicia	n	1. Decedent's Name (First, Middla, Las	it)		1100		2. Data of Death Month	Day	Voer	Fima of Death
/Medica		MERMAN	SAM	21	JUE		Oct s	20,1	996 2	:00P
Examine	er		retta	AUENL	_	BAHI	Location of Death UIRE	4c. County	of Death	
Funeral Director	0	5. Social Security Number 6. S 218 - 10 - 901 4 1 Usual Residence of Decedent	ex 7. Aga (Under 1 Yaai onths Days			1/19/	Gountry)	Stata or Foreign
r 28a-f show	Director	Mary loup 10b. County	1/4	BALLIA	YORE				1 {	sida City Limit
B 0.3	rai Dir	2631 LAUIEH	La Aus	NUE	10f. Zip Code	223	10g	Citizen of V	What Country?	
a 9 1	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Give Year or Dates:	10	Decedent of us, specify Cul	,	Specify Yes or No- to Rican, atc.)		a - American Inc ck, White, etc.	lian,
neturi		15. Decedent's Ed (Specify only highast gra-	lucation	16a. Decedent	's Usual Occu d of work dona NOT usa ratire	during most of wo	orking 16		usiness/industry J ME	A
s 1 and 2 should be filed within f Health and Mental hygiene. Item 27 Is marked other than other traumatic event, In a	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		NER		/3		Co.	
I be fi	To Be	17. Father's Nama (First, Middla, Last)	101 =01			18. Mother's Na	me (First, Middla, Ma.	den Suman	a)	
2 should be filed and Mental Hygis is marked other aumatic event, i	٢	19a. Informant's Name/Relationship (7	SUDA Print)	19h Malling A	ddress /Stree	and Number of B	ural Routa Number, C	Course Town	State 7in Code	17/2
nd 2 s lith an 27 is r trau		1 1 1	5001095	2631	1	EHW A	//	4140.	- 10	1
Pages 1 and nent of Health nt: If Item 27 iry or other ti		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐	Removal from State	20b. Place of Disposition cematary, cramate	on (Nama of				City or Town, S	lata MIA
pemit. Pages Department of Important: If It any Injury or pages		4 Donation 5 Other (Specify 21, Signature of Funeral Service Licen	1	22. N	ame and Addr	ess of Facility	HATMA	DAY	LLIS	Knowl
20232		Dury Ha	lus		HIL		ry loup			
		23a. Part1. Enter the disease, or comp shock, or heart tailure. List only of	ilications that caused thone cause on each lina.	ne death. Do not enter to	na mode of dy	ing, such as cardla	c or respiratory arrest		Appr	oximate val Between
Physician /Medical Examiner		Immediate Cause (Finai disease or condition resulting in daath)	. Heta	statio	2 (Pane	er.		Onse	et and Death
	Je.	100000	L. Di	ue to (or as a consequer						
outed nd ransit	Examiner	Sequentially list conditions	b. Di	Del to (or as a consequer	1	54				
		Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaasa or injury that initiated events	1	mary		Tun.	disco	21'		
ertificate be executed Jing physician and se as the bunal-transit	Medical	that initiated events resulting in death) Last	C	ua to (or as a consequen						
	2		d							
the att	Physician	Part II. Other algnificant conditions co	entributing to death but i	not resulting In the unde	fying cause g	ven in Part I.	23b. Did toba	cco use col	ntribute to the o	ause of deat
	by Phy						1 □ Yes	2□ No	3 Probably	4 Unkno
aw require ts been sig 2 should t	Completed						24a, Was an a performe	utopsy d?	24b. Wara au avallable completi of death	prior to on of cause
The law ate has b page 2 s	E						1 ☐ Yes	200/10	1 ☐ Yes	2/DNO
ysician: The s certificate director, pag	99	25. Was case refarred to medical axaminer?				26. Place of De	ath (Check only ona)			-10
\$ 50 P	9	1 Yes 2 No	Hospital: 1 ☐ Inpatient	2 ER/Outpatient	3LI DOA	her: 4 Nursing I				
leath. tor: After th the funeral	IION:	27. Mannar of Death 1 Death 1 Death 2 ☐ Accident Investigation	28a. Date of Injury (Month, Day Y		28c. Inju Wo M 1	nryat nrk?]Yes 2 □ No	28d. Describe how	Injury occur	ed	
To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After it completely filled in by the funeral	Certification:	3 Suicide 6 Could not be determined	28a. Place of Injury building, etc. (/ - At homa, farm, street, (Specify)	factory, office		28f. Location (Stree City or Town, S		er or Rural Rout	a Number,
Hospit 24 hour Funeraletely fills	edical	29a. Certifier 12 Certifying Phy (Check only one) 12 Medical Exam	reician: To the best of n iner: On the basis of ex and manner state	my knowledge, death oc xamination and/or invested.	curred at the tigation, in my	me, date and place opinion, death occ	e, and dua to the caus urred at the time, date	a(s) and ma and place,	nner as stated. and due to the c	ause(s)
To the Within To the compl	2	29b. Signature and title of certifier	- Trip	moueri	D	se number 66 (0	ctobe	(Month, Days)	199796
cft		30. Name and address of person who g	empleted cause of deat	th (item 23a) (Type, Prin	SIRE	21223	TRIPU	RAA	ENT	
State	ę	31. Date file (Mgn/2 3 1996	32. Registrar's							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** 10:45 pm GOLDIE В 19 1996 OCTOBER /Medical 4a. Facility Name (If not institution, give street and number)
GREATER BALTIMORE MEDICAL CENTER 4b. City, Town, or Location of Death 4c. County of Death Examiner TOWSON BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** 1 M 2 □XF Days Hours 92 Yrs. Director 218-74-2389 Usual Residence of Dacadent Sep. 17 1904 Maryland the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at Cockeysville MD Baltimore Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10a. Citizen of What Country? 8 300 International Circle 21030 USA Items 23a Funeral 12. Was Decedenf Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Biack, White, atc. 72 hours after 1 ☐ Never Marriad 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Dates: Baltimore, Maryland 21215-0020 8 1 Yas ZZ No white þ Specify: 3 X Widowed 4 □ Divorced "natural". Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry marked other than Elementery/Secondery (0-12) College (1-4or 5+) 10 Homemaker Domestic permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If Item 27 is marked othe any injury or other traumatic event, 9068. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Be Walter McDaniel Clara Barth 19a. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Jones daughter P.O. Box 418 Chancellor Point Trappe, MD 20c. Location - City or Town, Stata 21673 20a. Mathod of Disposition 20b. Place of Disposition (Neme of cematery, crematory or other placa) 1 Buriai 2 Cramation 3 Ramoval from State 4 Donation 5 Ofher (Specify) Wards Chapel Cemetery 10/23 Marriottsville MD 21. Signature of Funeral Sarvice License 22. Name end Address of Facility Haight Funeral Home P.O. Box 195 Sykesville MD 21784 23a. Part1. Enter the disease, or complication, that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one currie on each line. Approximate Interval Between Onsat and Death **Physiclan** /Medical Immediate Cause (Finel disaasa or condition resulting in death) Examiner Examiner Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Box 68760. Physician/Medicai 4 Due to (or es a consequenca of): P.O. Part II. Other significant conditions confributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2/2 No 3 Probably 4 Unknown Records, by 24b. Were eutopsy findings available prior to complation of cause of death? Completed 24a. Was en autopsy performed? 1 Yes 2 No 1 ☐ Yas 2 ☐ No Vital Be 25. Wes case referred to medical 28. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No Certification: To Malapatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28a. Dete of Injury (Month, Dev Year) 28c. injury et Work? 5 Pending investigation 1 Naturei 2 Accident 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral C completely filled 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete and placa, end due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. edical 29e. Certifler (Check only onal 29b. Signature and title of certifier 29c. Licansa number 29d. Dafa signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) M. n. 1205 32C ANMONY SELATIS SKIC 31. Date filed (Month, Day, Year) 00123, 1996. 32. Registrar's Signetur State

DHMH 16 Rev 6/95

Registrar

Willy Law Control of the Control of

Streckfus

Yrs.

7. Age (In yrs. lest birthday)

75

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death

4b. City, Town, or Location of Death

Woodmoore

If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Days Hours Min. (Month, Day, Year)

Dey

4c. County of Death

Baltimore

October 19, 1996

January 20, 1921

3100 TIMANUS LANE BALTIMORE, MD 21244

8,00 AM

Birthplace (State or Foreign Country)

Maryland

Physician /Medical Examiner

Charles

3116 St Lukes

5. Sociel Security Number

215-12-7293

4a. Facility Name (If not institution, give street end number)

Lane

6. Sex 12 M 2 □ F

W.

Funeral

Director

and		-	Usual Residence of Deceder 10a. State 10b. Co			10c. City	Town or	Location			,		Od. Inside City Limits		
Maryl	Lbe nothing at			timo	re			noore				119	1 ☐ Yes 2 ☒ No		
the N	Total I	8	10e. Street and Number	LIMO	16	V	voodi	10f. Zip Coo	lo.		10a Citizan of 1	M/hat Carr			
with w	2		3116 St. Luke	c T.a.	ne				21207		10g. Citizen of		ntry r		
eath s 23	1	era	11. Marital Status	5 24	12. Was Decedent 8	Ever in 11 S	2 4			/Casibi Vas as No	U.S.A. ecify Yes or No-		on Indian		
ter d	ing.	Funeral	1 Never Married 2	Married	Armed Forces?). I	If Yes, specify (Cuban, Mexican, Pu	(Specify Yes or No Jerto Rican, etc.)	Bla	ck, White,			
15-0020 72 hours after death with the Maryland "natural", or items 23a or 28a-f show	Exam	2	3 ☑ Widowed 4 ☐ Divo		if Yes, Give Year or Dates:			1 □ Yes 2 🕅	No Specify:		Specify: White				
4	Masica	Completed	15. Dec (Specify only h Elementary/Secondary (0-		fucation de completed) College (1-4or 5	16a. Decedent's Usual Occupation (Give kind of work done during most of wo			rorking 16b. Kind of Business			dustry			
212 d withing giene.	event, the M	Ö	12 Years	12/	College (1 40/ 5	"	Pattern Maker			Manufac	turin	g Plant			
be filed that dother dother	5	Re	17. Father's Name (First, Mic	idle, Last)					18. Mother's i	Name (First, Middle			0. 1.1.0		
arylar should by nd Menta merked		0	Unknown		Streckfus				Lil1	ian Sonta	g				
Maryland 42 should be file h and Mental Hy 7 is marked othe	traumetic		19e. Informant's Name/Reie	tionship (7	Type, Print)		19b. Me	iling Address (Str	eet and Number of	Rural Route Numb	er, City or Town,	State, Zip	Code)		
C = N	ar tre	- 1	Miss Priscill	a A.	Streckfus	(dau	.) 31	16 St. L	ukes Lan	e Balti	more, M	D 21	207		
of He	other		20e. Method of Disposition			20b. Pie	ace of Dis	position (Name or	1	Date	20c. Location				
	17 04		1 X Burial 2 ☐ Cremat 4 ☐ Donation 5 ☐ Othe			_		idge Cem		10/21/96	Pikesy	71110	, Maryland		
Baltim permit. Pag Department Important: I	any inju		21. Signature Funeral Ser	vice Licen	500			22. Name end Ad	dress of Facility				, mary rand		
m &&E	e 0		Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133												
			Paul Edit the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, approximate integral Between respiratory arrest.												
Physic	ian		Spock, or heart failure.	Onset and Death											
/Med			Immediate Ceuse (Final disease or condition resulting in death) a. MYOCAR DIAL INFARCTION												
Exami	iner		resulting in death)					equence of):	LNFAM	CIJON		I.			
		ē				Due 10 (01	es a con	equence on.							
orted permission	ansi	Examiner	Sequentially list conditions		b	Due to (or	as a cons	equence of):							
OX 68760, certificate be executed iding physician and			Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury	J					/ /	a ne		i			
68760, filicate be ex	e bu	Ca	thet initiated events												
68 tifica ng ph	as th	200	resulting in death) Lest												
BOX 6	etached for use as the bu	200	d												
death death	pg 1	5 F	Part II. Other significant con	ditions co	ontributing to death bu	t not resui	tina in the	underlying ceuse	given in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?		
Cords, P.O. v requires that the de	tach										Y88 2 No		bably 4 Unknown		
S, T	ep ec	2									-3-4.0		,		
e lew requires that hes been signed b	pond i										an eutopsy	24b. W	ere eutopsy findings alieble prior to		
lew re	2 sho	Dataidino								- pend	ormed?	CO	mpletion of cause death?		
The le	age I	5								10	Yes ald No		Yes 2□ No		
VITAI Iclan: T	or, p) [25. Was case referred to me	dical					Of Piece of I				1162 5 140		
or Vital Reconstitute in the lew is certificate hes to	director		exeminer? 1 ☐ Yes 2 X No		Hospital:	, 1DE	D/Outpat	ent 3 DOA	Other: 4 Nursin	Deeth (Check only o	dence 6 □Oth	/0//			
Physic rithis	(9)		7. Manner of Death		28a. Date of Injury	v 2	28b. Time		njury at Nork?		how injury occur		//		
dling P th.	i i		Naturai 5 ☐ Pe	nding estigation	(Month, Day	Year)	Injury		Nork? ☐ Yes 2 ☐ No						
I or Attending after death. Director: After	y the	2	3 Sulcide 6 Co	uld not be	28e. Piace of Inju	ry - At hom	ne, farm.	street, factory, offi	ce	28f. Location (Street and Numb	er or Rura	I Route Number.		
S S S S S	ed in by the funera		4 Homicide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify)												
DIVISION OF VITA Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific			29a. Certifier	Ifying Phy	valcian: To the best of	my knowi	edge, de	oth occurred at the	time, date and pla	ace, and due to the	ceuse(s) and ma	anner as s	ated.		
Ho 124 h	completely filled in by		(Check only 2 Mad	cal Exam	Iner: On the basis of and menner stet	examinetic	on and/or	investigation, in m	y opinion, death or	ocurred at the time,	date end plece,	and due to	the cause(s)		
To the within 2	d mox		9b. Signature and title of ce	tifier	1		4	29c. Lice	ense number		29d. Date signe	d (Month,	Day, Year)		
E > E			•	AM.	- Tel	7		D.	27157						
~	7	2	Name and address of per	son who o	omdleted cours of do	ath /Itam /	23a) (Tun		113/		october	2/	1446		

State Registrar

RAYNOLD DEPESTRE MD.

31. Date filed (Month, Day, Year)

32. Registrar's Signa

DCT 231996

32. Registrar's Signature

7.5 Marie Santa

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O.C.

Physic /Medi Exami	ian					D Det 1 D 1		1.00
V		1. Decedent's Name (First, Middle, Last)	vil			2. Date of Deet Month	Day Yes	3. Time of Death 5. 000m
Exami		4a. Facility Name (If not institution, give street end i			4b. City. Town, o	OC tuber	14 1990 4c. County of D	
	ner	BON SECOURS HO						N/A
Funeral	П	5. Social Security Number 6. Sex	7. Age (In vrs. les	t birthday) If Under 1 \	Cear It Under 24 Hr	S. 8. Date of Birth	Vanel 9.1	Birthplace (Stete or Foreign Country)
Director		243-03-0928 1□ M 2X F Usual Residence of Decedent	83	3 Yrs.	ays Hours Mill	8. Date of Birth Month, Day,	1913 NO	ORTH CAROLINA
show		10a. State 10b. County	10c. City, T	Town or Location				10d. Inside City Limits
the Marylar 28a-f show	octo	MARYLAND N/A		BALTI		ITY		1, Yes 2□No
P & B	盲	10e. Sifeet and Number		10f. Zip Co	4		0g. Citizen of What	
eath w	era	2575 W. BALTIMOR 11. Marital Status 12. Was De	E SIKES accedent Ever in U.S.		2/2		45A.	merican Indian,
within 72 hours effer death with the Maryland ene. then "natural", or items 23a or 28a-1 show he Majical Exertive river from the majical exertives.	by Funeral Director	1 Never Married 2 Married 1 ∨es	Forces? s 2 No		t of Hispanic Origin? (Cuben, Mexican, Pue	rto Rican, etc.)	Bleck, W	/hite, etc.
al', o		3 ☐ Widowed 4 ☐ Divorced It Yes, € Year or	Give Dates:	1 ☐ Yes 2 🗷	(No Specify:		Specify:	BLACK
72 hours ef	Completed	15. Decedent's Education (Specify only highest grede completed	d) 1	6a. Decedent's Usual C (Give kind of work of life. DO NOT use r	ccupation	orkina	16b. Kind ot Busine	ss/Industry
d within 72 hours of piene. Ir then "natural", or	Jd L	Elementary/Secondary (0-12) College	(1-40r 5+)	4 .				- 11
202		17. Fether's Name (First, Middle, Last)	S	NUR				GROVE HOSMI
) Be	CHARLES WILLI	AM BA	RNES		ame (First, Middle, A		0.44/
2 should be and Menta is marked aumatic ev	To	19a. Informant's Name/Relationship (Type, Print)		ドルセン 19b. Mailing Address (S	ALICE		DUN City or Town State	
		GLORIA TUNSTALL (DI						
of Heal		20a. Method of Disposition	20b. Plac	2575 W. By e of Disposition (Neme etery, crematory or othe	of	Dete	Oc. Location - City	or Town, State
Pages nent of int: If its		1 X Burial 2 ☐ Cremation 3 ☐ Removal from 4 ☐ Donation 5 ☐ Other (Specify)				11-19-9/	111.46 11	1115 115
artin Inju		21. Signature of Funeral Service Licensee	BAK	RISON FORM 22. Name and A JOSEPH	ddress of Facility	1 -0 -140	WINGS M	les, no.
Ded you		> Selsen		JOSEPH	H. BROW.	NUR, FU	NERAL	IOME, P. A.
		2.71. Pent 1. Enter the disease, or complications that shock, or heart failure. List only one cause or	at caused the death. "I	Do not enter the mode o	t dylng, such as cardia	AVE, ISA	St.	Approximate
Physician			. 0					Onset and Death
/Medical		immediate Cause (Finel disease or condition	(CUTE 1)Eh	y dration				48hrs.
Examiner	_	resulting In death) a.	_ Due to (or as	consequence of):				
ed sit	nine	b	SEI)SIS	Syndrame				3-4 doys
rifficate be executed ng physician and es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	Due to (or as	s a donsequenca ot):				
ficata be ex physician s the buria		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	·					
ficate physicate s the	Physician/Medical	resulting in death) Last	Due to (or as	a consequence of):				
	Z	d						
death cer attendir d for use	Cia	Part II. Other significant conditions contributing to	doath but not requitin	a in the underlying save	a shran in Dart I	20h Didan	haana	udo do dhe anno ad da M.O.
that the de ed by the detached	hys	atheroschosis	death but not resultin	ig in the underlying caus	e given in Pan I.	1 \(\text{Ye}		ute to the cause of death? Probably 4 Unknown
signed t	by P	(IVEIOS COTOTIS					22110 0	Tribbably 4 Olikilowi
The law requires that the death certe has been signed by the attendings 2 should be detached for use		Peripheral wascular	A. SER SE			24e. Wes ar		b. Were autopsy tindings available prior to
he law requires the has been signe	Completed	1	1			perioni	1001	completion of cause of death?
The la ate ha	NO.	Chrinic Obstructive	12 lung d	useasc		1 ☐ Ye	s 28No	1 Yes 2 No
	Be (25. Was case reterred to medical exeminer?	0			eath (Check only one	9)	
Alis Co	2	1 ☐ Yes 2 ☑ No Hospitel:		/Outpatient 3□ DOA		Home 5 ☐ Reside	nca 8 Other (S	(pecify)
Arter t	on:		e ot Injury onth, Dey Year)		injury at Work?	28d. Describe ho	w Injury occurred	
tend deeth tor: /	cat	2 Accident Investigation 3 Sulcide 6 Could not be	411	М	1 ☐ Yes 2 ☐ No			
or Attenda after deem Director: A	Certification:	4 Homicide determined 28e. Place	ding, etc. (Specify)	, tarm, street, factory, of	fice	City or Town		Rural Route Number,
ours ours		29a. Certifier 1 Certifying Physician: To th	a bact of my knowled	doe doeth coourad at the	an time and size	a and due to the co		
24 h 24 h Fun etely	edicai	2 Medical Examinar: On the	basis of exemination nner stated.	and/or Investigation, in	ny opinion, deeth occ	e, and due to the ca urred at the time, da	use(s) end manner te and place, end c	due to the cause(s)
To the Hospital or Attending Propilities within 24 hours after deem. To the Funeral Director: After this certific completely filled in by the Luneral director.	₹ E	29b. Signature and title of certifly	1.3100	29c. Li	cense number	29	d. Date signed (Mo	onth, Day, Year)
F > F 0		Theday Shedin	al House A	Shee D	45148		Tober, 10	
	1	30 have and andress of person who completed cau	use of deeth (Item 23	1				
		Ercardo 1. Osomo, MO	A	Is Hospital 2	000 west Bal	HIMUTE STEE	T, Baltimos	1E, MD 21223
	te	31. Date filed (Month, Day Year) O 4000 32.	Bagistrar's Augrante	72.2.00				

Same and the state of the graph of The Committee of the Co

TOLERTON

2. Date of Death Month

3. Tima of Death

Birthpiaca (State or Foreign Country)

10d. inside City Limits 1 ☐ Yes 2 ☐ No

Year

OCTOBER 18, 1996 10:15 am

14. Raca - American Indian, Black, White, etc.

White

4c. County of Death BALTIMORE

-					PI P. 11 1	AI. CH	NTED	TOL	SON		72.71	T // T 14 /	
uneral rector		5. Social Sacurity N	umber 6	Sex 2 F	7. Aga (In yrs. 64		100000		dar 24 Hrs.	8. Date of E (Month, I			ountry)
	18	Usual Residence of	Decedent							14 20			
If from 27 is marked other than "naturel", or itams 23s or 28s-f show or other traumatic evant, the Medical Examener must be nothed at	ō	10a. State	10b. County			y, Town or Lo							10d.
notth	Director	Maryland 10e. Street and Nur		ore	P	hoenix	10f. Zip	Code		10g. Citizen of What Countr			'ountry'
VALLES			Robo	aste beast Ro	had		102.1	21131					
O SE	Funeral	11. Maritai Status		12. Was Deced	dent Ever in U.	S. 13. \	Was Deced	ent of Hispanic ify Cuban, Mex	Orlgin? (Spican, Puerto	ecify Yes or I	No- 14.	S. A Raca - Ame Black, Whi	
Evanie	by	1 🗆 Never Marri 3 🗆 Widowed		1 ☐ Yes 2 if Yes, Give Year or Dat	Δ.		1□ Yes 2			- Spoon,			Whi
edical Eva	Completed	(Spec	15. Dacadent's ify only highast of	Education grade completed)		16a. Deced (Give	dent's Usua kind of wor	Occupation k done during re retired)	nost of worl	cing .	16b. Kind	of Business	s/Indust
Ne Me	mpi	Elementary/Second	ndary (0-12)	Coilege (1-4	4or 5+)								
am, it		17. Fathar's Name (First, Middle, La	st) 4		Sell	Empl		other's Nam	e (First, Midd	Salesman e (First, Middle, Maiden Surname)		
C .	To Be	D3		m - 1		ton Margaret Weaver							
terro	-	19a. informant's Na	J.		erton	19b. Mailin	ng Address	(Street and Nu				own, State.	Zip Co
or tra		Jon H.	Tolerto	n (Son)		802							
otho		20a. Method of Disp	position		0	802 Scarlett Drive 20b. Place of Disposition (Name of cemetery, crematory or other place)						ion · City or	
7 0			Cramation 3 5 ☐ Other (Spe	☐Removal from St cify)	tate			ce Corp	. 10-	21-96	Tows	on, Ma	arv
permit. Peges 1 a Department of Her important: if item eny injury or othe once.		21. Signature of Fu	neral Servica Lic	ensee		22	. Name and	Addrass of Fa	cility				
E A		> We	Marc	S. B.	works.	(1 4		Towson York Ro					
ficete be physicials the bur		IIIIIII Giale Cause (rinai			. //	//		14-15	6			1
a use construction	/Medical Examiner	Immediate Cause (disease or condition resulting in death) Sequentially list corif any, leading to imcause. Enter Under Cause (Disease or ithat initiated events resulting in death) L	nditions, mediate rlying injury	a. 140.	Due to (or	r as a consequence of the conseq	uence of):	un a comic	V.	115500	•		
for use es the buriel-transit	edical	disease or condition resulting in death) Sequentially list confiantly, leading to im cause. Enter Under Cause (Disease or Intal Initiated events	nditions, mediate nying injury	6. Su 4	Due to (or Due to (or	as a consequal as a consequ	uence of):	da		23b. Di	d tobacco use		
ached for use es the buriel-transit		disease or condition resulting in death) Sequentially list confrant, leading to improve the cause. Enter Under Cause (Disease or that initiated events resulting in death) L	nditions, mediate nying injury	6. Su 4	Due to (or Due to (or	as a consequal as a consequ	uence of):	use given In Pr		23b. Di			
2 should be detached for use es the buriel-transit	by Physician/Medical	disease or condition resulting in death) Sequentially list confrant, leading to improve the cause. Enter Under Cause (Disease or that initiated events resulting in death) L	nditions, mediate nying injury	6. Su 4	Due to (or Due to (or	as a consequal as a consequ	uence of):	use given In Pr		23b. Did	d tobacco use	3 □ P 24b.	
2 should be detached for use es the buriel-transit	by Physician/Medical	disease or condition resulting in death) Sequentially list confrant, leading to improve the cause. Enter Under Cause (Disease or that initiated events resulting in death) L	nditions, mediate nying injury	6. Su 4	Due to (or Due to (or	as a consequal as a consequ	uence of):	use given In Pr		23b. Di	d tobacco usa ☐ Yes 2☐1	Ne 3□P	Ware a
2 should be detached for use es the buriel-transit	Physician/Medical	disease or condition resulting in death) Sequentially list configure and any, leading to imcause. Enter Under Cause (Disease or 1 that initiated events resulting in death) L Part ii. Other significations.	nditions, mediate rhying njury aast	c. Su a d. contributing to deat	Due to (or Due to (or	as a consequal as a consequ	uence of):	da use given in Pr	ags.	23b. Di	d tobacco use Yes 201 as an autopsy formed? Yes 201	Ne 3□P	Ware availab comple of deal
director, page 2 should be detached for use as the buriel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list configure and the configure and the cause. Enter Under Cause (Disease or that initiated events resulting in death) L Part ii. Other significations are configured as a configure and configure an	nditions, mediate rhying injury asst	d. Contributing to deal	Due to (or Due to (or	as a consequal as a consequ	uence of): uence of): uence of):	use given in Programme 28. Pl	aryt. Occlice	23b. Did	d tobacco use Yes 201 as an autopsy formed? Yes 201	3 P	Ware a available completed of deal
is certificate hes been signed by the attending physician and director, page 2 should be detached for use as the buriel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conif any, leading to imcause. Enter Under Cause (Disease or that initiated events resulting in death) L Part ii. Other significations are summer? 25. Was case referraxaminer? 1 Yes 221	anditions, mediate rhying injury ast	d. Contributing to deal Hospital: Hospital: 28a. Date of (Month, on	Due to (or Due to (or	as a consequence as a c	uence of): uence of): uence of):	use given in Pr	ary.t. OLULE ace of Deal	23b. Did	d tobacco use Yes 2 Is an autopsy formed? Yes 2 Yone)	24b.	Ware a available completed of deal
is certificate has been signed by the attending prhysician and director, page 2 should be detached for use as the buriel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list confirmed and list confirmed	aditions, mediate rhying injury ast	d. Contributing to deal Hospital: Hospital: 28a. Date of (Month, on be 28e. Piace of	Due to (or Due to (or	as a consequence of a consequence of a	uence of): uence of): nderlying ca	28. Pl	ary.t. OLULE ace of Deal	23b. Did 1	d tobacco use Yes 2 as an autopsy formed? Yes 2 (one) sidenca 6	24b.	Ware a available completed of deat 1 Yes
et Director: After this certificate hes been signed by the attending physician and ited in by the funeral director, page 2 should be detached for use es the burie-fransit	Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list configure and list configure	anditions, mediate rhying milury asst conditions ast can't conditions ast conditions ast conditions ast conditions ast conditions ast conditions ast conditions	d. Contributing to deal Hospital: Hospital: 28a. Date of (Month, on be 28e. Piace of	Due to (or Due to	as a consequence of the conseque	uence of): uence of): uence of): t 3 DO/	28. Pl 28. Pl Cher: 4 C. Injury at Work? 1 Yes 2 office	art. Accept Deal Nursing Ho	23b. Din 1 24a. Wa per 1 1 Check only ma 5 Re: 28d. Describe 28f. Location City or To	d tobacco use Yes 2 Is an autopsy formed? Yes 2 Yes 2 K Yone) sidenca 6 e how injury or (Street and N own, State)	24b. 24b. Other (Specurred	Ware available completed of deat 1 Yes

1. Decedent's Name (First, Middle, Last)

HOWARD

Physician

/Medical

6b. Kind of Business/Industry Salesman aiden Sumame) aver City or Town, State, Zip Code) , Maryland 21286 Oc. Location - City or Town, State Towson, Maryland Inc. d. 21204 Approximate Interval Between Onset and Death acco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings available prior to complation of causa of death? autopsy ed? 20 No 1 Yes 2 No ca 6 Othar (Specify) w injury occurred eet and Number or Rural Route Number, State) use(s) and manner as stated. te and piaca, and due to the cause(s) d. Data signed (Month, Day, Year) Charles St-#411-

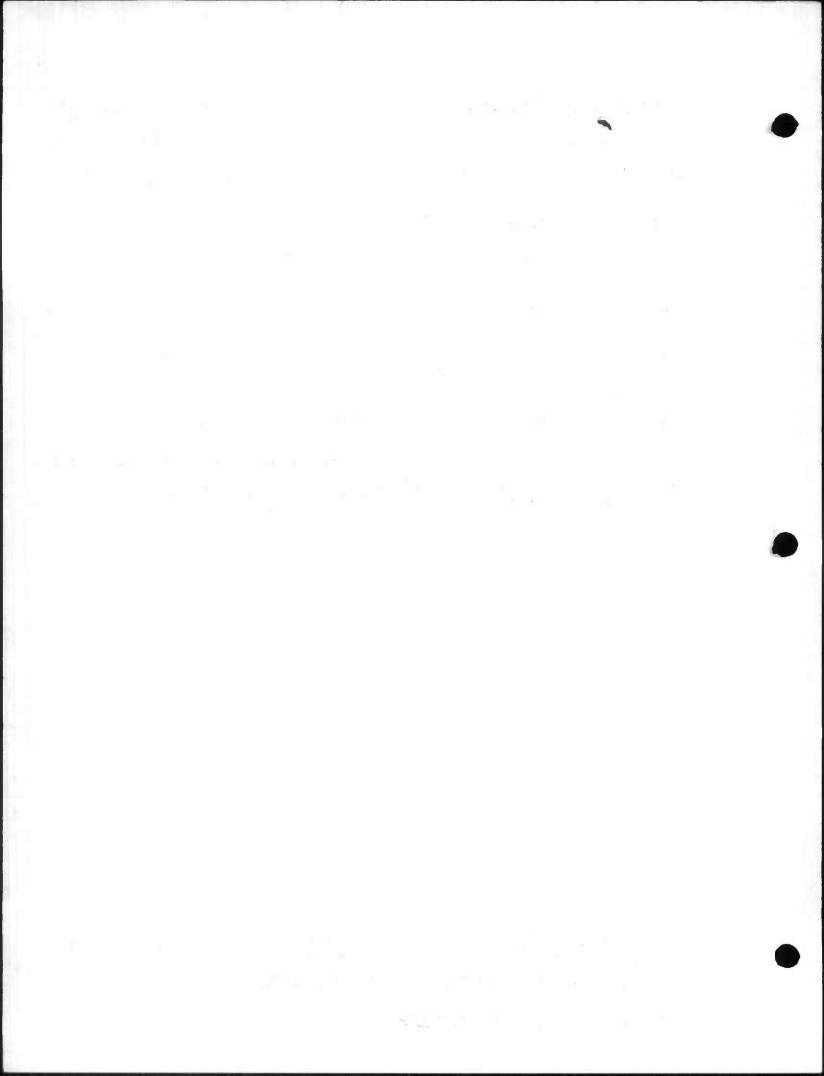
State Registrar The state of the s * 4 *

Please Type or Print in Black indelibie lnk. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

9	6	3	6	7	

			,	Ce	rtificate	of Death	ı	Reg. No.) 5107	**
Physic /Medi Exami	cal	4e. Fecility Name (If not institution, give	Toyman street and number)			4b. City, Town, or Baltimor		5 Peg /	3. Time of Dec	eth
Funeral Director		5. Sociel Security Number 6. Se 212-60-1718		yrs. last birthdey, Yrs.	if Under 1 Months		8. Dete of Birt	h, Year)	9. Birthplaca (State or For Country) Maryland	oreig
anyland ahow	-	Usuel Residence of Decedent 10a. Stete 10b. County		City, Town or Lo					10d. inside City Li	
ith with the Marylar 23s or 28s-f show ust be notified at	Directo	Maryland Anne Aru		Baltimo	10f. Zip C			1 ☐ Yes 2 ☐ Y		
after des	by Funeral Director	104 Werner F 11. Meritel Stetus 1 Never Merried 2 Merried 3 Ø Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:		Wes Deceder if Yes, specify	21226 at of Hispanic Origin? (S Cuban, Mexican, Puer	Specify Yes or No- to Rican, etc.)	USA 14. Rece Bleck, Specify:	- American Indian, , White, etc.	
	Completed	15. Decedent's Edu (Specify only highest grad	ication		dent's Usual of work DO NOT use	Occupation done during most of wo retired)	rking	16b. Kind of Bus		
should be filed withind Mental Hyglane. I marked other than umatic avent, the M	Be	17. Fether's Neme (First, Middle, Lest) Charles De	e Coursey			18. Mother's Ne	me (First, Middle, Wats	di managan)	
	To	19a. Informant'a Neme/Reletionship (7) Mrs. Patsie Griffi	ype, Print)			Street and Number or Rier Road, Ba	ural Route Numbe	or, City or Town, S		
permit. Pages 1 and 2 Department of Health important: If Item 27 ii any injury or other tra		20a. Method of Disposition ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑		b. Plece of Dispo cemetery, cre altimore			Dete ry 10/23		ore, Maryla	nd
Departi Importu any inj		23a. Part Enter the disease, or complishook, or heart feliure. List only of	Kevin E.	Ecker 25	McCull 237 F	y Funeral	Home of	Brooklyn	. 21225-18	56
Death certificate be executed when the property of for use as the bullet-transit of for use as the bullet-transit of for use as the bullet-transit of for use as the bullet-transit of for use as the property of the property	Medical Examiner	Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	Due to	o (or es a consec	quenca of):	y vascula			Interval Between	
death ce e attendir ed for use	Physician/M	Part il. Other eignificant conditions con	d	resulting in the u	nderlying cau	se given in Part i.	23b. Did t	obacco use conti	ribute to the cause of de	eath
aw requires as been sign 2 should be	Completed by Ph						24a. Was (an autopsy med?	24b. Were autopsy findir available prior to completion of cause of death?	ngs
certifica rector,	To Be C	25. Was pase referred to medical examiner?	lospitel:			Other	ath (Check only or	ne)		
i or Attanding Physaftar death. Director: Aftar this		27. Menifer of Death 1 Neturei 5 Pending 2 Accident Investigation	1 ☐ Inpatient 2 28a. Dete of Injury (Month, Day Year	2 ER/Outpatter 28b. Time o injury		Injury et Work? 1 Yes 2 No	1	ence 8 Other		
To the Hospital or Attanding Ph Within 24 hours after death. To the Funeral Director: After thi complataly filled in by the funeral	i Certification:	3 Suicide 6 Could not be determined 29e. Certifier 17 Certifying Physics	28e. Place of injury - A building, etc. (Spe	ecify)			City or Tow	n, Stete)	or Rural Route Number,	
To the Hospital within 24 hours To the Funeral completely filled	Medical	(Check only 2 Medical Examination)	ner: On the best of my lener: On the basis of examend menner steted.	knowledge, deeti inetion end/or in	vestigetlon, In	my opinion, deeth occu	rred et the time, o	dete end plece, en	d due to the cause(s)	
5 1 5 0 0		296. Signature and title of certifier Classification of the control of the contr	eM)		J.	28640		Oct,	(Month, Dey, Year) 19, 1996	
15		30. Name and address of person who co	microsoft cause of death (I	t Ca	Inton	Md 21113	3		r	
Sta Registr		OCT 23 1006	Silia Ridera	Dand De						



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Baby Month **Physician** Andrew Thomas Moore Bey 96 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Balto Medica enter altimore Veray 6. Sex 12 4 2 F If Under 1 Months Under 24 Hrs. fours Min. 9. Birthplace (State or Foreign Balto Md. 5. Social Security Number 7. Age (In yrs. last birthdey) 8. **Funeral** n/a Yrs Director Usual Residence of Decedent Permit. Peges 1 end 2 should be filled within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, it a Medical Examiner must be notified at once. 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Nas 2□No Director City altimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2129 USA 016 by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Maritel Status 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1□ Yes 2No Specify: Specify: Whit 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 0 n/a 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Moore ctor timmerman = walne VISTINE 19a. informant's Neme/Relationship (Type, Ppht) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Victor Moore/Father 1016 Wilmington Ave. Balto. Md. 21223 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Oct.26 20c. Location - City or Town, State 1 Buriai 2 Cremetion 3 Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Glen Haven Mem Pk. 1996 Glen Burnie, Md. 21. Signeture of Funeral Service Lim 22. Name and Address of Facility
McCully Funeral Home of South Balto. Lasts 91 130 E. Fort Ave. Baltimore, Md. 21230 23a. Part1. Enter the disease, or pour plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset end Deeth **Physician** immediate Cause (Final disease or condition resulting in death) /Medical Immed Examiner Due to for as a consequence of Examiner nding physician and use as the burial-transit Sequentielly liat conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): signed by the atter Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopay findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed pege 2 has 2 NO 21 No this certificate 1 Yes 1 Yes or Attending Physician: funaral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 200 No Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Death 28c. Injury at Work? 28d. Describe how Injury occurred After t Certification: 5 Pending investigation 1 Netural 2 Accident 24 hours efter death. Funeral Director: Af 1 Yes 2 No 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, ferm, atreet, factory, office building, etc. (Specify) 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and manner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) end menner stated. 29a. Certifier Medicai (Check only one) To the within 2 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number 10-22-96 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Balto, Md. Mercy

State Registrar 31. Date filed (Month, Day, Year,

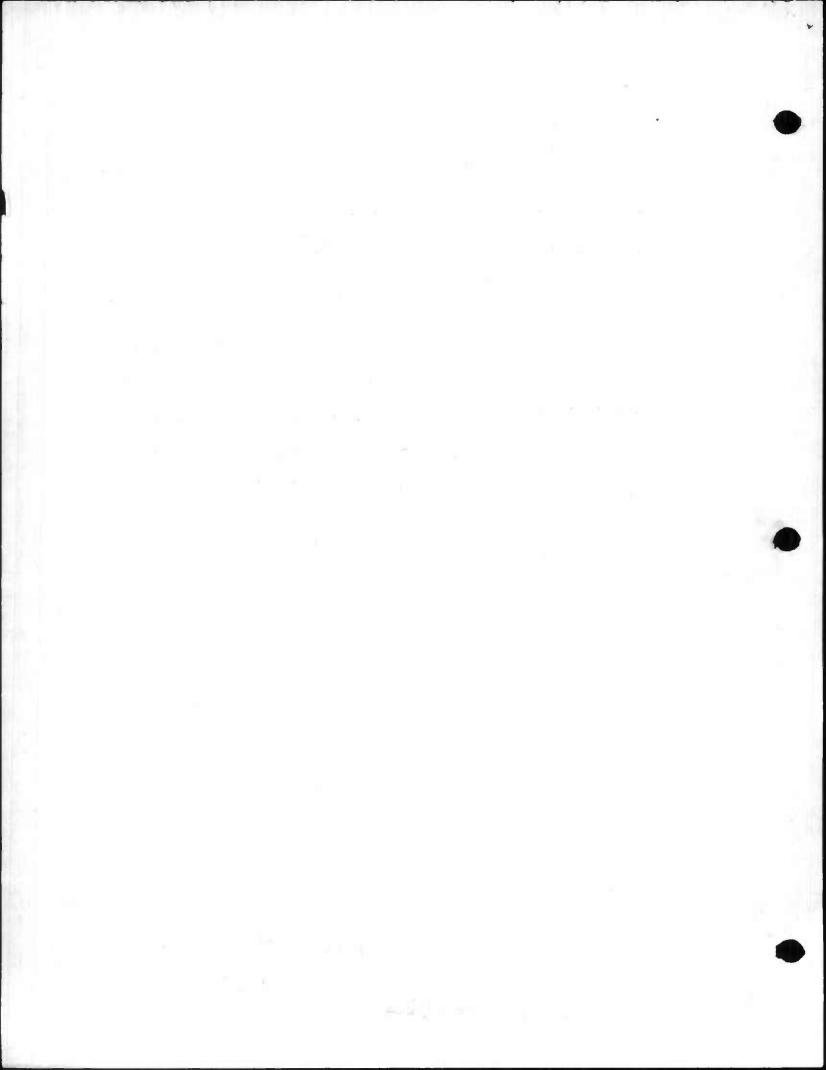
OCT 23 1996

32 Registrar's 1

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	_	item 4c,12 per FH 10		land / Dep	rtificate of	Death	Re	g. No.	3107
Physicia /Medica Examine	n al	1. Decedent's Name (First, Middle, Las A. Facility Name (If not institution, give	Thalin			4b. City, Town, or I	2. Date of Death Month OCOVER	Day Ye	3. Time of De
Funerai Director		5. Social Security Number 6. S 215-05-9642	20	yrs. last birthday) Yrs.		Baltim If Under 24 Hrs.		Year) 9.	A AL / I
natural, or items 23s or 23s-f show			I'IMORE 10c	: City, Town or Lo	BALTIMORE				10d. Inside City L
23a or 2	ral Dire	10e. Street and Number 31 STONEHENGE CIF	R., APT. 10		10f. Zip Code 21	208	10	og. Citizen of Wha	t Country?
ral', or items Examiner in	by Fur	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedent Ever I Armed Forces? 1 Wes 21 No If Yes, Give Year or Dates: W		Was Decedent of I If Yes, specify Cub 1☐ Yes 2☐No	Hispanic Origin? (S an, Mexicen, Puerto Specify:	pecify Yes or No- o Rican, etc.)		American Indian, White, etc. WHITE
r than The Me	Completed	15. Decedant's Ed (Specify only highest grad Eigmentary/Secondary (0-12)	lucation de complated) College (1-4or 5+)	(Give	DO NOT use retire	during most of wor			
o out	To Be	17. Father's Name (First, Middle, Last) LOUIS		THA	LER	18. Mother's Nam HELEN	ne (First, Middle, M		YSTAL
item 27 is other trau		19a. fnformant's Name/Relationship (7 MRS。 RUTH D. THAT	LER (WIFE)	31 S	TONEHENG	and Number or Ru E CIR., AF	T. 10 B	City or Town, Sta ALTIMORE 20c. Location - City	, MD 2120
Department of Important: If any Injury or once.		4 Donation 5 Other (Specify, 21. Signature of Funeral Service Licens	AJ	22	2. Name and Addre	SON & BRO	OS., INC.	BALTIMO	RE, MD MD 21208
ing physician and medical eas the buriel-transit medical Examiner	Examiner	immediata Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury	b	o (or as a consec	quenca of):				2 We
·		that initiated events 'resulting in death) Last	d.	o (or as a conseq	uence of):				
by the ettending eched for use as	rnysiciarym	that initiated events	d			ven In Part I.			outs to the cause of do
is been signed by the ettending 2 should be deteched for use as	Dy Priysicianyme	resulting in death) Last	d			ven in Part I.		autopsy 24	
his cartificate has been signed by the ettending at director, page 2 should be deteched for use as T. P. P. Commissed has been at the page 2.	to be completed by rnysiciaryme	Part II. Other significant conditions condit	d	resulting in the u	nderlying ceuse giv	_26. Place of Daal ner: 4⊡ Nursing Ho	1 Ys 24a. Was an perform 1 Ye. th (Check only one one 5 Resider	a suropsy 24 sed? 24 solutions 2 JONo 24 solutions 2 JONo 24 solutions 6 Gother (5	4 Unit to the probably 4 Unit to the probably 4 Unit to the proof to t
or death. setor: After this certificate has been signed by the ettending by the funeral director, page 2 should be deteched for use as the funeral director. To Be Commissed by Dhinsisian and the set of the se	to be completed by rnysiciaryme	Part II. Other significant conditions condit	d	resulting in the uncertainty in	nderlying ceuse given the second of the seco	_26. Place of Daal ner: 4⊡ Nursing Ho	1 Vs 24a. Was an perform 1 Ve: Check only one ome 5 Resider 28d. Describe hor	autopsy 24 s 2 No 3 nautopsy 24 s 2 No 0 nce 6 Other (5 w Injury occurred	4 Unit to the probably 4 Unit to the probably 4 Unit to the proof to t
Mer this certificate has been signed by the ettending funeral director, page 2 should be deteched for use as		Part II. Other significant conditions condit	Hospital: 1 Dispatient 28a. Date of Injury (Month, Day Year)	resulting In the uncertainty of	at 3 DOA Oth 28c. Injur Wor M 1 =	26. Place of Daai ner: 4 Nursing H y at k? Yes 2 No	24a. Was an perform 1 Ye. 2h (Check only one one 5 Resider 28d. Describe how of the call of the cal	a autopsy 24 s 2 No 3 a autopsy 24 s 2 No 0 s) nce 6 Other (5 w Injury occurred eet and Number of State)	4 United Specify) 4 United Un

DHMH 16 Rev 6/95



12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and piece, and due to the cause(s) and menner stated.

29c. License number

0050853.

Place, Baltimore MD 21202

29d. Dete signed (Month, Day, Year)

101 17

Division of Vital Records, P.O. Box 68760,

State

Medical

29a. Certifier (Check only one)

29b. Signature end title of certifie

31. Dete filed (Month, Day, Year)

OCT 23 1996

Pethkar

30. Neme and address of person who completed cause of deeth (Item 23a), (Type, Print)

301

Julia Villano

St

. Paul

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Year parles 11:12 AM October 20 1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Baltimore emorial Hospital

6. Sex, 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 6. Sex 1 M 2□ F 8. Dete of Birth (Month, Dey, Yeer) Social Security Number Birthpiece (State or Foreign Country) **Funeral** Months Deys Hours 220-38-8739 Director Usuai Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or terms 23e or 28e-f show other traumetic event, the Medical Examiner must be notified at 1XYes 2□No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Midheights 3801 U.S. 21215 Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?
1 X Yes 2 No VICTOR
1 Yes, Give
Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, 1 Never Married 2 Married 1 □ Yes 20 No Black Baltimore, Maryland 21215-0020 Specify: 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry anto Elementary/Secondary (0-12) Coilege (1-4or 5+) assembler 2 yr General motors 17 Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 2 should be fi and Mental F germit, Peges 1 and 2 should be Degistiment of Heath and Mantal Important if them 27 is marked any injury or Dward Ware ula 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) inda Wife Midheights Rd Ware-3801 balto, md 21215 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 10/25/16 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Owings mills, md 4 □ Donetion 5 □ Other (Specify) Forest Garrison Veteran 22. Name end Address of Fecility

March F. H - West 21. Signature of Funeral Service Licensee 4300 wabash Int 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical Septic Examiner Ca the buriel-transit Due to (or as e consequence of): Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated executions) ettending physician for use as the buriel P.O. Box 68760. Lecovent Care sio Vascular certificete be Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es e consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? à 1/2 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings evalleble prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 ∏Yes 2 ∏ No. Division of Vital il or Attending Physician: effer death. Be 25. Was cese referred to medical exeminer? 28. Piece of Death (Check only one) Hospitel: 1 ■ Inpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2KLNo this funeral 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28c. injury at Work? 28b. Time of 28d. Describe how injury occurred After! Certification: 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No I Director: A bd in by the fu 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours aff To the Funeral DI , completely filled in **Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete end piace, and due to the ceuse(s) and menner stated. Medical 29a. Certifier (Check only one)

Registrar

SHAMOUN, M.O. 31. Dete filed (Month, Dey, Year) 52. Registrer's Ganduck OCT 23 1996

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

2 1

M.D.

29b. Signeture end title of certifier

Memorial Karpital.

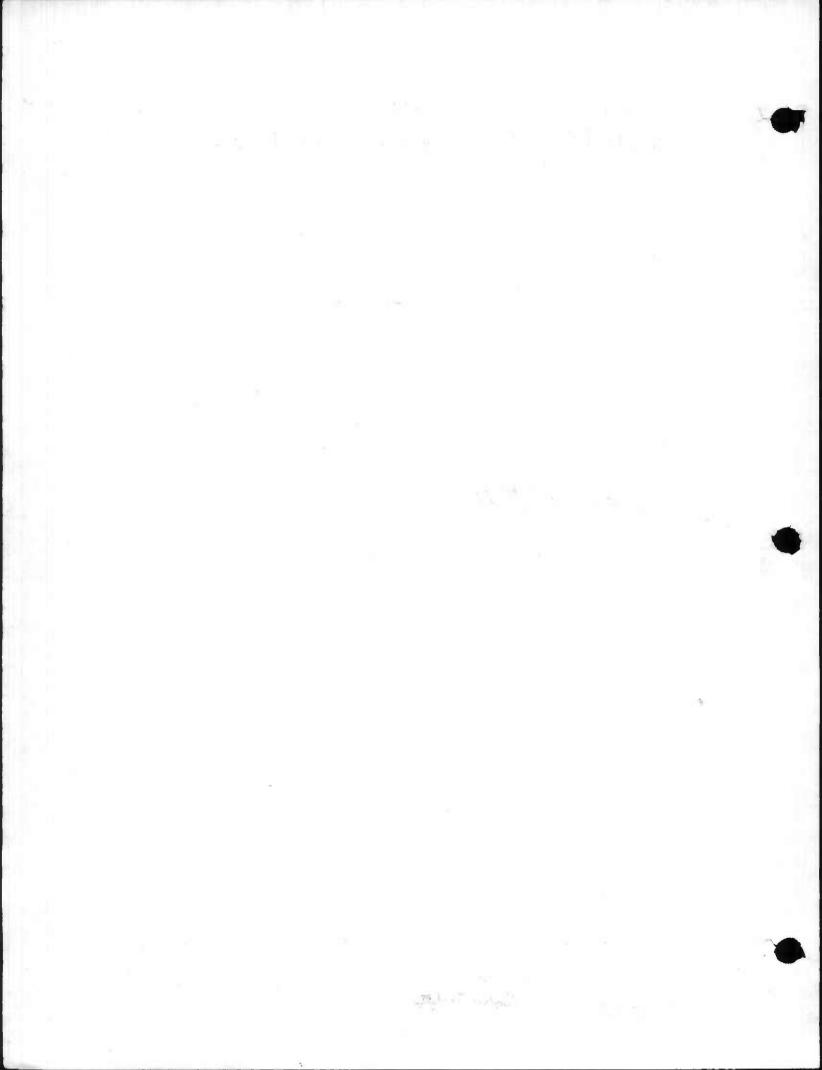
29d. Date signed (Month, Dey, Year)

October, 20, 1996.

29c. License number

Vajon

2438745



Registrar

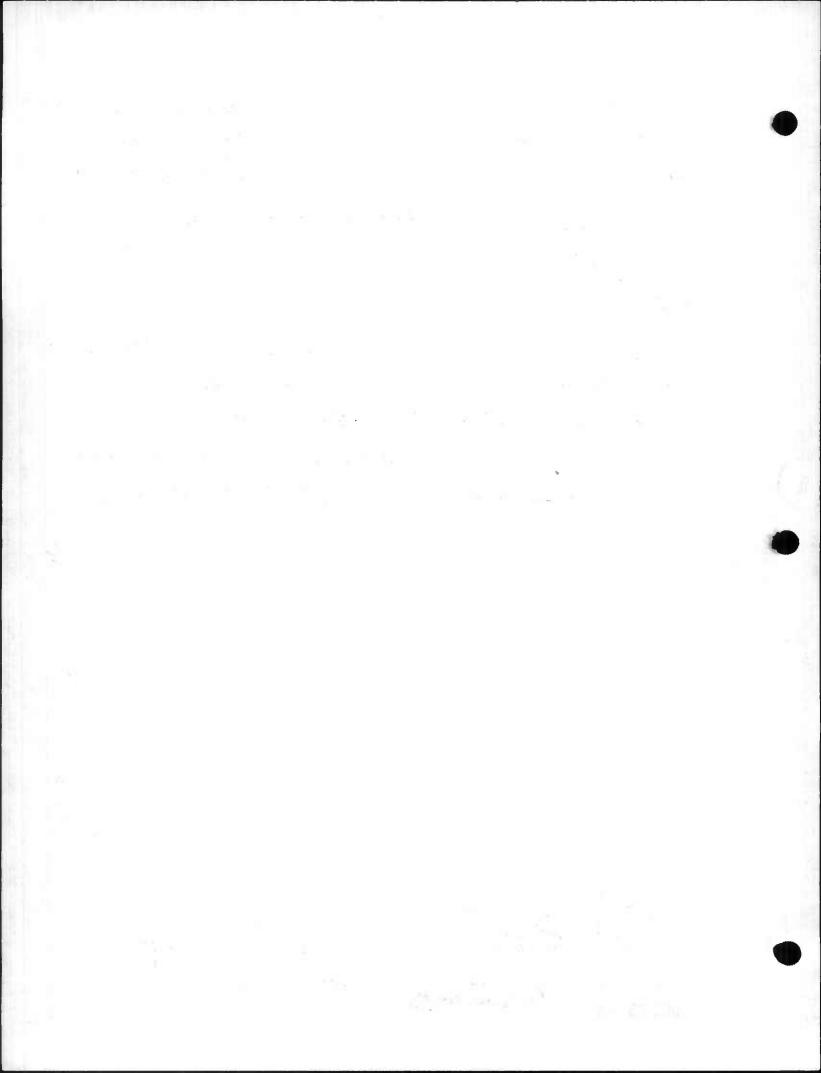
OCT 23 1996

III .

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

			Certificate of	Death	Rag. No.	50 0100	
Physician (Martina)	1. Decedent's Name (First, Middle, La William Wingat	,			Date of Death Month Day	Year 81°	Death
/Medical Examiner	4a. Facility Name (If not institution, given Union Memorial	and the same of th		4b. City, Town, or Location Baltimore C	on of Deeth 4c. Co	ounty of Death	
uneral irector	5. Social Security Number 6. S 212–10–7890 Usual Residence of Decedent	(Sex 7. Age (In yrs. I	Ast birthday) If Under 1 Yea Months Days		Date of Birth Month, Dey, Year) Nuary 20,	9. Birthplaca (State or Country)	Foreign
r 28a-f show Incuting at	M.D. Balto.		altimore B	altimore Hig	hlands)	10d. Inside City 1 ☐ Yes	
O X	10e. Street and Number 3015 Georgia Av	ŭ	10f. Zlp Code 212	227	10g. Citizer	USA	
Examiner meat Examiner meat I by Funeral	3 ☑ Widowed 4 □ Divorced	12. Was Decedent Ever in U, Armed Forces? 1 X Yes 2 □ No If Yes, Give Year or Dates: WW I I	S. 13. Was Decedent of if Yes, specify Cul	Hispanic Origin? (Specify ban, Mexican, Puerto Rica Specify:		Race - American Indian, Black, White, etc.	
ovent, tre Magical Be Completed	15. Decedent's Ec (Specify only highast gra Elementery/Secondery (0-12)	Jucation da complatad) College (1-4or 5+)	lifa. DO NOT usa ratin	during most of working		of Business/Industry d IronScrap/M	leta
	6 17. Father's Name (First, Middle, Last) William A. Winga			18. Mother's Neme (Fire Grace A.	st, Middla, Malden Su		
tract	19e. Informant's Name/Relationship (William H. Wingat		19b. Meiling Address (Stree 3015 Georgia	a Ave. Balti	uta Number, City or To	own, Steta, Zip Coda) 21227	
ant: If Rem 2	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from State	ace of Disposition (Nema of ematary, cramatory or other pla to. National (aca)		lon-City or Town, State 1 timore, MD.	
important: If I eny injury or Office.	21. Squature of Funeral Service Labor		22. Name end Addr McCully 237 F	Euponal Hom	e of Brook	lyn D 21225-1856	ŝ
siclan	23a. Pan I. Enter the diseese, or com shoot, or heart failure. List only					Approximete Interval Between Onset and De	een eath
edical miner	immediate Cause (Final disease or condition resulting in death)	a. Seps	es a consequence of):	CANNOT EX	CLUDE	12 hon	ms
ling physician and e as the burial-transit Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b. — Due to (or	as a consequence of):	Purmono	rey Embod	Luci	
ise as the but	that initiated events resulting in death) Last	Due to (or	as a consequence of):				1-
the attend hed for us yslcian/	Part II Other significant conditions or	antributing to death but not requi	thing to the tradedules acres of	hun in Bant I	22h Did tehanan usu		
signed by the attendin d be detached for use d by Physician/N	Part II. Other significant conditions of	An Bay Dis		ven in Perti.		s contribute to the cause of	death? Inknown
sate has been sig	-	OBSTRUCTUE		n sense	24a. Was an autopsy performed?	24b. Were autopsy fin available prior to completion of cau of deeth?	
o 0	DIABETE 25. Was case referred to medical	5 , ity pe	राष्ट्रभद्भा	26. Place of Deeth (Ch	1 Yes 2	lo 1 □ Yes 2 📉 N	ю
al direct	examiner? 1 Yes 2 No		ER/Outpatient 3□ DOA Ot	her	5 ☐ Residenca 6 ☐	Other (Specify)	
completely filled in by the funeral Medical Certification: 1	27. Manner of Death 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Dey Year)		ork?]Yes 2□No	Describe how injury or		
filled in by	4 Homicide determined	building, etc. (Specify)			City or Town, Stata)	umber or Rural Routa Numbe	97,
pletely fil	Chack and 20 Medical Exam	relcian: To the best of my know iner: On the basis of examination and manner stated.	on and/or investigation, in my	me, date and place, and d opinion, death occurred at	the time, dete end pla	I manner as steted. .ce, and due to the cause(s)	
2	29b. Signature and little of certifier	3010	29c. Licen	se number	29d. Date si	gned (Month, Day, Year)	
11	30. Name and address of person who o	ompleted cause of death /item	23a) (Type Print)	7360	10	14/16	
0 3	PAUL A. Sun	1.4 6 3	REMOVEDL HO	SP BAUTO	NO 2121	8	
State Registrar	OCT 23 1996	Felia Deutolia Maria					

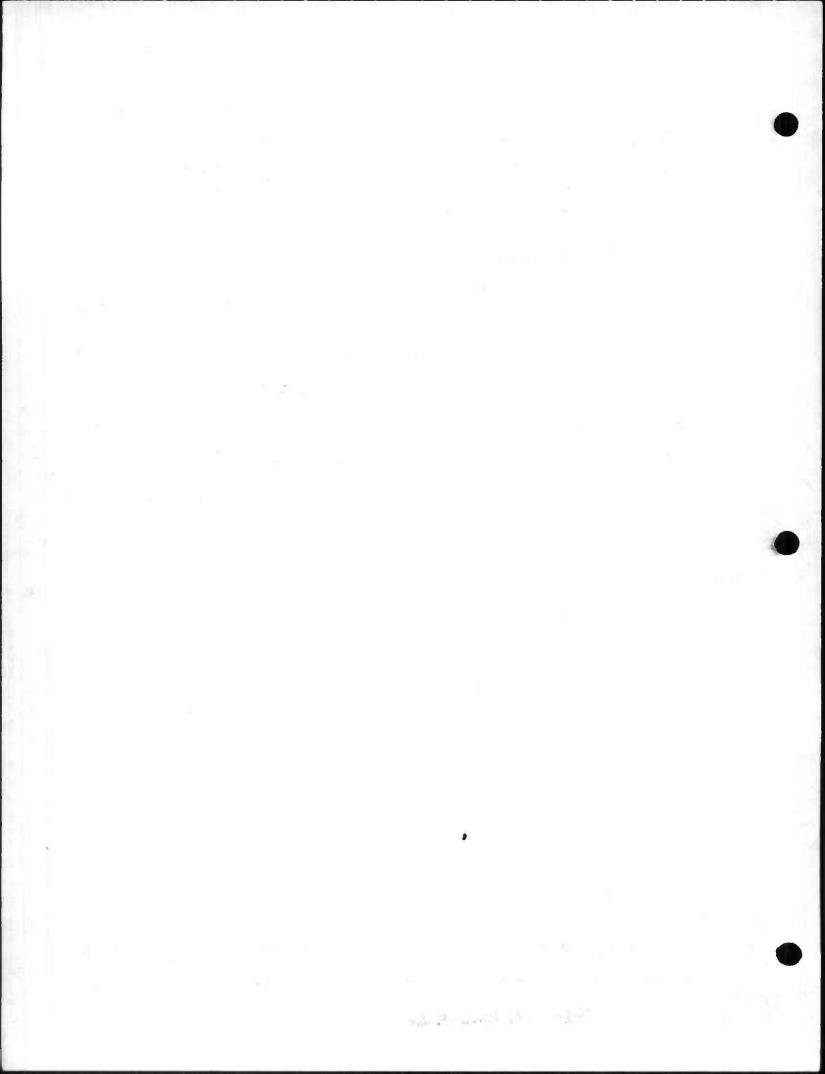
Registrar



State of Maryland / Department of Health and Mental Hygiene Q 6 2 1 6 8 1

_						Ce	rtificate of	Death		eg. No.	0	31001
100	Physici	ian	Decedent's Name (First, Middle,	Last)					2. Date of Dea Month		Year	3. Time of Death
	/Medi		Luerether				Whitle	-	10	17	96	6:15pm
	Examir	ner	4a. Facility Name (If not institution,					4b. City, Town, or I		4c. County		
			527 N. Luzer 5. Social Security Number				If Under 1 Year	Baltim	_		NA	
	uneral irector		242-16-5421 Usual Residence of Decedent	5. Sex 1 □ M 2 2 F 7. A	ge (In yrs. lasi 82	Yrs.	Months Days		8. Date of Birth O 1 - O 2 -	Year)	9. Birthp	place (State or Foreign
and	ž ==		10a. State 10b. County		10c. City, T	own or Lo	ocation			· · · · · · · · · · · · · · · · · · ·	1	10d. Inside City Limits
Mary	23a or 28a-f show	ō	MD 1	IA	Balt	timo	re					1 ☑ Yes 2 ☐ No
the	280	Director	10e. Street and Number				10f. Zip Code		1	0g. Citizen of	What Cour	ntry?
with	39 0	0	527 N. Luzere	ene Avenu	_		21205			USA		,
deeth	2 2	Funeral	11. Marital Status	12. Was Decedent	Ever in U.S.	13.			pecify Yes or No-		e - Americ	can Indian.
72 hours after deeth with the Maryland	Examener or	by	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:			If Yes, specify Cub 1 ☐ Yes 2,☐ (No	Hispanic Origin? (Span, Mexican, Puerti Specify:	o Rican, etc.)	Specify		etc.
nd 2 should be filed within 72 hours aff	"natural". legical Exp	Completed	15. Decedent'a	Education	1	6a. Deced	dent's Usual Occup	pation		16b. Kind of B		
.5	- 20	ple	(Specify only highest Elementery/Secondary (0-12)	Cotlege (1-4or	5+)	life.	NING OF WORK done DO NOT use retire	during most of world)	king			
filed wi		Con	6th Grade	NA		Hous	ewife			H	omem	aker
	0 5	Be (17. Father's Name (First, Middle, La	st)				18. Mother's Nan	ne (First, Middle, I	Meiden Suman	ne)	
should be		To	Joseph		Pete	en		Hattie		More	gan	
N G	E		19a. Informant's Name/Relationship	(Type, Print)		19b. Maitir	ng Address (Street	t and Number or Ru	rel Route Number	, City or Town,	Stete, Zip	Code) 21205
D £			Suzie L. Whit	aker		527	N. Luz	erne Av	enue Ba	ltimo	re,	Maryland
Pages 1	Important: If itam 2 any injury or other once.		20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Other (Spe		ceme	e of Dispo	sition (Neme of natory or other pla	ice)	Date	20c. Location	City or To	
Department of Hea	Imports any inju		21. Signature of Funeral Service Lic	ensee		22	. Name and Addre	ess of Facility Ba	altimor	e, Mar	rylai	nd 21202
88	E 5 8		Bomand Q	anhor				arch F.			_	
			23a. Part1. Enter the disease, or shock, or heart failure. List	plications that cause	d the death. [Approximate
Phy	ysician		snock, or neart failure. List	one cause on each ii	ne.							tnterval Between Onset and Death
	edicai		Immediate Cause (Final			ς	TROKE					DNE HOUR
Exa	miner		disease or condition resulting in deeth)	a	Due to (or as	-						ONE POOR
		Je						LAR DI	(60/6			5 YEARS
executed	ng physician and as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b	Due to (or as			OHP D	20136			3 1 04123
tificate be	g physicl as the bu	Medical	Cause (Disease or injury that initiated events resulting in death) Last	c	Due to (or as	a conseq	uence of):					Tells
60	esn.			d								
deat	e att	licia	Part II. Other significant conditions	contributing to death h	ut not resultin	o in the ur	nderlying cause giv	ven in Part I	23b Did to	hacco use co	ntribute to	the causs of death?
t the	by th	Physician/										bably 4 Unknown
s tha	peuc ep ec	by F	SEIZURE DIS	DEDER	DIA	BETE	7 WELL	LITUS		an Egy(to		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The law requires that the death certificate be executed	is been signed by the attendir 2 should be detached for use	Completed							24a. Was a perform	n autopsy ned?	ava	ere autopsy findings allabte prior to mpletion of cause death?
The	certificate has irector, page 2	EO							1 □ Ye	s 2DNo	1 [Yes 20 No
Ë	tor, p	Bec	25. Was case referred to medical					26. Place of Dea	th (Check only on			7
Sici	direc	0	examiner?	Hospital:	ent 2 ER/	Outpatien	t 3 DOA Oth		ome 5 Reside		er /Snecih	v)
Ph	er thi	n: T	27. Manner of Death	28a. Dete of Inju (Month, Da		b. Time of			28d. Describe ho			,
nding	: Aft	atio	1 Natural 5 Pending 2 Accident investigat		y vear)	Injury		Yes 2□No				
or Atte	Director in by th	Certification:	3 ☐ Sulcide 6 ☐ Could not determine	be 28e. Place of Inj building, et	ury - At home, c. (Specify)	, farm, stre	eet, factory, office		28f. Location (St City or Town		er or Rura	I Route Number,
Hospital 24 hours	To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edical C	29e. Certifier (Check only one) 1 Certifying I	Physician: To the best of aminer: On the basis of and manner sta	exeminetion	ige, death end/or tnv	occurred at the tir	me, dete and place, opinion, deeth occur	and due to the ca	use(s) and ma	inner as st	ated. the cause(s)
o the	o the	X e	29b. Signature and title of certifier	and marrier 50			29c. Licens	se number	2:	9d. Date signe	d (Month	Dev, Year)
¥ 3	7		> Nathan A	Switt,			D	34484			-21.	
	0		30. Name and address of person who					ST. B!	ALTIM OF	E, M	0 2	1202
	Sta		31. Dete filed (Month, Day, Year)	32. Registra	ar's Signature	0						
	Registra	ar	OCT 2 3 1996	Julia Stave	decoles	61						
13.0												

DHMH 16 Rev 6/95



If Undar 1 Year

10f. Zip Coda

Days

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death

Physician /Medical Examiner

STANLEY E. WADE, SR.

Month OCTOBER 15, 1996

2. Data of Death

8:00 PM

4a. Facility Nama (If not institution, giva street and number) ANNAPOLIS NURSING & REHABILATION CTR

1⊠M 2□ F

4b. City, Town, or Location of Daath ANNAPOLIS

4c. County of Death ANNE ARUNDEL

Funeral Director

28a-f show

ò

Herna 23a

ò

"natural",

should be filed within 7: and Mental Hygiene.

1 and 2 should be fill Health end Mental H tem 27 Is marked oth

permit. Peges 1 and 2.
Department of Health er
Important: If Item 27 Is
any Injury or other trau

Physician

/Medical Examiner

physician end s the burial-transit

98 esn ò

signed by the a

page 2 s certificate

tal or Attending Physician: Ts atter death.

In Director: After this certificat ed in by the funeral director, p

To the Hospital or A within 24 hours after To the Funeral Director Completely filled in b

the death certificete be executed

Box 68760,

P.O.

Records, requires should !

Division of Vital

Examiner

Physician/Medical

py

Completed

Be

2

Certification:

72 hours after

timore, Maryland 21215-0020

B

Director

Funeral

by

Completed

traumatic event, the Medical Examiner must be notified at

10c. City, Town or Location

7. Aga (In yrs. last birthday)

if Under 24 Hrs. 8. Data of Birth (Month, Day, Year)
JUNE 17, 1924

9. Birthpiaca (Stata or Foraign

10d. insida City Limits

216-18-9828 Usual Rasidance of Decedant

5 Social Security Number

FLORIDA

1. Decedent's Nama (First Middle Last)

BALTIMORE

10a. Stata 10b. County

COLLIER

NAPLES

Yrs

1 ☐ Yas 2 € No 10g. Citizan of What Country?

10e. Street end Number

149 DRIFTWOOD LANE

34112 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) U.S.A.

1 Navar Marriad 2 Married 3 Widowed 4 □ Divorced

12. Was Decedant Evar in U,S. Amad Forcas? 1 ⊠ Yas 2 □ No If Yas, Giva Yaar or Datas:

72

1 ☐ Yas 2 🕅 No

14. Race - Amarican Indian, Black, Whita, atc. Specify:

WHITE

15. Decedant's Education (Specify only highast grada completed)

16e. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)

16b. Kind of Businass/Industry

Elementary/Secondary (0-12) 12TH GRADE

College (1-4or 5+)

BUS DRIVER

GREYHOUND BUS LINES

17. Fathar's Nama (First, Middla, Last)

EDGAR WADE

ANNA HELWIG

19a. Informant's Name/Relationship (Type, Print)

BRAD WADE (SON)

19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 1910 LAYTON STREET - CROFTON, MD.

20a. Mathod of Disposition

1 ☐ Buriat 2 ☐ Cramation 3 ☐ Ramoval from Stata

20b. Piaca of Disposition (Nama of cematary, cramatory or other placa) CHESAPEAKECREMATORY, INC

10/17

18. Mothar's Nama (First, Middla, Maiden Sumama)

20c. Location - City or Town, State BELTSVILLE

4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Lic

22. Nama and Addrass of Facility

HUBBARD FUNERAL HOME, INC.

21229

4107 WILKENS AVENUE-BALTIMORE, MD

Fairt. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Approximata Interval Batween Onset and Death

Immedieta Causa (Final disaasa or condition rasulting in death)

Dua to (or as a consequence of)

Due to (or as a consequence of)

Sequentially list conditions, if any, laading to Immediata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated avants rasuiting In daath) Last

Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.

23b. Did tobacco use contributa to the cause of death?

1 | Yes 2 No 3 | Probably 4 | Unknown

24a. Wes an autopsy performed?

24b. Wara autopsy findings availabla prior to complation of causa of death?

1 ☐ Yas 2 No

1 ☐ Yas 2 ☐ No

25. Was casa referred to medical 1 Yes 2 No

27. Mannar of Daath

1 Natural

2 Accidant

3 Suicide 4 ☐ Homicide

Hospital: 5 Pending Invastigation

6 Could not be determined

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Deta of Injury (Month, Day Year) 9-31-96

Home

28b. Tima of 80

Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 28c. Injury at Work? 1 Yas 2 No

28d. Dascribe how injury occurred

SUBJECT SHOT SELF

26. Pleca of Death (Check only one)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 149 DRIFTWOODLD USPLES FLORDS

29a. Cartifier (Check only one)

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basts of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and title of certifie

29c. Licansa numbar

29d. Data signed (Month, Day, Year)

30. Name end eddrass of person who complated cause of death (Item 23a) (Type, Print)

DR. RICHARD.I. HOCHMAN - 1833 FOREST DRIVE - SUITE A-ANNAPOLIS, MD.

28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify)

21401

State Registrar

U

32/Regiltraris Signetur

DHMH 16 Rev 6/95

0.5 NV1

				State	ot Ma	iryland /			of Healtr of Deat		nental Hy	giene y	6	51683
	AL AL		1. Decedant's Name (First, Middle,	Last)		_					2. Date of De		V.	3. Time of Death
	Physic		JAMES A	RTHUR	W	IEST	NB				OCTOBE:	o Day	Yaar 1996	7:05 PM
	/Medi Examir		4a. Fecility Name (If not institution,						4b. City,	Town, or L	ocation of Deat			1103 17.1
	Exami	iei	JOHNS HOPKINS							TIMEI				
Н	E			6. Sex_		(in yrs. last i	hirthdev)	f Undar 1 Y		lar 24 Hrs.	8 Date of Bir	th	N/A	lace (State or Foreign
	Funeral Director		077-50-3626	12 M 2□ F	38	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yrs.	ionths D	ays Hour	s Min.	(Month, De	y, Year)		laca (State or Foreign try)
			Usual Rasidance of Decedent		30						JUNE 1	3,1938	NEW	YORK
	Mend Mend		10a. Stete 10b. County			10c. City, To	wn or Locat	ion					1	0d. inside City Limits
	Man.	to	MD FREDER	ICK			FRED	ERICK						1 ☐ Yes 2 ☒ No
	the rott	rec	10e. Street and Number		1			10f. Zip Co	da			10g. Citizen of	What Coun	try?
	di w	D	803 BLAKELEY CO	IIRT-APT-	352			217					S.A.	.,
	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show idical Exerciper, must be notified at	Funeral Director	11. Marital Status	12. Was Dec		var in I.I.S	13 Wes			Origin? (Sn	ecify Yas or No		e - Americ	an Indian
	Per d	ä	1 Never Merried 2 Marrie	Armed Fo	orces?		If Y	as, specify	Cuban, Mexic	can, Puarto	Rican, atc.)		ck, White,	
20	rs af	by F	3 ☐ Widowed 4 ☐ Divorced	If Yes, Gi	va"	•	1 🗆	Yas 2	No Speci	ify:		Specify	WHI	ΓE
9	n 72 hours natural',	B	15. Decedent's		70100.	10	Donadan	to Herial O	a a un a tion			16b. Kind of B	vole a se fin s	4
15		iet	(Specify only highast	grada completed)			e. Deceden (Giva kin	d of work d	one during m etired)	nost of work	ing	160. Kind of B	Dalileasyllic	Justry
21215-0020	s 1 and 2 should be filed within Health and Mental Hygiene. 1em 27 Is marked other than ° other traumatic event, the Mar	Completed	Elementary/Secondary (0-12)	College (ENGINE		, and any			CONSTRU	ICTIO	NI
9	filed with Hygiene. ther than		17. Fethar's Nama (First, Middle, L		KO		3110 III	ШК	18. Mo	ther's Nem	a (First Middle	Meidan Sumen		
Maryland	Mental Mental arked o	Be c	JAMES J. WESTON								DEVLIN		,	
7	should be nd Mental marked c umatic evi	1º	19e. Informent's Name/Reletionshi				N- 14-111 1					0	0	0.71
Ma	12 sho h and h and l is ma					11	_					er, City or Town,		Code)
	1 and Health em 27 fther tr		D'ANDREA FUNERA 20a. Method of Disposition	L HOME		20h Piggo	of Dispositle			COPIA	AGUE, N	Y. 1172		- Charles
more,	T he		1 ☐ Burial 2 ☑ Cremetion	3 □Ramovai from	Steta	ceme	lery, cremet	ory or other	plece)	1	Dete	20c. Location -	City or 10	wn, State
H	ment:		4 Donation 5 Other (Spe	ecify)		LONG :	ISLAND	CREMA	TION (CO 1	10/19	W. BABYLO	ON, N	.Y.
4	Department of Health Important: If New 27 Invy Injury or other to		21, Signature of Funarei Sarvice Li	censea					ddrass of Fac		ME, INC			
ď	0229		171. 4/10)	Coler	4						,	MORE, MI	21	229
•			23a. Part (Enter the disease or o	omplications thet	caused	tha death. D								Approximate
	Physician	П	shock, or heart failure. List o	nly one cause on e	Bach III	θ.								interval Between Onset and Death
	/Medical		Immediate Ceuse (Final	015		TLA	سا د م	0-1-	1 7 6	THO	^ A		1	2 000
	Examiner		disaase or condition resulting in daath)	ð					L 7 /	7 / 1000			1	~
_		ē		(, ,)		Due to (or es					. ~ . ~ 6 1		1	2 000
	ben i	Examiner		b		1723		-	ATAUS	2 11	[~ 1 ~ 0 1	,,,	<u> </u>	
,	ifficate be executed ig physician and as the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury			Due to (or es							1	2 441
68760,	Sician buri		Ceuse (Disease or Injury that Initiated events	c	112	11111	イーン							2 12)
88	phy s the	edicai	resulting In deeth) Lest		L	Due to (or es	consequer	ica of):						
Вох	es di se	lan/M		d										
m	atter for	clai									1			
O.	2 5 5	Physic	Part II. Other significant condition	a contributing to d	eath bu	t not resulting	In the unde	rlying caus	e given in Pe	ert I.				the cause of death?
0											10	Yes 2 No	3 ∐ Prot	bebly 4 Unknown
Records,	8 5 8	1 by						_			Ode Mee	an autanny	24h Wa	ere sutopsy findings
0	been sign should be	etec									perfo	an autopsy rmed?	avi	allable prior to mpletion of cause
ec	N 50 B	du											of	death?
	E ag	Completed									1)55	Yes 2□No	10	Yes 2 No
Vital	Iclan: The	Be	25. Was case referred to medical examiner?							ece of Deat	h (Check only	one)		
of V	0 0	၉	1 ☐ Yas 2 No	Hospitel:	Inpatier	nt 2 ER/0	Outpatient	3□ DOA	Other: 4 🗆	Nursing Ho	ome 5 Resi	dence 6 Oth	er (Specif)	y)
			27. Manner of Death 1 ☑Naturel 5 ☐ Pending	28e. Date (Mon	of Injury	Year) 28b	. Time of Injury	28c.	Injury at Work?		28d. Describe	how injury occur	red	
Division	Attending r death. ector: Afte by the fune	ertification:	2 ☐ Accident invastige	ition			- C*C*C*	М	1 ☐ Yes 2	□No				
N N	after death Director: / d in by the	tific	3 ☐ Sulcide 6 ☐ Could no 4 ☐ Homicide determin	ed 286. Piece	of Inju	ry - At home, (Specify)	farm, street	fectory, of	lice		28f. Location (er or Rura	Route Number,
	after Direct	e e				,				1	. ,	,		

10

State Registrar 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

ROBERT OFLOWSKI 600 N. WOL 600 N. WALPS ST

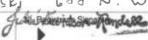
21287 BALTIMONE

101,5 96

29d. Data signed (Month, Day, Year)

29b. Signature and title of cartifier

29a. Certifier (Check only one)



MD PhA

Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred et the time, dete end place, and due to the cause(s) and manner stated.

29c. Licensa number

D46104

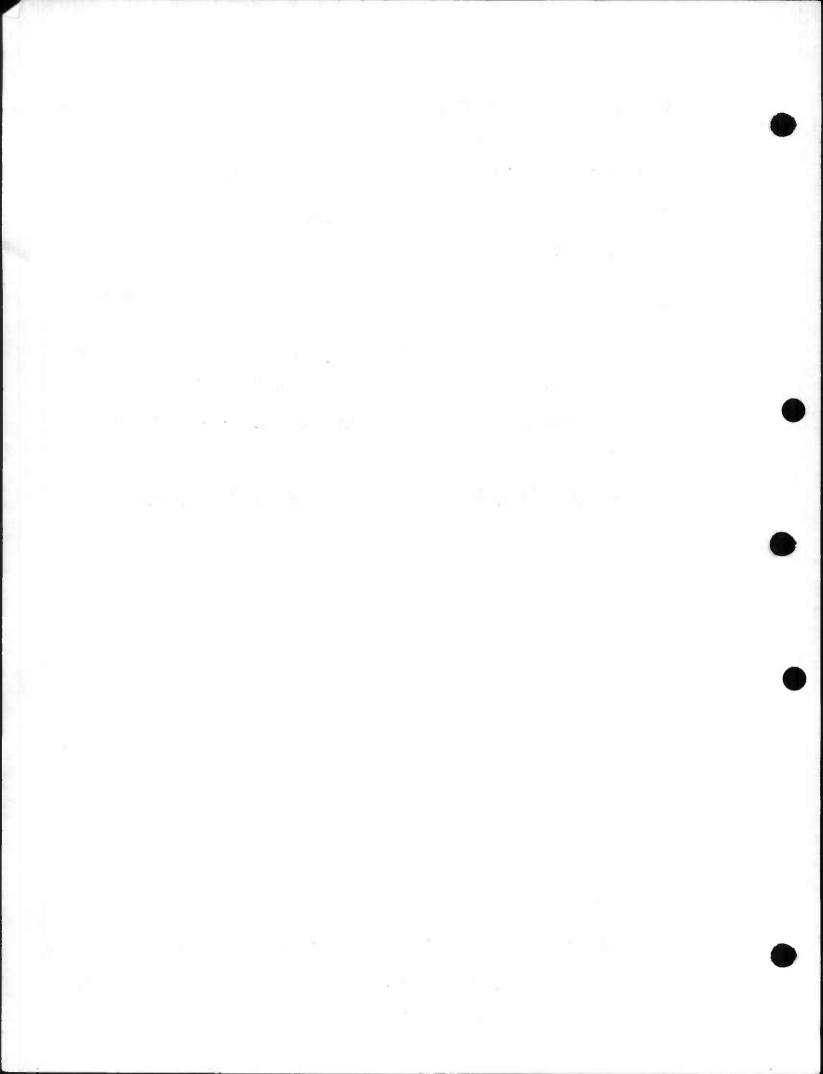
State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Year WHITNEY MARIAN 07.25pm 1996 OCTOBER 17 /Medical 4a. Fecility Nema (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Randallstown Northwest Hospital Center Baltimore If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 1□ M 2 F 215 10 3075 87 Vrs **Director** Jan 23, 1909 Md. Usuei Residenca of Dacadent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inaide City Limits 28a-f show r than "natural", or flems 23a or 28a-f shorthe Medical Examiner must be notified at Md. Carroll Sykesville Eldercare NOYes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7309 Second Ave. 21784 U.S A. filed within 72 hours after death Hygiene. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Raca - American Indien, Bieck, Whita, etc. 1 Never Merried 2 Married 1 Yes 2√ No Specify: swante by 3√√Vidowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Induatry Elementary/Secondary (0-12) Coilaga (1-4or 5+) Telephone Operator C&P Telephone Co other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Pages 1 and 2 should be next of Heelth and Mental William Gladden Augusta Pavolskin is marked 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Heelth a Grace Leona Gladden 372 Sunshine Way Westminster, Md. 21157 Bartimore, Кеш 20a. Method of Disposition 20b. Piace of Disposition (Name of cemetery, cremetory or other pleca) Important of Important if its any injury or oth other 20c. Location - City or Town, Stata 1 ☐ Burlei 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Carroll Cremation 10/18/96 Hampstead, Md, 22. Name and Address of Facility Haight Funeral Home P.O.Box 195 Sykesville, MD. 21784 Part 1. Enter the disease, or complications het caused tha death. Do not enter tha mode of dying, auch as cardiac or respiratory errest, abock, or haer failure. List only one cause on each line. Approximate interval Between Onaet and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical PHEUMONIA Examiner Due to (or es e consequença of): Physician/Medical Examiner CHRONIC OBSTRUCTIVE PULMONARY physician end s the burial-transit the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events Due to (or es e consequança of): Box 68760. DIABETES MELLITUS Due to (or es e consequenca of): resulting in death) Last 88 attending p CARDIOVASCULAR 324321a signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Vital Records, þ been si 24a. Was an autopsy performed? Completed 24b. Were autopsy findings available prior to completion of cause of death? irector, page 2 s 1 ☐ Yes 2 ☐ No 25. Was case rafarred to medical examiner? Be 28. Place of Death (Check only one) 1 Yas 2 No Hospitai: Other: 4 ☐ Nursing Homa 5 ☐ Residance 6 ☐ Other (Specify) 1 Inpatient 2 ER/Outpatient 2 3□ DOA 6 After this 27. Manner of Death 28c. injury at Work? 28d. Describe how injury occurred Certification: 1 Naturei 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Piaca of injury - At home, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide ò To the Hospital
within 24 hours of To the Funeral Completely filled Certifying Physician: To the best of my knowledge, death occurred at the tima, date and piace, and due to the cause(a) and manner as stated.

[Insertifying Physician: To the best of my knowledge, death occurred at the time, date and due to the cause(a) and manner as stated.

[Insertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 145045 OCTOBER, 17, 1996 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) AGBOGU NORTHWEST HOSP. CENTER BALTO, MD 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State chi Davidson Reglate Registrar

DHMH 16 Rev 6/95

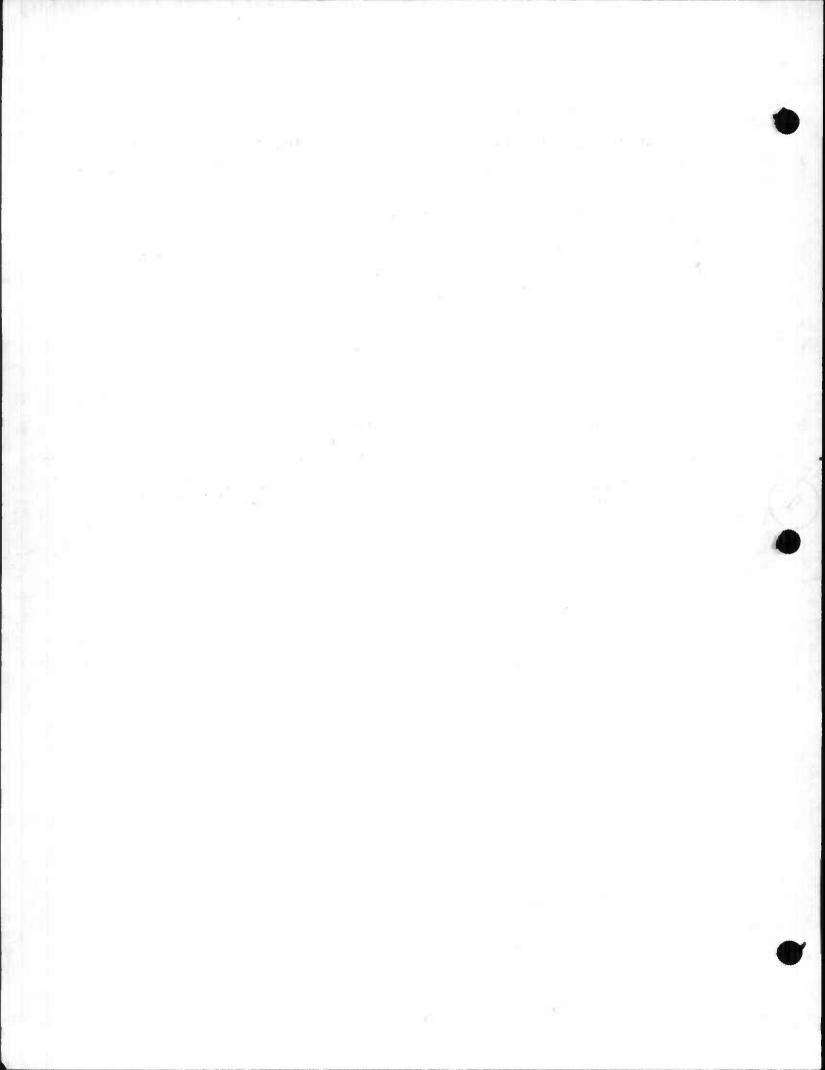


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Country Horen Horen **Physician** 9:00 PM 1996 20 Charles Franklin Weber /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Union Memorial Hospital Baltimore
If Undar 24 Hrs. 8.
Hours Min. 5. Social Security Number 8. Data of Birth Month, Day, Year) 2/2/1918 7. Aga (In yrs. last birthday) If Undar 1 Yaar 9. Birthplaca (State or Foreign Country) Maryland **Funeral** Deys 1₩ M 2□ F Months 212-14-3663 78 Director Usual Rasidanca of Dacedant with the Maryland 10a, Stata 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, i're Medical Examiner must be notified at 10d. Insida City Limits Director 1 S Yes 2 No Maryland N/A Baltimore 10e Street and Numbar 10f. Zip Code 10g. Citizan of Whet Country? 3310 Keswick Road 21211 U.S.A. Funeral 12. Wes Decadant Evar in U,S. Armed Forces? 1 ∰ Yes 2 ☐ No If Yes, Giva Yaar or Datas: WW II 14. Race - American Indian, Black, White, etc. 11. Maritel Status Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) permit. Pages 1 and 2 should be filed within 72 hours effer Desarment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Item any Injury or other traumatic event, the Medical Events. Never Married 2□ Married Paltimore, Maryland 21215-0020 1 ☐ Yas XX No Spacify: 2 Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decadant's Education 16b. Kind of Businass/Industry (Specify only highast grada completed) Elamantary/Secondary (0-12) Collega (1-4or 5+) Handyman Falkenhan Plumbing 17. Fathar's Nama (First Middle Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be John Weber Marie Schmezel 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Margaret Patton (Sister) 3310 Keswick Road, Baltimore Maryland 21211
ace of Disposition (Nama of Date 20c. Location - City or Town, Stata 20a. Mathod of Disposition 20b. Plece of Disposition (Nama of cematary, cramatory or other place) Date 1XX urial 2 ☐ Cramation 3 ☐ Ramoval from Steta 4 ☐ Donation 5 ☐ Othar (Specify) Lorraine Park Cemetery 10/23 Baltimore, Maryland 21. Signature of Funaral Sarvica Licensee 22. Nama end Address of Facility A. Alan Seitz, Jr. Funeral Home 3818 Roland Avenue, Baltimore, Maryland 23a. Part1. Enter the disaasa, or complications that causad the deeth. Do not enter the mode of dying, such es cardiec or raspiratory arrest, shock, or haart failura. List only ona causa on aach lina. Physician Immediata Causa (Final diseasa or condition rasulting In death) /Medical Intra-cerebral bleeding 96 hours Examiner Dua to (or as a consequence of) Examiner burial-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or Injury that Initiated avants rasulting in death) Last end Dua to (or as a consequence of): ettending physician for use es the burial Box 68760. certificate be Physician/Medicai Dua to (or as a consequenca of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 1 No 3 ☐ Probably 4 ☐ Unknown rneumonia Division of Vital Records. þ Hypertension 24b. Wara autopsy findings aveilable prior to complation of causa of death? Completed 24a. Was an eutopsy performed? The lew Africal Fibrilation 2 No 1 Yas 1 ☐ Yas 2 ☐ No Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) 1 Yas 2 No Other: 4 Nursing Home 5 Rasidance 8 Othar (Specify) Hospital: 1 Mapatiant 2 ☐ ER/Outpatient 3 ☐ DOA 5 27. Mannar of Death 1 Natural 28c. Injury at Work? To the Hospital or Attending PI within 24 hours effer deeth.
To the Funeral Director: After the completely filled in by the funera Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred After t 5 Panding invastigation sefter deeth.

Director: Aff
d in by the fur 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarminad 3 Sulcide 28a. Place of Injury - At homa, farm, straat, fectory, office building, etc. (Spacify) 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basic of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29a. Certifiar Medical (Check only one) 29b. Signatura and title of cartifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) Maria Onucho, MD AT 243 8946 October 20, 1996 30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print) Maria Opychic, MD. 201 East University 2. Registrar's Signatura State Daydoon Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Oct. 18, 1996 Beatrice E. Yates /Medicai 3:15p.m. 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Baltimore Gennis Nursing Home Baltimore 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** 1 □ M 2 🗙 F Months Deys Hours 97 Yrs. 124-16-7268 Director Nov. 5,1898 Maryland Usuel Residence of Decedent 10b. County 28a-f ahow 10c, City, Town or Location 10d. Inside City Limits Md. Baltimore, Md. Director Baltimore 1DXYes 2DNo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 21207 U.S.A 6900 Brompton Rd. 238 Funeral Hems 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 XNo If Yes, Give Baltimore, Maryland 21215-0020 'naturei', or 1 ☐ Yes 2 X No Specity: Specity: Black ò 3€ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "n any injury or other traumatic event, the Med once. Elementery/Secondery (0-12) College (1-4or 5+) Jr. High School Presser Cleaners 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be 2 Antonio Thomas Frances Johnson 19e. Informent's Neme/Relationship (Type, Print) niece 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Esther Couser 6900 Brompton Rd. Baltimore, Md. 21207 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1X Buriel 2 ☐ Cremetion 3 ☐ Removel from State Arbutus Memorial Park Oct 25 Baltimore County, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway 21. Signeture of Funerei Servica Licansee Baltimore, Maryland 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feilure. List only one cause on each line. Approximete Intervel Between Onsel end Deeth **Physician** Souzast Immediete Ceuse (Finel diseese or condition resulting in death) /Medical SEVENT ANTERIOSCHENOTIE CANDIOVASCULAR DEVACE Examiner Due to (or es e consequence of): Physician/Medical Examiner be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last for use as the burial-tran Due to (or es e consequenca ol): Box 68760. To the Mospital or Attending Physician: The law requires that the death certificate twithin 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physicompletely filled in by the funeral director, page 2 should be detached for use as the I Due to (or es e consequença ol): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? OLD CONOBRAL 1 Yee 2 No 3 Probably 4 Unknown VAS Gulton Division of Vital Records, multi m Fracy Completed 24e. Wes en eutopsy performed? 24b. Were autopsy lindings eveileble prior to completion of cause of death? Hypertension 1 ☐ Yes 2 ☐ No 1 ☐ Yes 20 No 25. Wes cese referred to medical exeminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 2 ☐ Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, lerm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Cortifying Phyelclan: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the cause(s) end manner as steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner steted. Medical 29e. Certifier (Check only 29b. Signeture end title of confiner 29c. License number 29d. Dete signed (Month, Day, Year) D19502 DCT0000 22, 1996 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) 7501 liberty Rd. ORIANDO CONTRALA 3. MD

32. Registrer's Signature

State

Registrar

31. Dete filed (Month, Day, Year)

2 3 1996

State of Maryland / Department of Health and Mental Hygiene

								Ce	ntiticate d	OT L	Jeath			Reg.	No.			
Physicia /Medica	-	1. Decedent's Nar	A	1	. 2		dn	nAn					2. Date of De Month	eath OCT	Day 8	Year 1996	9.	ne of Deeth
Examine		4e. Facility Nama	(If not institution	n, give :	0	imber) 1 ter				41		wn, or L	ocation of Deal	h	4c. County	of Deeth C+1	-	re
Funeral Director		5. Social Security 218–42	-0837	6. Sex	м 2 Х .F		(In yrs. les	t birthday) Yrs.	if Under 1 You Months De	ear eys	If Under Hours	24 Hrs. Min.	8. Date of Bi (Month, Di FEB.	th ay, Ya - 1	1938			ate or Foreign
the Medical Examine mail be notined at	jo	Usual Residence 10a. State MD	10b. County		IMORE	1	10c. City, 7	Town or Lo	ocation IDALLSOV	۷N						-	10d. Insl	da City Limits Yes 2 No
0 % 2	a Director	10e. Straet and No 3941 N	imber EMO RD	•					10f. Zip Coo		133			10g.	. Citizen of US		ntry?	
al', or items	by Funeral	11. Maritai Status 1 Never Mar 3 Wldowed		rried	12. Was Dec Armed F 1 ☐ Yes If Yes, G Yaar or I	orces? 2 💆 No ive			Was Decedant If Yes, specify (1 ☐ Yes 2 ☐		spanic Orl n, Mexicer Specify:	gin? (Sp	ecify Yas or No Rican, etc.))-		ce - Amarl ck, White, y:		
ene. than "natural", re Medical Ex	Completed	(Spe	15. Deceder ocify only higher condary (0-12)	nt's Edu est grade	e completed) (1-4or 5+)		(Give life.	dent's Usual Oc kind of work do DO NOT use re IEMIST	ccupa one d etired)	ation <i>luring</i> mos)	t of work	ring		b. Kind of B			
la do	o ge C	17. Father's Neme	(First, Middle,	, Last)			BL	ITZST				er's Nam ANA	e (First, Middle		iden Sumer			
end E s		19e. Informant's MR. DA	Name/Relation			JS.)			ng Address (St. NEMO RI				el Route Numb			, Stete, Zi 133	o Code)	
ant: If Itam 27 i			sposition Cremation 5 Other (5		amoval from	State	cem	etery, cre	osition (Neme of metory or other TEFIORI	place	-	- 1	O/96 HEBREW	200	BALT	City or T		
Department important: If any injury o		21. Signature of F	ugeral Service	M	Cat	Hli		2	SOL LE				OS., IN			LE,	MD 2	1208
nysiclan		23a. Part1: Enter shock, or ha	the diseese, o art failure. LIs											rrest	•	1	Approx Interva Onset	Imete I Betwaan and Deeth
/Medical xaminer		Immediate Cause disease or conditi resulting In death)	on	8	m			f x f	quence of):	e f	757	CA	ncer				10	yen
	a Examiner	Sequentially list of any, leading to liceuse. Enter Und Cause (Disease of	lerlying or injury	f)	Du	ue to (or a	s e consec	quence of):	_								
attending physi	TIYSICIAIVMEDICAI	thet initiated even rasulting in death)	ts		1.	Du	ue to (or as	s e consec	uence of):									
by the atter	II ysicia	Part ii. Other sign	ificent conditi	ons con	tributing to o	leath but	not resulti	ng in the u	nderlying ceuse	e give	en in Part I		1 - 1					uae of death?

Hospital: 1 ☐ Inpetient 2 ☐ ER/Outpetient

24b. Were eutopsy findings available prior to complation of causa of death? 24a. Was en eutopsy parformed?

1 ☐ Yes 2 ☐ No

1□ Yes 2 No

28. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 1 ☐ Yes 2 ☐ No 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify)

28b. Time of

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

3□ DOA

29d. Date signed (Month, Day, Year) D25205

5565 N. Charles St. Balto, mg

State

Medical Certification: To Be Completed by

25. Wes cese referred to medical examiner?
1 ☐ Yes 2 PNo

5 Pending Investigation

6 Could not be determined

27. Manner of Deeth

Natural 2 Accident

3 Suicide

4 Homicide

Registrar

Division of Vital

Hospital or Attanding Physici

within 24 hours efter death. To the Funeral Director: A

State of Maryland / Department of Health and Mental Hygiene O.C.

					a. y tai ta		tificate of	Death		leg. No.	0	31000
Physic	ian	1. Decedent's Nama (First, Mi	ddla, Last)						2. Data of Dea Month	th Day	Year	3. Tima of Death
/Med		Cynthia	Clare		ce			~	October			3:00 PM
Exami		4a. Facility Nama (If not institu	tion, giva street a	nd number)				4b. City, Town, or L	ocation of Death	4c. County	of Death	
		Montgomery G	eneral H	lospit	al			01nev		Mont	gome	rv
Funeral		5. Social Sacurity Number	6. Sax		ga (In yrs. last bi	irthday)	If Under 1 Year Months Days		8. Data of Birth	(Vear)		placa (Stata or Foreign
Director		381-44-6757	1□M 28	ΧIF	50	Yrs.	Working Days	Tious Will.	8. Data of Birth (Month, Day Sep. 15	1946	Mich	igan
2		Usual Rasidence of Dacedant										
Aaryland 21215-0020 2 should be filed within 72 hours effer deeth with the Manyland and Mental Hygiene. Is marked other than "natural", or items 23e or 28e-f show raumatic event, the Medical Experiment must be notified at	_	10a. Stata 10b. Cou	nty		10c. City, Tov						1	Od. Insida City Limits
M o M	Funeral Director	-	gomery		Silver	Spr	ring					1 ☐ Yas 2€ No
F 9 F	Oire	10e. Street and Number					10f. Zip Coda		1	0g. Citizan of \	What Coun	itry?
th w 23a	<u>a</u>	15333 Aylesbu	ry Stree	t			2090	5		USA		
980	100	11. Maritai Status	12. Wa	s Decedant ned Forcas?	Evar In U,S.	13. V	Vas Dacedant of	Hispanic Origin? (Sp ban, Maxican, Puart	pecify Yas or No-	14. Rac	e - Amaric	
O effe	F	1 Nevar Married 2K N	larried 1	Yas 2 🔀			☐ Yas 2⊠ No		o rilioan, ato.,			mts.
ours Paris	by	3 ☐ Widowed 4 ☐ Divord		ar or Datas:		'	L 185 2 2 140	Specity.		Specify	Whi	.te
Maryland 21215-0020 d 2 should be filed within 72 hours eff th and Mental Physiene. The merked other than "netural", or traumatic event, the Medical Examples.	Completed	15. Deced	lant's Education hast grada comp	lated)	168	. Deced	ant's Usual Occu	pation	kina	16b. Kind of Bi	sinass/Inc	dustry
17 E . E	pje	Elemantary/Secondary (0-1:		lega (1-4or !	5+)	lifa. C	OO NOT usa ratire	during most of worked)	nu ig			
No de la serie	00	12		6		Syst	ems Ana	lyst		Physic	s Lal	boratory
and 212 be filed withintel Hygiene.	0	17. Fether's Nema (First, Midd						18. Mothar's Nem	na (First, Middla, i	Maldan Suman	na)	
Went Went	To	George Joseph	Kaszebs	ki				Clara '	Theresa	Kaminsk	i	
and sho		19a. informent's Name/Ralation	onship <i>(Type, P</i> nir	nt)	19	b. Mallin	g Addrass (Strea	t and Number or Ru	ral Routa Number	r, City or Town,	Stata, Zip	Coda)
and 2 and 2 and 27 is	1	William C. Ac	e / Husb	and	15	333	Aylesbu	ry Street	. Silver	Spring	. Ma	ryland 2090
S T S T S T S T S T S T S T S T S T S T		20a. Method of Disposition			20b. Piaca C	of Dispos	sition (Name of natory or other pla	200)		20c. Location -		
Page ent c ht: If		1 ☐ Buriai 2 ☒ Cramatic 4 ☐ Donation 5 ☐ Othar		from Stata			oln Cren			Brentwo	od. N	Maryland
Baltimore, Marylar permit. Pages 1 and 2 should by Department of health and Menta Important: If them 27 is marked any lajury or other traumatic evonce.		21. Signature of Funeral Servi	4		1			ass of Facility Hir				
Balt permit. Departri Importa any Inju		1/1/	74		``			ew Hampshi			eral	nome
		nome		ilege	N		Silver S	Spring, Ma	aryland	20904		
100		23a. Part1, Entar tha disaasa shock, or haart failure. L	or complications list only ona caus	that caused e on each li	tha daath. Do na.	not anta	er the mode of dy	ing, such as cardiac	or raspiratory arr	ast,		Approximata interval Batween
Physician	1			0	0 (2	FO				1	Onset and Death
/Medicai Examiner	п	immediata Ceuse (Final disaasa or condition		Ce	whe	2	tder	ma			į	
LAdminer		rasulting in daath)	9	0	Dua to (or as a	consequ	uanca 9f)	0	0			
D 45	Ine	41		Tro	Lound	(Bra	discar	dia		i	
58760, icate be executed physician and sthe burial-transit	edical Examiner	Sequantially list conditions,	В. —	0	Due to (or as a	qopsequ	and the same of the same of	0			1	
o e e e urial	D	Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disasse or injury that initiated avants	J	Ser	lere	HU	MOD TO	nnm				
68760, filtrate be exe physician as the burial-	lica	thet initiated avants rasulting in death) Last	C		Dua to (or as a	conseque	rence of):				+	
A se t	1	rusoning in Quality East									1	
Box 6 eath certifi ettending	5		d								1	
death death d for	icie	Part ii. Other significant cond	ittons contributing	n to death h	ut not resulting i	in the un	dartving cause of	ivan in Part i	23h Did to	phacco use co	ntribute to	the cause of death?
ds, P.O. res that the de signed by the e	by Physician/N	11. 1	. 0		L 0			TO COLUMN TO COL		ss 2 No		bably 4 Unknown
The see see see see see see see see see s	Y P	History	of 101	leas	Ca	~ 4	er		101	88 ZLI 140	3 P100	abiy 4 Onknown
Division of Vital Records, P.O. Box 68760, or Attending Physician: The law requires that the death certificate be executed effer death. Director: After this certificate has been signed by the ettending physician and in by the funeral director, page 2 should be detached for use as the burial-transit	q p	11. 10	0.	0	press				24a. Was a	n autopsy	24b. Wa	ara autopsy findings
cord v require been si	Completed	Histom	OI	De	press	im			perfor	med?	ava	aliable prior to mplation of causa
Red law	du	100	B	000							of	death?
The Language page	00	Mediante	nor	Cal					1 🗆 Y	es 2 No	10	Yas 2□ No
Vision of Vital I Attending Physician: The rideath actor: After this certificate by the funeral director, page	Be	25. Was casa raferred to made axaminar?						26. Place of Dea	th (Check only or	na)		
of on this ce this ce all dire	2	1 Yas No	Hospital	Inpatia	nt 2 ER/O	utpetient	3□ DOA Ot	thar: 4 Nursing H	oma 5 🗆 Reside	enca 6 🗆 Oth	ar (Specify	y)
Jing Ph After th funeral	Ë	27. Mannar of Death 1 □ Natural 5 □ Pan	28e.	Deta of tnju (Month, Da	ry 28b.	Tima of injury	28c. Inju Wo	ury at	26d. Dascribe h	ow injury occur	red	
isiol thendir death. ctor: Af y the fu	atic	2 ☐ Accidant inva	stigetion	(,,	,,		Yes 2□No				
Vis Ander de ecto	tific	3 ☐ Sulcida 6 ☐ Cou	ld not be mined 26e.	Placa of inj	ury - At homa, fa	arm, stra	at, factory, office		28f. Location (S. City or Town	treat and Numb	er or Rura	I Routa Number,
	Medical Certification:	Tomorda	,	building, at	c. (Spacity)				Only of Town	i, Stata)		
sepit hour mera y fills	le:	29e, Cartifiar Certif	ying Physician:	To the bast	of my knowladge	a, daath	occurred at tha ti	ime, deta end place,	, and dua to tha c	ausa(s) and ma	inner as si	ated.
A Ho	ğ	(Check only 2 Medic	ai Examiner: On and	tha basis of mannar sta	f axamination er ated.	nd/or inv	astigetion, in my	opinion, daath occur	rred at the time, d	ete end plece,	and dua to	tha causa(s)
Divisit To the Hospital or Attent within 24 hours etter deat To the Funeral Director: completely filled in by the	ž	29b. Signatura and titla of cert	fiar		Λ		29c. Lican	sa number	2	9d. Data signe	d (Month,	Day, Year)
F > F 0		Ni Phai		· N1	in alla		DIL	5285		Matal	len-	6 1991
1		oo Name of the	~ J	, 10	viaca	-		2000	<u></u>	CTO		4,1110
		30. Nama and address of person			and the second second second							
		Wilkerson Nina	ата 181	11 Pr	ince Ph	Llip	Drive (Uney Mary	land Su	ite 212	Olne	y Md. 2083
Sta		31. Deta filed (Month, Day, Ye		JZ. Hegistr	ar's Signatura	Bul	L-22-					
Regist	al	0CT 1 1	1996	ina	- HANDLANDA	1-10						

DHMH 16 Rev 6/95

OCT 1 1 1996

NO DATE of then

0	po	31	-	0
4	13	- 5	1	>-(
1		VI	V	U

			Decedent's Name (First, Michael Control of the	ridia I set)		Ce	rtificate of	Death	2. Data of D	Reg. No.	10	3 5 8 9
	Physic	ian	YARVIS		ERLIN		ANADRA	DEC	Month OCT.	_	1996	10:10AN
N	/Medi		4a. Facility Name (If not institut					4b. City, Town, or	_			IO. IOAL
71	Exami	ner	WASHINGTON	-		ΤΤΔΙ.		TAKOMA			rgome	RY
1	Funeral		5. Social Security Number	6. Sex	7. Aga (In yrs. la		If Undar 1 Yaar	If Undar 24 Hrs				
	Director		578-19-4816 Usual Residence of Decedent	1⊠M 2□F	23	Yrs.	Months Days	Hours Min.	8. Data of B Month, D DEC 2	Y 1972		lace (Stata or Foreign try) SALVADOR
	the Maryland 28a-f show notified a	or	10a. State 10b. Cour			Town or Lo					10	0d. Inside City Limits 1 ☑ Yes 2 ☐ No
	the 28e	Director	MD PRIN	NCE GEORGE	HYAT	TSVII	10f. Zip Code			10g. Citizen of	What Coun	41
	with 3a or	ā	7601 23RD AVE	PNITE			20782			EL SAL		
	Jeath Tre 2:	era	11. Marital Status		edent Evar in U,S	. 13.1		Ilspanic Origin? (S	Specify Yes or N		ce - America	
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or flerns 23s or 28s-f show ont, the Medical Example, must be notified a	by Funeral	1 Never Married 2 M 3 Widowed 4 Divorc	larried 1 ☐ Yes	2 (X No ′e		Was Decedent of H f Yas, specify Cub 1∭ Yes 2☐ No		to Rican, atc.)		ck, White, e	etc.
2-0	72 ho	Completed	15. Deced	lent's Educetion hast grade completed)		16a. Dece	dent's Usual Occup	pation	dian	16b. Kind of B	usiness/ind	lustry
21	within and the than the Med	nple	Elementary/Secondary (0-12		-4or 5+)	life.	kind of work dona DO NOT use retire	d) most of wo	rking			387
21	filed with Hygiene. ther than	Con	7 T H			TI	RUCK DRIV	ER		UNAVAI	LABLE	5
Pu	d oth	Be	17. Father's Name (First, Middle							e, Maiden Suman	ne)	
\Z	2 should be filed and Mantal Hygi Is marked other reumstic event, I	To		NADRADES				CANDEL	ARIA PE	RDOMO		
, Maryland	2 9 9 9		19a. Informant's Name/Relation JUAN A. TEYES	PASTOR			ng Address (Street NEWTON S					Code)
Baltimore,	permit. Pagas 1 end Department of Health Important: If item 27 eny Injury or other to once.		20a. Method of Disposition 1 Burial 2 □ Crematio 4 □ Donation 5 □ Other		State		sition (Name of natory or other pia EMETERY	OCT.	Date 15 96	20c. Location SAN MIGU		wn, State L SALVADOR
Balt	permit. Pagas Department of t Important: If its eny Inlury or of once.		21. Signature of Funeral Serv	Licensee	276		Name and Addre W.H. BACC				20010)
-			23a. Part1. Enter the disease, shock, or heart failure. L	or complications that c							20010	Approximate Interval Between
	Served, illicate be assecuted by secured by secured by secured es the bunial-transit endines in secured by sec	Examiner	Immediate Cause (Final diseasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	a	Due to (or a	as a consec		5				
Box 68760,	5 00	edical	Cause (Disease or injury that initiated events resulting in death) Last	c	Dua to (or a	is a conseq	uence of):					
B	the death cer y the attendin sched for use	cla	Part II. Other significant condi	tions contribution to de	ath but not seculit	ion to the u	adarbilan aayaa ni	en in Dard I	22h Did	I tohoooo waa aa	ntelbute to	the cause of death?
, P.O	es that the digned by the be datached	y Physician/N	Takin Otror algimicani oorigi	morre continuously to de	atti but not resum	ing in ale of	idenying dease giv	on Rivalli.				ebly 4 Unknown
Records,	aw requires to been size should	Completed by							24a. Wa	s an autopsy ormed?	con	ore autopsy findings ullable prior to appletion of ceuse death?
		Son							1,23	Yes 2□No	12	Yas 2□ No
of Vital	Physician: The this certificate rail director, par	Be	25. Was cese referred to medic examinar?	cel				26. Place of Dea	ath (Check only	one)	-	
7	hysic this ce al dire	To	16 2 No	Hospital: 1 □ I	npatient 2XXI	R/Outpatien	t 3 DOA Oth	ler: 4 ☐ Nursing H	łoma 5 ☐ Res	idence 8 DOth	er (Specify)
Division	To the Nospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	al Certification:	3 Suicida 6 Coul dete	titigation d not be rmined 28e. Place buildin	of Injury - At hom ng, etc. (Specify) Street best of my knowle	edge, death	PM 1□ seet, factory, office	Yes 2,≅ No	Motor 28f. Location City or To	(Street and Numb own, State) Uni Ul'II C, A cause(s) and ma	er or Rural en Bli Lany I	ated.
	the Ho hin 24 the Fu	edical	(Check only X2 Medica	al Examiner: On the ba and mann	sis of examination er statad.	n and/or inv	restigation, In my o	pinion, death occu	irred at the time	, date and place,	and due to	the cause(s)
	To the within 5 To the comple	W	29b. Signature and title of certif	ller USV	lad	5 MI	29c. Licens	e number C.M.E		OCT .	_	
	4		30. Name and address of person	, Raden	tz MD11	1 Per	nn Stre	et, Bal	timore	, Mary	land	21201
	Sta Registr		31. Date filed (Month, Day, Yea OCT 0 9	1996 July	egistrar's Signatur	Parlett						

DHMH 16 Rav 6/95

10 03 19 State of the second of the

State of Maryland / Department of Health and Mental Hygiene 96 3 | 690

						Cert	ificate of I	Death			Reg. No.		0,0	
	B1		1. Decedent's Name (First, Middle, L.	ast)						2. Date of Dea		Vans	3. Time o	of Death
	Physici /Medi		Romie	Kenneth			Brice	:		Octobe	r 7, 1	996	9:2	5 PM
	Examir		4a. Facility Name (If not Institution, gi	va street and number)			4	b. City, To	wn, or Lo	ocation of Death	-			
			Memorial Hea	mital A Day				Eas	ton		Ta]	bot		
Н	Funeral		Memorial Hos 5. Social Security Number 6.	pital @ Eas	rs. lest bin	thday)	if Undar 1 Yaar	if Undar		8. Data of Birt (Month, De			olace (Stata	or Foreign
п	Director		213-24-4976	1 X M 2 □ F	74		Months Days	Hours	Min.	Dec. 31	y, Year) . 1921		yland	
٦	ъ		Usuei Residence of Decedent							DCC. 31	,	1101	Zuliu	
	ylan		10a. Stata 10b. County	10c.	City, Town	n or Loca	ition					1	0d. inslda (City Limits
	Ma	to	Maryland Talbot	E	aston	1							1 Te	s 2X No
	r 28	Director	10e. Street and Number		-		10f. Zip Coda				10g. Citizen of	What Cour	itry?	
	3a c	0	29701 Dutchman's	s Lane			21601				USA			
	deat	Funeral	11. Marital Status	12. Was Decedent Ever in	ı U,S.	13. W	as Decedent of H	ispanic Ori	gin? (Sp	ecify Yas or No		ce - Amaric		
0	after Ar He	F	1 Nevar Married 2 Married	Armed Forcas?		i	res, specify Cuba		i, Puerto	Hican, etc.)		ck, White,		
Maryland 21215-0020	is 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumatic avent, the Medical Examines must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		11	∃Yas 2XNo	Specify:			Specif	y: Blac	:K	
2-0	72 ho	Completed	15. Decedent's E		16a.	Decede	nt's Usuai Occupi	ation	d adad	ina	16b. Kind of E	usiness/Inc	duatry	
2	Han Han	pie	(Specify only highast gr Elementary/Secondary (0-12)	College (1-4or 5+)	_	life. DO	NOT use retired	during mosi f)	t or work	ing				
21	Man Man	0	7th		Ca	rper	nter				Seymore	Buil	Lders	
pu	of the state of th	Be (17. Fethar's Name (First, Middle, Las	1)				18. Mothe	r'a Nam	e (First, Middle,	Meldan Sumer	ne)		
la	Went Went riked	To	Sam Brice, Sr.							Walley				
lan	sho and m		19a. informant's Name/Relationship	(Type, Print)	19b.	Mailing	Address (Street	and Numbe	er or Aur	al Route Numbe	er, City or Town	, State, Zip	Code) 2	1601
Σ	alth 27		Glayds G. Bric	е	P	.0.1	3ox 194-	2970	1 Du	tchman'	s Ln. I	Easton	ı, Md.	
ore	of He		20a. Method of Disposition	1	o. Place of	Disposit	tion (Name of tory or other plea	ce)		Date	20c. Location	- City or To	wn, Stata	
Ĕ	Page ent on ry or		1 Donation 5 Other (Speci	JRemoval from Stata (fy)			Marsh C		ry 1	0/14/96	Tran	pe, l	Id.	
Baltimore,	permit. Pages 1 Department of H Important: If Ita any injury or of		21. Signature of Funeral Sarvice	Hall Control of			Nama and Addres							
m	Depa impo any i						Jennie S							
			23a. Part 1. Entar the disease, or con	ploations that caused the d	eath. Dor	not enter	P.O. Box	1687	, Ea	or respiratory as	laryland rest	1 210	601 Approxima	te.
Ų.	Physician		23a. Part I. Entar the disease or con shock, or heart failure. List con-	one cause on each ilne.						,	,		interval Be Onset and	etween
į.	/Medical		Immediata Cause (Final	P TIME	4		7	0.0						T
п	Examiner		disease or condition rasulting in deeth)	a. RupTure	Q	40	VIIC	a	400	20750	a	i	MIS	4016
		ě		Due to	o (or as a c	consaque	ence or):			/				
	eath certificate be executed attending physician and for use as the burial-transit	Examiner	Convention by the constitution	b. — Due to	o (or es a c	oneague	ince of):					- i		
ć	exec in an	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	500 (2 (01 00 0 0	onsoque	1100 01/.							
68760,	sicis bur	edicai	thet initiated events	C. Due to	(or as a c	ODSOULS	ince of).							
	g phy as th	9	rasulting in death) Last	00010	(01 43 4 0	onsoque	mod orj.					1		
X	that the death cer ed by the attendin detached for use	M/u		d										
ω.	the death y the atter	Physician	Part ii. Other significant conditions	contributing to death but not	resulting in	the und	arlving cause give	en in Part i		23b. Did 9	obacco use co	ntribute to	the cause	of death?
0	by the	hys			oodining in		anying oddoo givi	011 411 4111		10	-		bebly 4	
<u>ر</u> ر	as that igned be det	ру Р					-				29610	00	abily 4	Johnstown
Records,	The law requiras that ite has been signed b page 2 should be deta										an autopsy		ara autopsy	
8	w requin been si should	let								репо	rmed?	CO	aliable prior mpletion of death?	
Be	The law ate has page 2	Completed								101	as 2000			7.61
ā			25. Was case referred to medical					00 51	15		1		JTOS ZL] No
Division of Vital	yalcian: is certific director,	o Be	axaminar?	Hospital:	H-000		2□ DO4 Othe	OF'		h (Check only o				
o	Phys raid	: To	27. Manner of Death	1 ☐ inpatient 2	ER/Out	ime of	3LI DOA	4LI NU		me 5 Resid			()	
no	After After	tion	1 Naturai 5 ☐ Pending	(Month, Dey Year		njury	28c. injun Worl	k? Yes 2⊡l		200. 0 0001100 1	iow injury cood			
2	Attending Physician: or death. ector: After this certific by the funeral director,	ca	3 ☐ Suicida 6 ☐ Could not b	De Disco of injury A	t home for	no otene		163 201		28f. Location (S	Street and Num	har or Burn	I Bouto Aku	mhar
<u>\</u>	or Attending after death. Director: After d in by the fune	Certification:	4 ☐ Homicida detarmined	28e. Place of injury - A building, etc. (Spe	cify)	m, stree	t, factory, office			City or Tow	m, Stata)	Der Dr Hura	I HOUSE IVAI	noer,
_		-	29a. Certifier 150 Certifying Pl	nucleion. To the best of much	an also del desar	do nath a	a account of the state of the		d els es	ala di dila da di di			and d	
	To the Hospita within 24 hours To the Funeral completely filled	edicai	The second of th	nysician: To the best of my liminer: On the basis of exam and manner stated.	ination end	dor inve	stigation, in my of	na, date sno plnion, deal	a piece, th occurr	ed at the tima,	data and piace,	annar as si and due to	the cause	(s)
	ithin the omple	Me	29b. Signature and title of certifler	And mariner stated.			29c. Licansa	a number			29d. Date signe	d /Month	Dev. Year)	
	F ≯ F 8		11.01. AV	1 Sould			4	5 3/11	11		11 10	196	, , , , , , , ,	
			- 1021.m //5	JW/140- (100	644	7		10/01	10		
			30. Nama and addrass of person who							. M	1 0	1601		
		, 1	William J. Ban 31. Date filed (Month, Dey, Year)	T == == 1 = 1 = 1	24 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			. Ła	stor	, Maryl	and 2.	1601		
	Sta Registr				David	son-7	andell							
	11091011		OCT 1	1 1996 D Juna			•							

				State of	f Marylar		artment of rtificate o			glene (36 31691
	Physic		Decedant's Nama (First, Middla, L T. Co.	ŕ	ogers		Bake		2. Data of De Month		3. Tima of Death 4:36am
	/Medi Examir		4a. Facility Name (If not institution, ga	va street and nun	nber)			4b. City, Town, or I	ocation of Deet	h 4c. Count	y of Death
	Funeral Director		229-03-1449			on Can . lest birthday) Yrs.					bot 9. Birthpiece (Stata or Foraign Country) Virginia
	ter death with the Maryland items 23e or 28e4 show net must be notified at	Director	Usual Rasidance of Dacedent 10a. Stata 10b. County Maryland Talk	oot		ity, Town or Lo	n				10d. Inside City Limits 1 🔯 Yas 2 🗆 No
	3a or 3		10e. Street end Number 501 Dutchman 1	s Lane			10f. Zip Code	21601		10g. Citizen of	What Country? JSA
020	n 72 hours after death with the Maryland *natural*, or items 23e or 28e-f show edical Evansher must be notified at	by Funeral	11. Meritel Status 1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Dece Armed For 1 Yes If Yas, Giv. Yeer or De	rces? 2) No a		Wes Decedant of if Yes, specify Cu	f Hispanic Origin? (Si uban, Maxican, Puart o Specify:	pecify Yes or No o Rican, atc.)		ce - American Indian, ck, Whita, atc.
21215-0020	within 72 ane. then *nat	Completed	15. Decedent's E (Specify only highest gi Eiamantary/Secondery (0-12) 1 2	ducation rada completed) Collega (1:	-4or 5+)	(Giva lifa.	dant's Usual Occ kind of work don DO NOT usa reti	na during most of work red)	king	18b. Kind of B	home
d 2	Hed Hyg	Be Co	17. Fether's Nama (First, Middle, Las	t) Z		110	Jilleillake	18. Mothar's Nan	ne (First, Middle		
ylan	T T T T	To B	William Lowe 7	Turnbul	l Rog	erson		Kathry	n Tess	sier	
, Maryland	nd 2 shoulth and 27 is m		19e. Informant'e Neme/Raiationship James P. Baker		on	890	4 Teal	et and Number or Ru Point Ro			
altimore,	ages int of t: # #		20e, Method of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Other (Space		Stata Che	cematary, cred	osition (Nama of matory or other p ike Cen	ter	Dete 10/6		City or Town, Stata
Balt	permit. P Departme Important any injury		21. Signeture of Funaral Sarvice Lice			F		Helfenh			m Funeral Ho
	Physician /Medicai Examiner		23a. Pert1. Entar tha disaesa, or cor shock, or haart failure. List only Immedieta Causa (Final disease or condition rasulting in death)	Olia Cause Oli et	iffic		colin		or respiretory e	rrest.	Approximeta Interval Between Onset and Death ONG Week
x 68760,	ta be executed with the burkel-transit and Examine.	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaesa or injury thet initiated avants rasulting in death) Last	b		or as a consec or as e consec					
, P.O. Box	ed by the detached	y Physician/Med	Port II. Other significant conditions Polymolgia Ph	contributing to dec			Inderlying causa	-		tobacco use co Yes 2□ No	ontributs to the causs of death
Records,	requires been sign should be	Completed by	CATREETINE HE	al Blood	leg				24a. Was	an autopsy ormed?	24b. Ware sutopsy findings available prior to completion of cause of death?
al Re	The law cata has t	Comp	congestive the	art ba	eline	2			10	Yas 27No	1 □ Yes 2 No
Vital	Physician: The this cartificata rai director, pag	Be C	25. Was case refarred to medical axaminar?	Hospitei:				26. Place of Dea			
on of	Aftar Aftar funa	ition: To	1 Yas 2 No 27. Manner of Death Natural 5 Panding 2 Accident invastigation	26a, Date o (Mont)	npatiant 2 of Injury h, Day Year)	28b. Time o Injury	f 28c. In	4 🗆 IVuising n		dance 8 Oth	
Division	frar dinar din by	Certification:	3 Suicide 4 Homicida 6 Could not l	28a. Place	of Injury - At h	oma, farm, str	reat, fectory, offic	9	28f. Location (City or To		ber or Rural Route Number,
	To the Hospital or Att within 24 hours aftar of To the Funeral Direct completaly filled in by	edical C	29a. Cartifier (Check only one) 12 Certifying P 2 Medical Exa	hysician: To the i miner: On the ba and mann	sis of axamina	owledga, deatl ation and/or In	h occurred et the vastigation, in my	time, dete and place, opinion, death occur	, and dua to tha rred st tha time,	causa(s) and m deta end place,	anner ss stated. and dua to the causa(s)
	To the Comp	Me	29b. Signature end title of certifier	1200	ans			nse number		29d. Data signe	Month, Day, Year)

Michael Lees, M.D., 606 Dutchman's Lane, Easton, Maryland 21601

31. Data flied (Month, Day, Year)

32. Registrar's Signatura

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

Day, Year)

32. Registrar's Signatura

OCT - 7 1996

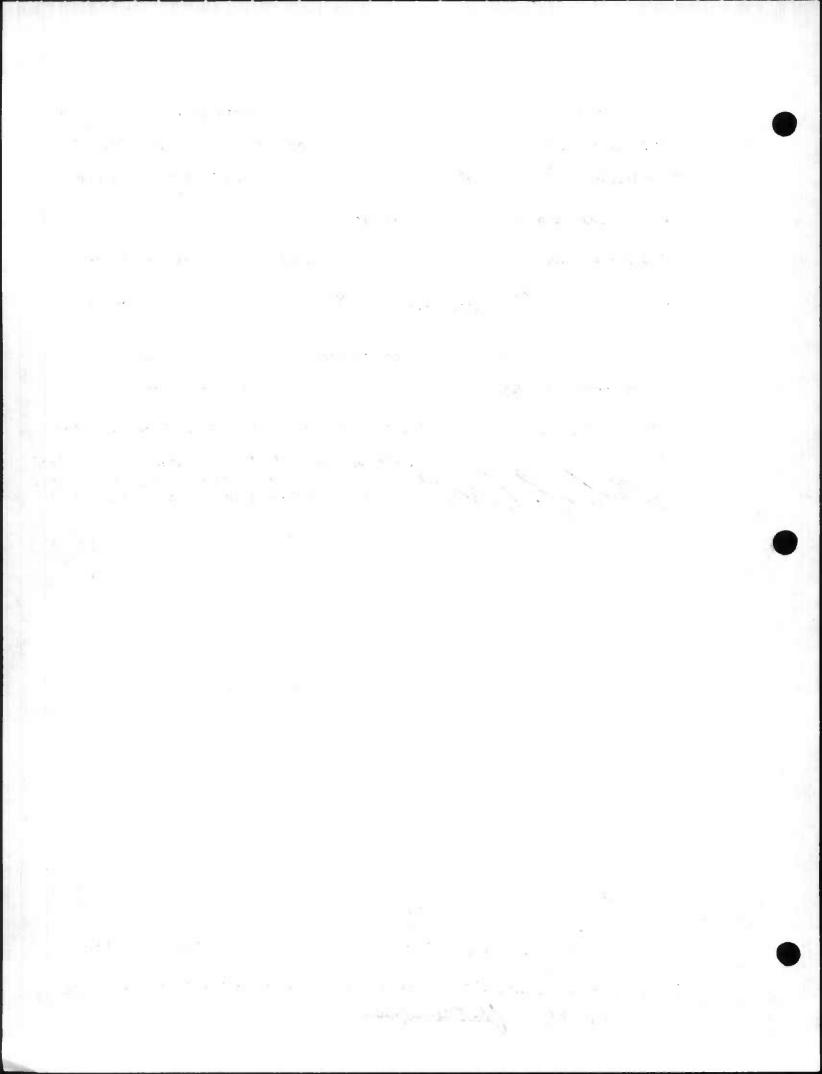
Audia Davidson-Randelle

DHMH 16 Rev 6/95

State Registrar

State of Maryland / Department of Health and Mental Hygiene 96 31692

							Certific	ate o	f Death	F	Reg. No.	O	01072
	N1-		1. Decedent'a Name	(First, Middle, La	st)					2. Date of Dec	eth	No. 5	3. Time of Death
	hysic Medi/		Lek	Roy Bald						October	Day 5 19	Year 96	3:30PM
	Exami		4e. Fecility Name (If I		e street and numbe	r)			4b. City, Town, or L				
			267 Rug 5. Social Security Nu	by Cour		Age (In yrs. last i	histosou) If Un	der 1 Yea	Arnold ar if Under 24 Hrs.	9 Date of Rist		e Aru	to the same of the
	uneral rector				% 2□ F /		Yrs. Mont			8. Date of Birti (Month, De)			place (State or Forei
	100101		219-03-51 Usual Residence of D			_77				Nov 8	1918	Mar	cyland
/land	Mon III		10a. State	10b. County		10c. City, To	wn or Location					T	10d. inside City Limit
Men	28a-f ehow	Į.	MD	Anne Ar	undel		Arnol	ld					1 ☐ Yes 2 ☒N
the	28	Director	10e. Street and Numb	per			10f.	Zip Code			10g. Citizen of	Whet Cou	ntrv?
with	380	0	267 D	h O				·	21037				
death	E E	Funerai	11. Maritai Status	by Cour	12. Was Deceden	t Ever in U,S.	13. Was De	cedent of	f Hispanic Origin? (Spuben, Mexican, Puerto	pecify Yes or No-	United 14. Rad		can Indien.
within 72 hours efter death with the Meryland ene.	al", or items 23a or 28a-f ehov Examiner must be notified at		1 Never Merried	2 Married	Armed Forces 1x TyYes 2 T					Rican, etc.)		ck, White,	
S S S	, I	by	3 Widowed 4	Divorced	If Yes, Give Year or Dates	1940-19	1 ☐ Yes	2/EXN	o Specify:		Specif	y: Whi	.te
2 ho	"natural", edical Exp	Completed	, J	5. Decedent's Ed	ducation		a. Decedent's U	sual Occi	upation		16b. Kind of B	usiness/In	ndustry
d within 72 hours of gione.		Pie	(Specify Elementary/Second	only highest gre	College (1-4or	5.4	(Give kind of life. DO NO	work don Tuse retir	e during most of work red)	ing			
d wit	the M	E	Listino nary occorn	July (0 12)	5 plus	34)	Law At	torn	nev		La	aw	
ould be filed with Mental Hygiene.	d other event, I	Be	17. Father's Name (F.	irst, Middle, Last,					18. Mother's Nam	e (First, Middle,	Melden Sumen	ne)	
d 2 should be file th end Mental Hy	marked matic e	To	George H	lenry Ba	ld, Sr.					Bertha	Taylor		
2 should and Men			19a. Informent's Nam	ne/Relationship (Type, Print)	19	b. Mailing Addr	ess (Stree	et end Number or Rui	al Route Numbe	r, City or Town,	Stete, Zij	p Code)
	CA P		Ta 6 6 man 17	7 7 7 1 1 1	3		762 04-	0 -	1. II. W.1	1		1	1 21100
	item 2 other		Jeffrey T 20a. Method of Dispo	sition			of Disposition (i	Vame of	ak Way Mil	Date	20c. Location	City or To	own, State
Pages lent of	7 0		1 Buriel 2 4 Donetion 5		Removal from State	9			ery 10/09	106	A	-1/-	Manual am 3
permit. Pages 1 er Department of Heal	inju		21. Signature of Fund		- 1	7							Maryland
28	eny lr		1/2	1.	//	4.11	1/.7.7)1- o	ress of Facilityohn	M. Tayl	or fune	eral	Home, Inc.
-	_		220 Part Fotor the	00	.4				of Glouce			oris,	
-			23a. Part1. Enter the shock, or heart	failure. List only	one cause on each	line.	o not enter the n	loae or ay	ying, such as cardiac	or respiratory are	est,		Approximate Interval Between Onset end Death
	ician dical		Immediete Cause (Fi	nal	1		/		V			1	Oriset end Death
	niner		disease or condition resulting in deeth)	i i ai	a. /3/	ICHE	atte	_ (ance	7			1 year
		5				Due to (or as	a consequence o	of):				1	/
De 1	Jsit	Examiner			b								
Macu	end el-trai	xar	Sequentielly list cond if eny, leading to imm	litions, ediate		Due to (or es	consequence o	of):					
ficate be ex	buni		Sequentielly list cond if eny, leading to imm cause. Enter Underly Ceuse (Disease or inj that initiated events	ring jury	C								
icate	s the	Medicai	resulting in death) La:	st		Due to (or as a	consequenca	f):					
death certificate be executed	ettending physician end for use as the buriel-transit	M			d							i	
eatho	for t	Physician/											
9 1	detached	ıysi	Part II. Other significa	ant conditione o	ontributing to death I	but not resulting	in the underlying	g cause g	given in Part I.	23b. Did to	obacco uee co	ntribute t	o the cause of death
) je	deta de									1 T	es 2 No	3 Pro	bably 4 Unknow
requires	egued pe de	d by										T	
J. De	should	Completed								24e. Was a perfor	in autopsy med?	ev	ere autopsy findings rallable prior to
law	60 CA	du										of	ompletion of cause death?
Ę.	Dag Dag	S								1 🗆 Y	es 2 No	1 [Yes 2 No
l or Attending Physician: The law requires t after death.	ms cennicate al director, pag	Be	25. Wes case referred examiner?	d to medical					28. Place of Deat	h (Check only or	10)		
ysk	mis car	2	1□ Yes 2√ No		Hospital: 1 ☐ Inpati	ient 2 ER/C	Outpatient 3	DOA	ther: 4 Nursing Ho	me 5\Q\Reside	ence 6 Oth	er (Specif	'y)
P P			27. Manner of Deeth	5 Pending	28a. Dete of Inju	ury 28b.	Time of Injury	28c. inju	ury at	28d. Describe he	ow injury occur	red	
Attending or death.	Jin by the fune	Certification:	2 Accident	investigetion		,,	M		Yes 2 No				
Atten er dea	by the	tific	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	288. Placa of In	jury - At home, itc. (Specify)	erm, street, fact	ory, office		28f. Location (Si City or Town	treet end Numb	er or Rura	al Route Number,
la safe	ed in	Cer			building, e	ic. (Opecity)				City of Town	r, 31818)		
To the Hospital within 24 hours	completely filled in	edicai	(Check only 2	Certifying Phy Medical Exam	reician: To the best	of my knowledg	e, death occurre	ed et the t	time, dete end placa, opinion, death occurr	and due to the c	ause(s) and ma	inner as s	tated.
hin 2	m ple	Med	one) 29b. Signature and titl	11	and mapper st	lated.	1						
D X E	2 8	-	290. Signature and tri	1-11	//	()	(C) 1.		ise number	2	9d. Dete signe	d (Month,	Dey, Year)
			K.6	-400	Klei	w	W	, DO 3	192	C	ctober	8, 1	.996
			30. Name and eddress	of peraon who o	completed cause of	death (Item 23e)	(Type, Print)			MV L			
			Richard I.	Hochman	M.D. 1	833A Fo	rest Dri	ive A	Annapolis,	MD 2140	1 (410-	-263-	-5920)
	Sta	te	31. Date filed (Month,	Dey, Year)	32. Regist	rar's Signature	-Aandele					-	
R	egistr	ar	OC.	T 0 8 199	36 July	a Davidson	- Mandell						
					0		-						



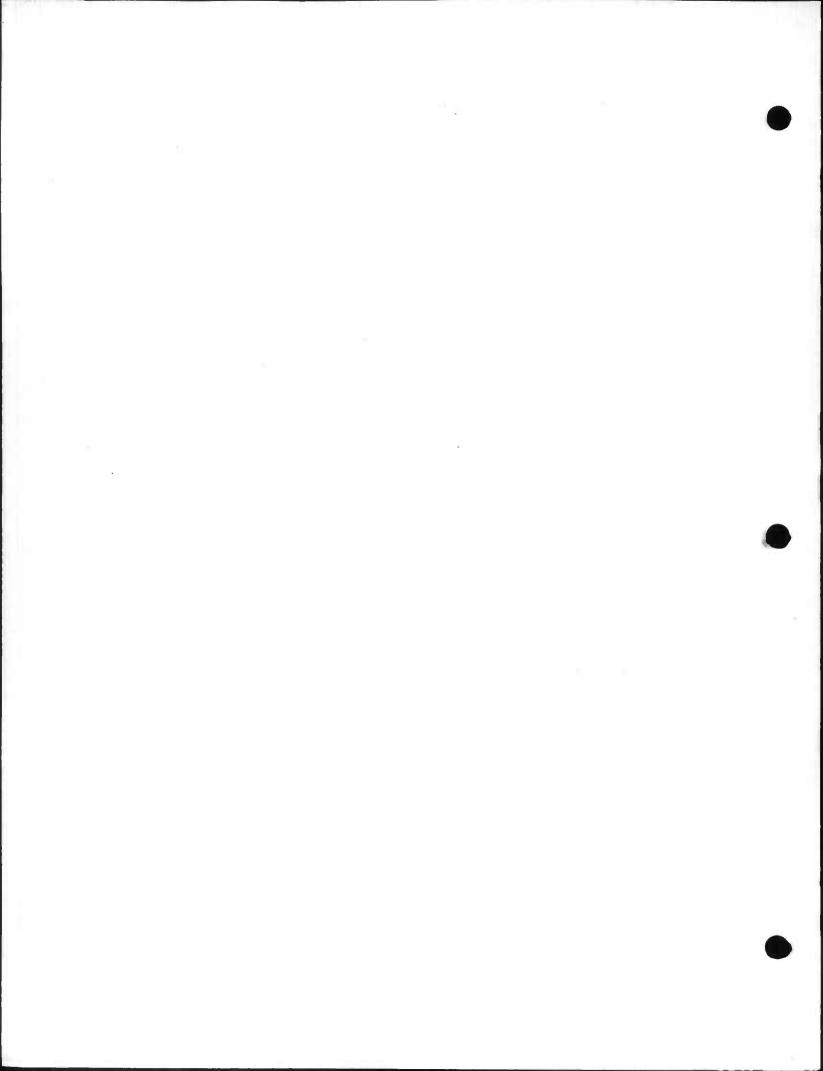
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPARTM			MENTAL HYGIENE					
	1110	S BAR	RT		2. DATE OF DEATH DAY OCTOSER		3. TIME OF DEATH			
	066-07-6113 1™2□F {		HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	opt. 11, 1	911 a. Bir	RTHPLACE (State or Foreign unity)			
TOR	9a. FACILITY NAME (If not institution, give street and number) Genesis Eldercare RESIDENCE OF DECEDENT	98		na Parl		Anne	Arundel'			
DIRECTOR	10a. STATE 10b. COUNTY MD Anne Arundel		apolis	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10a. STREET AND NUMBER 1278 Swan Drive			ZIP CODE 1401		U . S .	A .			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced 12. WAS DECEDENT EVEN IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO		cify Cuban, Mexica	IIC ORIGIN? (Specify Yee n, Puerto Ricen, stc.)	Bi	ACE — American Indian, lack, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of work life. Do NOT use re	k done during mos stired.)	N t of working	166. KIND OF BUS		lectric			
BE COM	17. FATNER'S NAME (First, Middle, Lest) Barry			18. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)				
10	Mary Martinez				Annapoli		21401			
	20e. METHOD OF DISPOSITION 1 (A Burtal 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 1 Signature of Funeral Service Upen set 20b. PLACE AND DATE Of DISPOSITION (Name of Oct 8 Oct 8									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ach ilne.					Interval Between Onset and Death 3 Y GAALS			
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions contributing to death to the property of the part o				PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATN	(Check only one)							
BY PHYS	1 YES 2 NO 1 Inpetient 2 ER/Outs 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28b. TIME C	OF 28c. INJ	JRY AT RK?	8 Other (Specify) 28d. DESCRIBE NOW IF	NJURY OCCURED				
ED		Y — At home, ferm, stra cify)	et, factory, office		261. LOCATION (Street e City or Town, State)	nd Number or Rui	ral Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the besis of exemination						se(e) end menner ee stated.			
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER THE STATE OF CE	D		D 217			NED (Month, Day, Year) UBGR 2 1996			
	30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DE SURVIA MUND RA MD 31. DATE EN ED (Alore). DOL MORT	16000	CRAIC	V H161	IWAY G		190120M			
	31. DATE FILED (Mornth, Day, Year) OCT 0 8 1996 Julia	NATURE Laurdson-Ro	ndella							



State of Maryland / Department of Health and Mental Hygiene 96 3 | 694

					Cer	tificate of	Death		Re	g. No.		01024
Physi	olon	1. Decedent's Name (First, Middle, L.	ast)						2. Dete of Deeth Month		Yeer	3. Time of Deeth
/Med		MERIDA			QUE				OCT.		96	7:30 P
Exam	iner	4e. Fecility Neme (If not institution, gi		nber)			4b. City, To	own, or Lo	cation of Deeth	4c. County	of Deeth	
			ING HOME			Milladay 4 Van		SING				OMERY
Funera			Sex 1 □ M 27/2 F	7. Age (In yrs. last i	birthday) Yrs.	If Under 1 Yea Months Deys		Min.	8. Date of Birth Month, Dev. SEPT. 26	Year)	Cou	
Directo		Usuel Residence of Decedent		٥١					SEPT. 20	,1909	EC	UADOR
lanyland show		10e. Stete 10b. County		10c. City, To	own or Lo	cation					1	10d. Inside City Limits
Man F sh	to	MD. MONTGO	MERY		KENS	INGTON						1 X Yes 2□No
r 28s	Director	10e. Street end Number				10f. Zip Code			10	g. Citizen ot	Whet Cou	ntry?
filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or flerma 23a or 28a-f show ant, the Medical Examinat must be notified at		3000 McCOMAS	AVE.				20895				ECUA	DOR
deat	Funerai	11. Meritel Stetus	T	dent Ever In U,S.	13. V	Ves Decedent of Yes, specify Cu		lgin? (Spe	cify Yes or No-	14. Rac	e - Americ	can Indien,
or the		1 Never Married 2 Married	1 Yes	2 X No		Yes, specify Cu					ck, White,	etc.
rel'.	by	3 X Widowed 4 □ Divorced	Yeer or De			AU res ZLING	э эрвану:	ECU	ADORIAN	Specify	v: W]	E CALS
swithin 72 hours jene. r than "netural", the Medical Exa	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16	Se. Deced	ent's Usuel Occu	petion	at of worki	na 1	8b. Kind of B	usiness/In	dustry
within ene. than "	Jdu	Elementery/Secondery (0-12)	College (1	-4or 5+)	life. D	OO NOT use retir	9d)					
if Hygiene. other than	S	12				HOMEM						OME
od ia b	Be	17. Fether's Name (First, Middle, Las					18. Mothe	er's Neme	(First, Middle, M	aiden Suman	ne)	
should be and Mentai marked or umatic eve	2	ALEJANDRO	BERMUDE					BETH		TUME		
0 0 2 0		19e. Informent's Neme/Reletionship		11					I Route Number,			
s 1 and 2 f Health item 27 i		EFRAIN BAQ	JE /SON	20h Place	1312	23 DAIR sition (Name of	MAID	DR.,	GERMANT Dete 2			
Pages nent of int: If ite		1 X Buriel 2 □ Cremetion 3 [0.000.0	tery, crem	etory or other pl	eca)	1		Oc. Location -		
t. Pertant		4 □ Donetion 5 □ Other (Speci		GATE		HEAVEN			10/11	SILV	ER S	PRING, MD.
permit. Pages Department of important: If it any injury or o		21. Signeture of Funerel Service Lice	nsee	6)	22	. Name end Addr	ess of Fecili	fy				
40.200		W.W. Lhas	nouse	M00093	L W	. W. CH	AMBERS	CO.	, RIVERD	ALE, M	D. 20	737
		23e. Pert1. Enter the disease, or con shock, or heart feilure. List only	plications that ca one cause on a	used the deeth. Do	o not ente	er the mode of dy	ing, such es	cardiac o	or respiretory erre	st,		Approximete intervel Between
Physician /Medica		Immediate Course (Final		7- 1	1		1 -	1	1.		1	Onset end Deeth
Examine	_	Immediate Ceuse (Fine) disease or condition resulting in deeth)	e. Ces	Teresie	Lero	Ree A	each	d	KLER	2	1	years
ital	<u>-</u>			Due to (or es	e conseq	uence at):						
uted I Insit	Examiner		b			*					-	
n and	Exa	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (or es	e consequ	dence ot):					1	
aath certificata be executed attending physician and for use as the burial-transit	edicai	Ceuse (Diseese or Injury thet initiated events	C	Due to (or es	0.0000001	ionon offi						
g phy as th	8	resulting in death) Lest		D40 10 (01 65 6	o consequ	ionos orj.						
endin use	Mon	•	d									
daath a atter	Physician	Pert It. Other significant conditions of	ontributing to de	ath but not resulting	n In the un	dedvina cause a	iven in Pert t		23h. Did tob	acco use co	ntribute t	o the cause of death?
the the	hys											bably 4 Vunknow
	by F											-
- o 0									24e. Wes en			ere eutopsy tindings ellable prior to
71 0	plet								penom	ear	00	mpletion of cause deeth?
6 - 5	Completed								1□ Yes	2 × No	1[Yes 2□No
certificate	Be C	25. Wes case reterred to medical					26. Plece	of Death	(Check only one)		
	ToE	exeminer?	Hospitel:	patient 2 ER/0	Outpetient	3□ DOA O	her		ne 5 Resider	1717	er (Specil	(v)
		27. Manner of Death	28e. Dete o		. Time of	28c. Inju			28d. Describe how			
Attending I r death. octor: After by the funer	atio	1 ☐Naturel 5 ☐ Pending investigatio		1, Dey 10a1/	прогу		Yes 2□	No				
	tific	3 ☐ Suicide 6 ☐ Could not be determined	28e. Pieca	of Injury - At home, g, etc. (Specify)	farm, stre	et, fectory, office		2	28f. Location (Stre		er or Aura	al Route Number,
a after or or or or or or or or or or or or or	Certification:		banan	y, etc. (Opecity)					Only or Young	Olale)		
To the Hospital or within 24 hours afte To the Funeral Dir completaly filled in	edical	29e. Certifier 1 Certifying Pt (Check only one) 1 Medical Exer	nyalclan; To the banner; On the banner	pest of my knowledges of exemination e	ge, deeth end/or inv	occurred et the t estigetion, in my	lme, dete en opinion, dee	d pleca, e	and due to the cered et the time, det	use(s) end me e and plece,	end due to	teted. the ceuse(s)
To the Ho within 24 To the Fu completed	Me	29b. Signature aget title of compler	1			29c. Licen	se number		29	d. Dete signe	d (Month,	Dey, Year)
- > - 0		> XAINAGO	· Vine	11.5	>	1)0	987	4		ml	0/98	
		30. Neme and eddress of person who	completed	of deeth (Item 23e	\/Time= 5) VU	1.	/		10/1	100	
		RADRY ROSEAL	RA M	3720	1-AC	RAGUT	AVE	- /	VENSIA.	NOT ON	1 K	10 2014.
6	ate	31. Dete filed (Month, Day, Year)	32. Re		111		-, -		- 4-774		/	
Regist	686E-C	OCT 0 9 199)G	dia Davidson	אר -							
		0 0 133	10 7	THE PROPERTY OF THE PARTY OF TH	-Nond	406				_		1000

Silver Degraded Address VINCEL DE CO DE SERVICE SERVICE

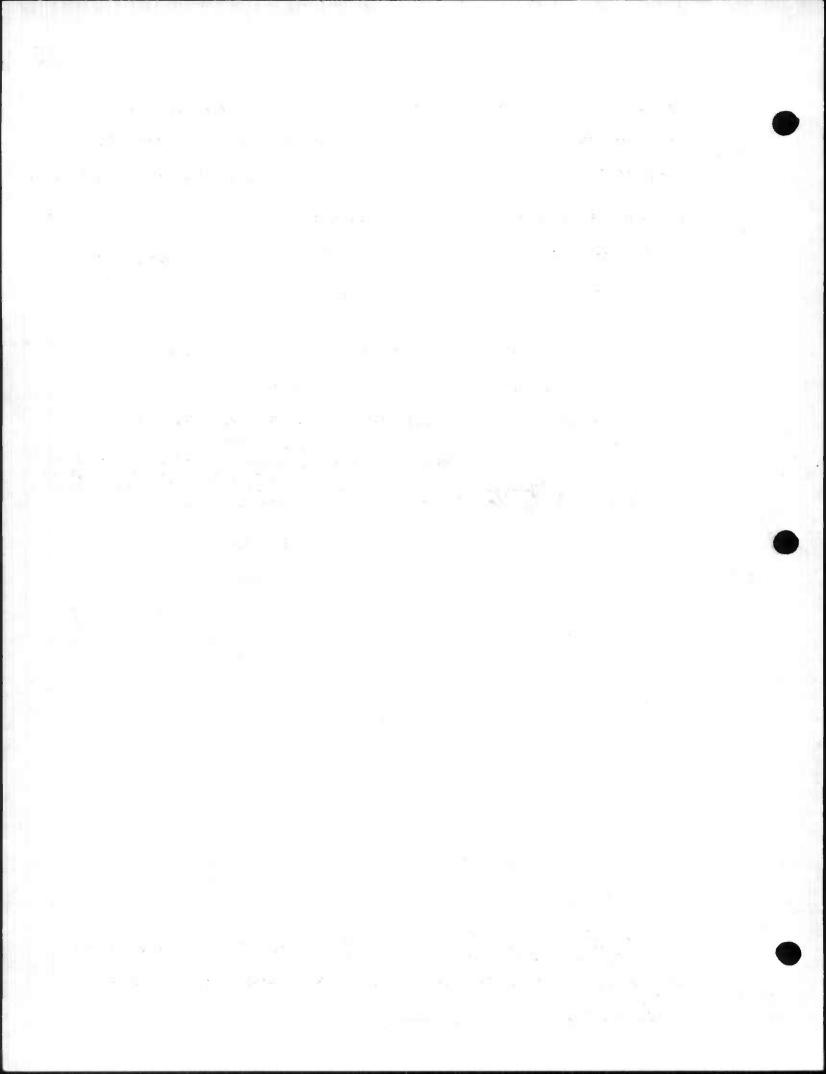
State of Maryland / Department of Health and Mental Hygiene 96 31695

						Ce	rtificate	e of	Death		Reg. No.		3 ; (550
	Dharais		1. Decedent's Name (First, Middle,	Last)						2. Deta of D	eeth	Vee	3. Tim	of Death
	Physic /Medi		Herbert	McFarla	n	Bir	ch			Octobe	er 6, 19	96	4:2	O PM
	Exami		4a. Fecility Neme (If not institution,	giva street end nur	nber)				4b. City, Town,	or Location of Dea	th 4c. Count	y of Death		
			5605 Midwood F	load					Betheso	la	Mont	gomery	Y	
	Funeral Director		5. Sociel Security Number 577-30-4588 Usuel Residence of Decedent	5. Sex 1 2 M 2 □ F	7. Age (In yrs. 90	lest birthday) Yrs.	If Under Months	1 Yaar Days	Hours M		ey, Year)	9. Birthple Counti Washi		te or Foreign
	Mow #		10e. State 10b. County		10c. Ci	ty, Town or Lo	cation					10	d. Inside	a City Limits
	28a-f sh	Director	Maryland Montg	gomery			Bet		da					es 2X No
47	a 23e or		5605 Midwood Roa				10f. Zip	2	0814		10g. Citizen of United	State	s	
	perior. Tages I and Salous be ned within 72 nous area death with the Maryland firsportant: If them 27 is marked other than "neturel", or items 23e or 28e-f show any injury or other traumatic event, the Masterial Examiner must be notified at ance.	by Funeral	11. Maritel Stetus 1 □ Never Merried 2 ☑ Marrie 3 □ Widowed 4 □ Divorcad	12. Wes Dece Armed For 1 Tes If Yes, Giv. Yeer or Da	rces? 2 🕅 No e		wes Decede If Yas, speci	ify Cubi	an, Mexicen, Pu	(Specify Yes or N arto Rican, etc.)		ce - America ock, Whita, e		•
100	netur prest	ted	15. Decedent's	Education		16e. Dece	dent's Usuel	Occup	etion during most of v	undeina	16b. Kind of B	iusiness/Indi	ustry	
144	al Hygiene.	Completed	Elementery/Secondery (0-12)	College (1	-4or 5+)	life.	DO NOT use	e retire	d)	VOIKING	Owner	/I av F	'i arm	4
100	Hygin Hygin		17. Fether's Neme (First, Middle, La			ž.	Attorn	ley	18 Mother's N	ame (First, Middle		-	11111	
1	Mental arked or atic eve	o Be	Herbert A.							McFarla		110/		
A Property of	and Menta Is marked raumatic ev	To	19e. Informent's Name/Reletionship			19h Mailir	no Address	/Street		Rural Routa Numi		State 7in I	Codel	
	ith ar		Anthony L. Birch							ethesda,			814	
	Haalth tem 27		20a. Method of Disposition	. , 5011	20b. I				>>) Oct. 8		20c. Location			
0000	nent of I		1 ☐ Burial 2 🖾 Crametion 3 4 ☐ Donation 5 ☐ Other (Spe						∞)Oct. ≀ orium,		Betheso			
o eimie	Department of Important: If it any injury or once.		21. Signature of Funeral Service Li		MO	22	. Name end	Addre	ss of Fecility R	obert A. ase, Inc	Pumphre	y Fun	eral	Home
		Ш	Michele	7-Dulle	M00	348 Be	ethesd	la,	Marylan	d 20815	-3501			
	hysiclan /Medicai		23a. Part1. Enter the disaase, or co shock, or heert feilure. List or Immediete Ceusa (Finel						ig, such es card	iac or respiretory	errast,			Between nd Deeth
E	xaminer		disease or condition resulting in deeth)	a. Card	iopulm							Lm	medi	Late
		ē		Coro	brovas	or as e consec		nt				2	24 Ho	nure
Podition	ansit	Examiner	Sequentially list conditions,	b. Cere		or es e conseq		.110				-	- 110	7413
9 0	an ar irial-ti	EX	if any, leeding to immediate cause. Enter Underlying				201100 017.							
artificate he avacuted	g physician and es the burial-transit	edical	Ceuse (Diseese or Injury thet Initiated events resulting In deeth) Lest	C	Due to (o	r es a conseq	uenca of):							
reiting	0 pd	Med	Todaking in dodiny cost											
(attending for usa es	an		d								1		
the death	ha at hed fo	sici	Pert II. Other eignificant conditions	contributing to dea	ath but not res	ulting In the u	nderlying ce	use giv	en In Pert I.	23b. Dld	l tobacco uee co	ntribute to	the ceur	e of death?
a that the	gned by the attendin be detached for use	by Physician								1	Yee 2√ No	3 Probe	ably 4	Unknow
The law requires that	has been si ga 2 should	Completed									s an autopsy ormed?	com	re eutops llable prid apletion d eath?	
		Co								10	Yes 2 XNo	10	Yes 2	XNo
clan	s cartificata director, per	Be	25. Wes case referred to medicel exeminer?	11						eeth (Check only	one)			
Physiclan:	0.0	2	1 Yes 2 No	1	. 172.7	ER/Outpatien		_	4 🗆 Nursing	Home 5 Res			1	
ending F	or death. Sctor: Aftar th by the funeral	Certification:	27. Manner of Deeth XXNeturel 5 Pending 2 Accident Investiget 3 Suicide 6 Could not	ion	f Injury n, Dey Year)	28b. Time of Injury	M 28	c. Injur Wor	y et k? Yes 2 □ No	28d. Describe	how Injury occur	red		
tal or Att	s after d el Direct ed in by	Certifi	3 Sulcide 6 Could not determine	286. PIECE (of Injury - At he g, etc. (Specif	ome, ferm, stre y)	eat, factory,	office			(Street end Numi wn, Stete)	er or Rural i	Route N	umber,
he Hospit	within 24 hours after death. To the Funerel Director: After completely filled in by the fune	edicai	29e. Certifier 1 Certifying F (Check only one)	Physician: To the bar aminer: On the bar end manne	sis of examine	wledge, deeth tion and/or inv	occurred et restigetion, i	t the tin	ne, dele end pla pinion, deeth oc	ca, and due to the curred et the time,	cause(s) and mo	enner es stat end due to t	itad. the ceus	e(s)
Tot	Tot	Σ	29b. Signatura and titla of cept ier		71		29c.	Licans	a number		29d. Deta signe	d (Month, D	ey, Year)
	10		30. Neme and address of person wh	ww(la	121		20	195	09	Octob	er 7,	199	6
	50		Shawn S. Clause:					10	N M T.	Jachingto	n. DC	20016		
	Cla	•	31. Dete flied (Month, Dey, Year)		gistrer's Signa		Aveill	,,,	14 • M • • M	asiiTiiRrc	,11, 110	20010		
	Sta	LIE		UZ. 110	and a diffile									

State Registrar

OCT 0 9 1996

July Savidson Randall



State of Maryland / Department of Health and Mental Hygiene 96

31696

							Ce	rtificat	e of	Death			Reg. No.		01000		
	Physician /Medical		Decedent's Name (First, Middle, Last) Mary Magdalene Becker									2. Date of Do Month Octobe:		96 ^{Year}	3. Time—th 12:11P.		
9	Examir		4e. Facility Name (If not institution, give street and number) 4b. City,							4b. City, To Lanh		ocation of Dee		4c. County of Deeth Prince George's			
	Funeral Director		5. Social Security Number 577–14–8079	6. Sex 1 ☐ M :	7. A	ge (In yrs. la 76		If Under Months	1 Year Days		24 Hrs. Min.	8. Date of Bi Month D May 5,	1 th 1 ^v 920	9. Birth Wash	nplace (State or Foreign inty) nington, D. (
020	with the Maryland a or 28a-f show be notified at	ctor	Usuel Residence of Decedent 10a. State Maryland Princ	rge's		y, Town or Location Ltsville					10			10d. Inside City Limits 1 ☐ Yes XX No			
	iar death with the Marytar flaurs 23a or 28a-f show iner strust be notified at	Funeral Director	10e. Street and Number 4613 Greenwood	Road	10f. Zip Code 20705								10g. Citizen of What Country? United States				
	2 9 5	by	11. Maritel Status 1 Never Married 2 Merr 3 V Widowed 4 Divorced	ied 1			S. 13. Was Decedent of I If Yes, specify Cub			Hispanic Origin? (Specify Yes or iben, Mexican, Puerto Rican, etc.) o Specify:			Spec	ack, White	ican Indian, n, etc. White		
50	72 houn natural, edical Ex	Completed	15. Deceden (Specify only highes				16a. Dece (Give	dent's Usue kind of wo	i Occu	petion during mos	t of work	king	16b. Kind of Business/Indu		ndustry		
212	within than the Man	фшс	Elementary/Secondary (0-12)		College (1-4or 5+)		Supervisor			red)			District		Photo		
Maryland 21215-0020	uld be filed Mental Hyg rhad other tile event, i	To Be Co	17. Fether's Neme (First, Middle, Ambrose	Last)	Hig	don				18. Mothe		e (First, Middle	o, Maiden Sume Qu	ade			
	permit. Pages 1 and 2 shot Department of Health and Minportant. If item 27 is mea any Injury or other traumst 905s.		19a. Informent's Neme/Relations Richard A. Bec			1358	Virg	inia				oer, City or Tow umbus,		ip Code)			
Baltimore,			20e. Method of Disposition 1 □ Burlai 2 □ Cremetion 4 □ Donation 5 □ Other (S)		ai from State	cer	ce of Disponence	matory or o	ther pla		10/	Date 10/1996	20c. Location Brentw		Town, State Maryland		
Balt			21. Senature of Funeral Service Licental Donald V. Borgwardt Funeral Home, P. 4400 Powder Mill Rd. Beltsville, Man														
	Physician		23a. Part1. Enter the disease, or shock, or heart failure. List	only one cas	neach	line.	0						arrest,	1	Approximate Interval Between Onset and Death		
	/Medical Examiner	L	Immediate Cause (Final disease or condition resulting in death)	θ	leva		es e conse		T	Ca	MO	er			2 year		
68760,	tificate be axecuted g physician and as the buriel-transit	al Examiner	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that Initieted events	b		Due to (or											
×	death certificate be axecur e attending physician and of for use as the buriel-trar	n/Medical															
). Bo	the atte	Physician	Part II. Other significant condition	ns contribut	ing to death but not resulting in the underlying ceuse give					given in Part I. 23b. DI			d tobacco use contribute to the cause		to the cause of death		
P.0	± 200										1 🗆	obably 4 Unknow					
Records,	v requiras been sign should be		Completed by	oleted by				~ _						24a. We	s an autopsy ormed?	8	Were autopsy findings available prior to completion of cause of death?
Re	lcien: The law certificate hes b rector, page 2 s)Omo										10	Yes 2 No		☐Yes 2XNo		
Vital	ysician: s certifica director,	Be	25. Was cese referred to medical examiner?						- 12		e of Dee	th (Check only	one)				
of	5 00 0	. To	1 ☐ Yes 200 No 27. Manner of Death		Hospitei: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other 28a. Date of Injury 28b. Time of 28c. Injury at 28d. Describe how Injury occurre									city)			
on	oding I ith. : After e fune	ation	1∕Naturel 5 Pendin 2 Accident investig	9	la. Date of Injury (Month, Day Year) 28b. Time of Solution 1 28c. Injury at Work? Injury M 1 1 Yes 2 No					No	250. Describe now injury occurred						
Division	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 Suicide 6 Could a determ	not be 28	8e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify)							on (Street and Number or Rural Route Number, Town, Stete)					
	To the Hospital within 24 hours To the Funeral I completely filled	edicai	29e. Certifier (Check only one) Certifyin 2 Medical	Examiner: C	To the best on the basis on and manner s	of exeminetic	iedge, deat on and/or in	h occurred vestigation,	et the t	ime, date ar opinion, dee	nd piace, oth occur	and due to the red et the time	ceuse(s) and r , dete and plece	manner as e, and due	stated. to the ceuse(s)		
	To t To t	×	29b. Senature and like of certifier	29b. Streature and take of certifier 29d. Date signed (No. 200 Detober 7. 20d. Date s													
_	6		30. Name and address of person T. Chanchien,		3824 C	unning	gham I		Bei	cwyn H	e i gl	nts, Ma	ryland	20740)-2338		
	Sta Registr		31. Date filed (Month, Dey, Year) OCT 0 9 19	96	32 Regist	rar's Signetu Davidson	-Aande	02_									

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 3 | 697

					Certifica	te of L	Death	F	Reg. No.		
Dhuala	i	1. Decedent's Name (First, Middle, Les	it)					2. Dete of Dae Month		3. Time of Deeth	
Physici /Medi		Helen C. Barnes			October						
Examir		4a. Facility Nama (If not institution, give	street and number)			.4	b. City, Town, or	Location of Daeth			
	أكرر	Randolph Hills Nursing Center					Wheato		Mont	gomery	
Funeral		5. Social Sacurity Number 6. Sex 7. Age (In yrs. II			Months Devs Hours Mir					Birthplaca (State or Foreign Country)	
Director		578-05-7298 Usuel Residence of Decedent	- M - M	9.2	Yrs.			Dec. 22,		ashington, D.C	
with the Maryland or 28a-f show	or	10e. Stete 10b. County	n or Location					10d. Inside City Limits 1 ☐ Yas 2 ☑ No			
tha l	Director	Maryland Montgom 10e. Street end Number	ery	Roc	kville	n Code			10g. Citizen of Wh		
with with						10f. Zip Code					
aath	era	4505 Morgal Stree	12. Wes Decedent I	Evar In U.S.	13 Was Dace		20853	necify Yes or No-	U.S.A	- Amarican Indien.	
Like in 22 hours after death with the Maryland liene. Then external, or flores 23a or 28a-f show the Maryled at	by Funeral	1 Never Married 2 Merriad 3 ☑ Widowed 4 Divorcad	Armed Forces? 1 ☐ Yes 2 🐴 N If Yes, Give Year or Dates:		,S. 13. Wes Deceden If Yes, specify			to Rican, etc.)	Black, Specify:	, White, etc.	
Mai yiaiila 4.16.19-00.00 d 2 should be filed within 72 hours af th and Mental Hygiene. 7 Is marked other than "natural", or traumatic event, The Mentel Exa		15. Decedent's Ed	ucation	16a.	Decedent's Usu	el Occupe	etion		16b. Kind of Busi	White ness/Industry	
nin 72 nin 72 nin 72 nin nin nin nin nin nin nin nin nin ni	Completed	(Specify only highest green Elementery/Secondery (0-12)	de complatad) College (1-4or 5		(Giva kind of wo	ork done d ise retired,	luring most of wor	rking		,	
filed within Hygiene. Ather than ont, the Me	E	12	College (1-40) 5		memaker				Own Ho	nme	
be filed tal Hygid dother	Be C	17. Fether's Neme (First, Middle, Last)					18. Mother's Ner	me (First, Middle,			
should be and Mental marked o	To E	Edward Smith					Elizab	eth Hard	lv		
d 2 should In and Men 7 Is marked traumatic		19e. Informent's Name/Reletionship (7	ype, Print)	19b	. Mailing Addres	s (Street e		urel Routa Numbe	4	tete, Zip Code)	
		Dorothy H. Black		45	05 Morga	al St	reet Ro	ckville,	Marv1ar	d 20851	
emit. Pages 1 and hepartment of Haalt moortant: If item 2: ny Injury or other		20e. Method of Disposition			1 Disposition (Nerry, cremetory or			Data	20c. Location - C		
emit. Pages legartment of i mportant: If its iny injury or o		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify						0/00/00	0.11	Spring,Marylan	
Physician /Medical Examiner	er	23a. Fart1. Enter the threase, or compensation, or hear failure. List only of immediate Cause (Finet disease or condition resulting in deeth)	_{e.} Arterio	Cardio	not enter the mo	de of dying	g, such es cardle	c or respiratory en	rest,	Approximete Intervel Between Onset end Deeth Years	
ported assecuted physician and stransit stransit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	b	Due to (or es e	consequence of).						
ding se es	√Medical	resulting In deeth) Last	d	Due to (or es a o	consequence of):						
for for	clar	Dard II Old and a Mile of the						T			
that the ed by the detach	by Physician/	Pert II. Other significant conditions co	ntributing to death bu	ut not resulting Ir	n the underlying o	cause give	n In Pert I.		Old tobacco use contributa to the cause of d ☐ Yee 2反 No 3☐ Probably 4☐ Uni		
aw requir	Completed b							24e. Wes e		24b. Were autopsy findings aveilable prior to completion of cause of death?	
	mo.							1 U Y	es 2 No	1 Yes 2 No	
certifical rector, p	Bec	25. Wes case referred to medical					26. Plece of Dec	eth (Check only or	ne)		
. Z . 50	To	exeminar? 1 ☐ Yas 2 ☒ No	Hospitel:	nt 2 ER/Ou	tpetient 3 D	OA Othe	F: 4 🖾 Nursing H	lome 5 Resid	ence 8 Other	(Specify)	
g Ph ge Ph		27. Menner of Death	28e. Dete of Injur (Month, Dep		Time of a	28c. Injury	Injury at Work? 1 Yes 2 No				
Attending Indeath.	atio	1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident Invastigation	(NOTO)	7007	М						
5 4 4 5	Certification:	3 Sulcida 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route of City or Town, State)									
To the Hospital within 24 hours a To the Funeral Completely filled	edical ((Check only 2 Medical Exami	sician. To the best of	f my knowledge	, deeth occurred	et the time	e, dete and piece	, end due to the c	ause(s) end menr	ner es steted. d due to tha cause(s)	
the P		one)	and menner ste	ted.							
To Too	Z	29b. Signature and title of certifier	1	. (29	c. License	number	2	19d. Date signed (Month, Day, Year)	
		1 / Jam X	Jum	-, ne		Mos	5581		10/7	1)6	
10		30. Name and adopting of person who o	omplete Apause of de	eth (Item 23e) ((Type Print)	h	P	PII	.1	91 11-10	
1		1 Past Amin	1 Hora	MIN, h	nl. 10	111	who	[h.ly	- Un, 6	Wy Maroth	
Sta	te	31. Dete filed (Month, Dey, Year)	32 Registre	er's Signeture						0	

1.1 7.35

be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	9	0		92	ı
	9	100		2	ı
	8	lired		=	l
-	2	le de		9	ı
	Ė	ner		E	ı
	9	9	-	6 X	ı
	Te	4	8	100	ł
	50	5	rem	ĕ	ŀ
	5	P	6	E	ı
	24	E E	on.	2	۱
		ety	nati	7	ı
1	M	ple	Crei	6	l
	8	m00	e .	6	l
	200	B	pnu	# C	ľ
	S	0 9	2	Ĕ	l
	8	icia	jou	ie.	ı
	E ST	5	e D	-	۱
1	Ē	Di Ci	Dien	Ę.	1
	8	ng.	¥	2	l
. 1	eath	atte	Ital	*	ľ
	9	he	Mei	3	ı
:	8	A	B	E	ı
	E	B	th a	any	ł
	8	LD.	eath	22	ĺ
	5	E US	H	ě	ĺ
	×	ě	H. C	20	ı
	6	Tas	8	2	ı
í	Ĕ	te	ate	E	ı
:	Ş	ifica	S	=	ļ
-	3	Dea	the state	0	ı
-	Ě	his o	É	pe	ı
-	-	11 16	5	Te l	ŀ
	Š	Affe	dea	E	ŀ
-	Z.	38.	Je.	- 00	
-	4	Ĕ	50	2	
	TO THE MUSHIAL OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must	
,	4	7	2	Ξ	
-	2	ER	in 7	三	
9	5	FUN	With M	S	
	4	뿌	8	동	
i	=	Ė	1	Ē.	
- 1	2	۲	2	=	

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

										9	6 3	31698
	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR	RTMEN	T OF H	EALTH DEAT	AND I	MENTAL HYGIEN			
тов	1. DECEDENT'S NAME (First, Middin, After)	L.		BhoK			2. DATE		2. DATE OF DEATH	. DATE OF DEATH		3. TIME OF DEATH 1:07 AM M
	4. SOCIAL SECURITY NUMBER 42424-0020	5. SEX 1 🕅 M 2 🗌 F	6. AGE (In yrs. last birthday) 68 YRS.		IF UNDER	DAYS			7. DATE OF BIRTN (Month, Day, Year) Dec. 15,	Country		LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s Holy Cross Hospi RESIDENCE OF DECEDENT		0.11					unty of DEATH Contgomery				
DIRECTOR	Maryland Montg		10c. CITY, TOWN OR LOCATION Silver Spring							10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	11912 New Hampsh:					10f. ZIP CODE 20904			USA		HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	TEVER IN U.S. AF VES 2 1 VAR OR DATES 1948	YES 2 NO If OR DATES 1			MAS DECENDENT OF NISPANIC ORIGIN? (Siff yes, specify Cuban, Maxican, Puerto Ricar YES 2 X NO Specify:			, atc.) Black,		American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2	+) (G	16e. DECEDENT'S USUAL OCCUPATION (Glow kind of work done during most of working life. Do NOT use retired.) Budget Analyst				9	U.S. Government				
BE CON	17. FATHER'S NAME (First, Middle, Last) William Black		16. MOTNER'S NAME (First, Middle, Melden Surneme) Laura Wright									
10	Marion H. Black /		19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 11912 New Hampshire Avenue, Silver Spring, MD 209								g, MD 20904	
	20a. METNOD OF DISPOSITION 1 Ø Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	20b. PLACE. cemetery, cre Gate	20b. PLACE AND DATE of DISPOSITION (Name of Cametery, cremetery, cremetery, cremetery or other place) Gate of Heaven Cemetery 10/11 Silver Spring, MD							ng, MD		
	21. SIGNATURE OF SIGNERAL SERVICE LIC	Un	22. NAME AND ADDRESS OF FACILITYHINES-Rinaldi Fur 11800 New Hampshire Avenue Silver Spring, Maryland 20904						li Fur 1904	neral Home		
	23_PART ! Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	t caused the dese on each line	e. Lond	a	the mo	de of dylr	ng, suci	h aa cardlac or reapi	ratory ar	reat,	Approximate interval Between Onset and Death Zuks.
		DOE 10	MUN NO A CONSE	ANENCE O	rj:		11					51

CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF). thet initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH?

DUE TO JOR AS A CONSEQUENCE OF

1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH UNCERTAIN YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TYES 2 Inpatient 2 - ER/Outpatient 3 DOA Nome 5 - Reeldence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

rred at the time, date end place, and dua to the cause(e) and menner as stated.

29c. LICENSE NUMBER

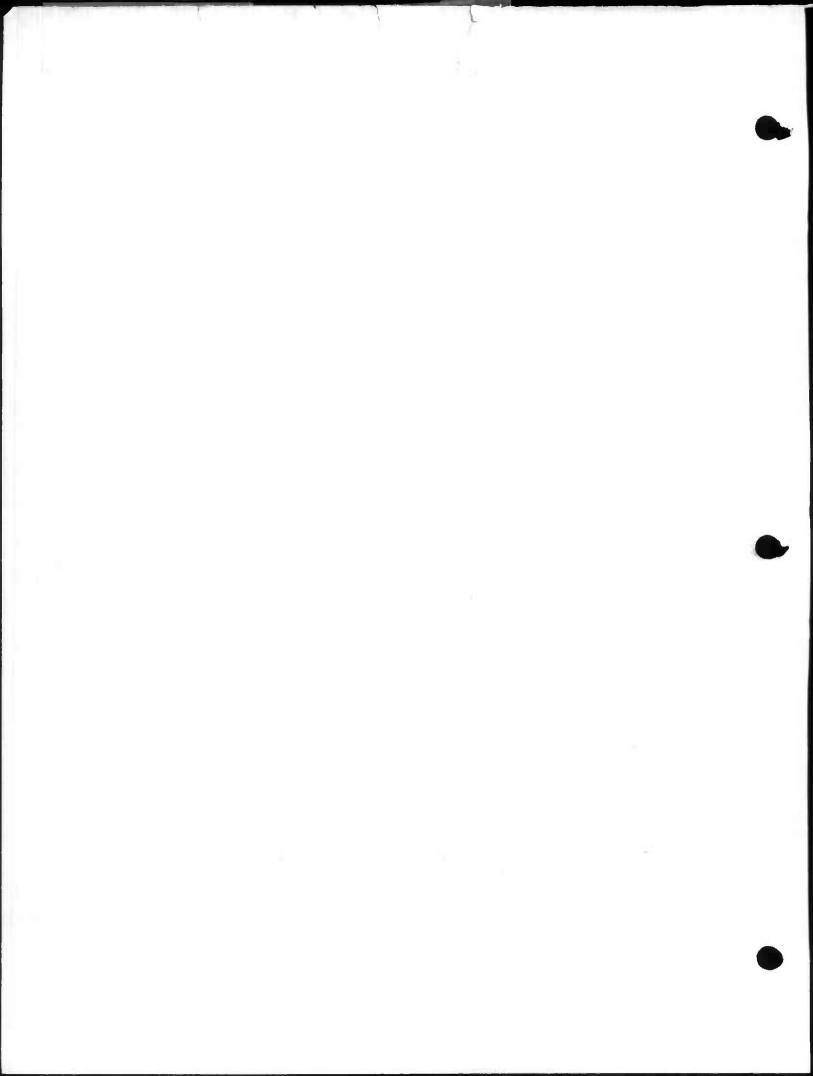
DEATH (ITEM 27) (Type, Print) 103 Georgia Jc

31. DATE FILED (Moreth, Day, Year)
OCT 0 9 1996

Sequentially list conditions,

if any, leading to immediate cause. Enter UNDERLYING

32 REGISTRAR'S SIGNATURE
Julia Savidson-Randale



96-5802-031 28a-f, Please Type or Print in black indentities. Assert I. II., 27, PER State of Maryland / Department of Health and Mental Hygiene Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** BROWN ADELAIDE 8, 1996 10:47a October /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death MONTGOMERY SHADY GROVE ADVENTIST ROCKVILLE Hours Min. 8. Data of Birth (Month, Day, Yaar)
Dec. 25, 1930 5. Sociel Sacurity Number 7. Aga (In yrs. last birthday) if Undar 1 Yaar 6. Sax Birthplaca (State or Foraign Country) **Funeral** 1 M 2 XF Months Days 65 577-42-1514 Yrs. Director Wash. Usual Rasidanca of Decedent the Maryland 10a. Stata 10b. County show 10c, City, Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f shore the Medical Examiner must be notified at Director MD Montgomery 1 XYas 2 No Damascus 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 20872 U.S.A. 24621 Showbarn Circle Funeral death 14. Race - American Indian, Black, Whita, etc. 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2∑ No 11. Marital Status Was Decedant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) hours after 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 Specify: Black 1 ☐ Yas 2 ☐ MNo Specify: by 3 Widowad 4 Divorcad Completed 16a. Dacedant's Usual Occupetion (Giva kind of work done during most of working iifa. DO NOT usa retired) 15. Decedent's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry should be filed within 7 and Mental Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) Law Librarian U.S. Government yrs Pages 1 and 2 should be file Department of Heelth and Mental Hy, Important: If Item 27 is marked orbitally injury or other 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be Benjamin L. Gordon Lucille Blagburn 19a. Informent's Name/Ralationship (Type, Print) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code) Paula Blackman (Daughter) 24621 Showbarn Circle, Damascus, MD 20872 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Gate of Heaven Cem. 10/12 Silver Spring, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature & Feseral Service Licen 22 Name and Address of Eacility SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 23a. Part L. Enter the dichase, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Betw Onset and Death **Physician** /Medical Immediata Causa (Final AIRWAY OBSTRUCTION BY FOOD disease or condition rasulting in death) Examiner Due to (or as a consequence of) Examiner iclan end buriel-trans Sequentially list conditions, if any, laading to immadiata cause. Entar Undarfying Cause (Diseese or Injury that initiated events rasulting in daath) Last Due to (or as a consequence of): physician s Box 68760 8 Physician/Medical Dua to (or as a consequence of) for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. deteched 23b. Did tobacco use contribute to the cause of death? the signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ALZHE'IMER'S DISE'ASE Records. by 24b. Were autopsy findings availabla prior to completion of causa of daath? Completed 24a. Was an autopsy peen N hes eGed Yes certificate 2 No 2□ No Division of Vital Be 25. Was casa raferred to medical axeminer? 26. Pieca of Deeth (Check only one) Hospital: 1 ☐ Inpatiant 2 🗶 ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Spacify) 2 1⊠ Yes 2□ No this 27. Mennar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred Certification: 28c. Injury et Work? After Attending 1 Neturel 5 Panding investigation efter death. SUBJECT CHOKED ON FOOD 1 Yas 2 No 2 Accident UNKNOWN 10-8-96 3 Suicida 6 Could not ba 28a. Placa of Injury - At homa, farm, streat, factory, office building, atr (Specify) Location (Street and Number or Rural Routa Number, City or Town, State) 26209 JOHNSON DR. 4 Homlcide ò Hospital o
 24 hours of
 Funeral Di
letely filled is GROUP HOME! DAMASCUS, MD. 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, dete end plece, and dua to the cause(s) end menner as steted.

2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the causa(s) and manner stated. 29a, Certities npletely To the within 2 To the comple 29b. Signal nd title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) October 9, 1996 O.C.M.E. ess of person who completed cause of daath (Itam 23e) (Type, Print) M 111 Penn Street, Baltimore, Maryland 21201 32. Ragistrar Signature 31. Dete filed (Month, Day, Yaar)

DHMH 16 Ray 6/95

State

Registrar

1996 ▶

OCT

JW

State of Maryland / Department of Health and Mental Hygiene 96

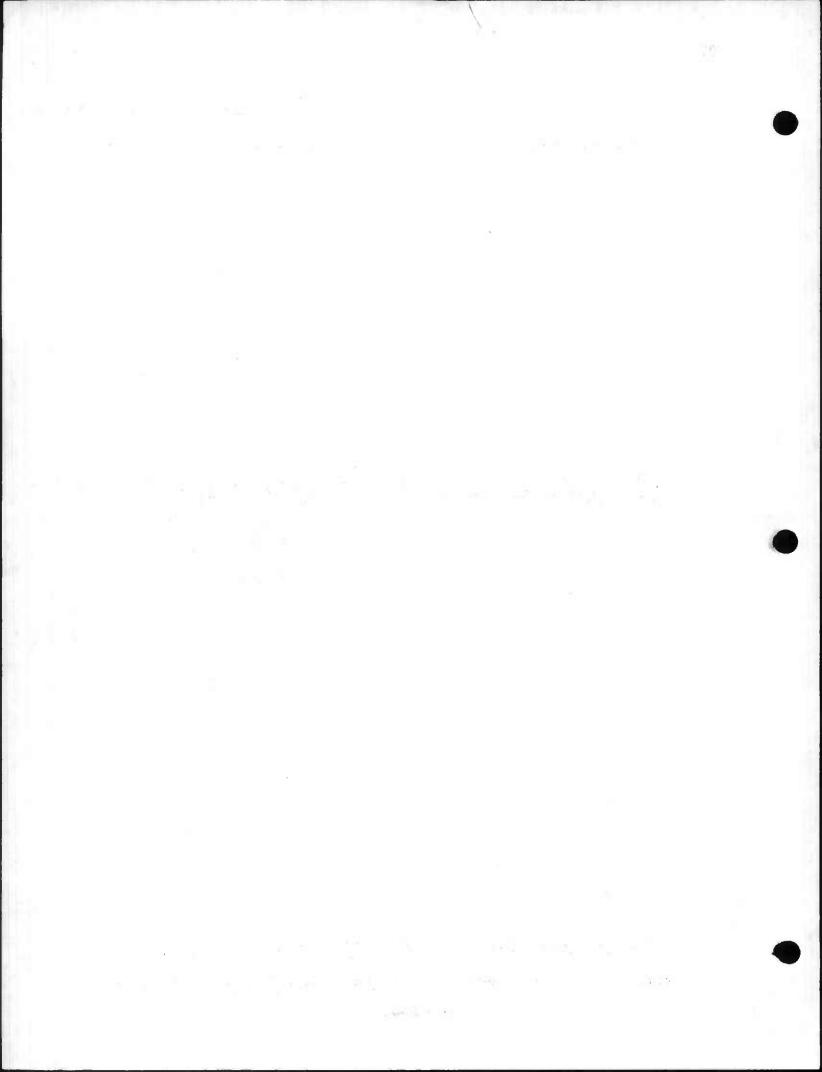
96 31700

						Ce	rtificate (of L	Death		R	eg. No.		01700
	VI. DI		1. Decedant's Nema (First, Middla, Last)						2	. Data of Dae	th		3. Tima of Daeth
	Physic		Geneva Hurst Bud	rkland							Month	Day 1.0	Yaar	2 01 DV
	/Medi		4a. Facility Nema (If not institution, give					4	b. City. Town.		october	7, 19		3:01 PM
а	Exami	ner										40. County	OI Death	
Н	-		711 Anderson Aven 5. Social Sacurity Number 6. Se		- //	4 6 7 44 6 - 1	if Undar 1 Y		Rockvil # Under 24				gomer	
	Funerai	г	40	X / Ag	a (In yrs. las	r οιπησαγ) Yrs.		eys		Min.	. Date of Birth (Month, Day,	Year)	9. Birthp Cour	lace (State or Foreign stry)
	Director		227-01-9008	21	87	113.				0	ct. 11,	1908	Vir	ginia
	pug *		Usual Rasidanca of Dacedant 10a. Stata 10b. County		10c. City, 7	Four or Lo	ontion							011 11 00 11 0
	sho	1	Tob. Godiny		Too. Oity,	I OWIT OF LC	Cation							0d. Insida City Limits
	N o M	cto	Maryland Montgom	nery		Rock	ville							1 X Yas 2 No
	₩ 62 H	Director	10e. Streat and Number	,			10f. Zip Cod	de			1	0g. Citizen of	What Cour	itry?
	th w		711 Anderson Aver	nue			2	280	50			Unit	ed S	tates
	dea dea	Funeral	11. Marital Status	12. Was Dacadant I	Evar In U,S.	13.	Wes Decedant f Yas, specify (Total Company		? (Specif	y Yas or No-	14. Rac	a - Americ	en Indian,
0	72 hours effer death with the Maryland neture!; or items 23s or 28s-f show dies! Examiner must be notified at		1 Navar Marriad 2 Married	Armed Forcas? 1 ☐ Yes 2 🔀 N	No					uerto Ric	cen, atc.)	Bla	ck, White,	atc.
02	urs urs	þ	3 X Widowed 4 Divorcad	If Yas, Giva Yaar or Datas:			1□Yes 2᠒	.No	Specify:			Specify	/: TJ1	nite
21215-0020	2 ho	Completed	15. Decedant's Edu	cation	1	6a. Deced	dant's Usual Oc	ccupa	tion			16b. Kind of B		
2	n n	plet	(Specify only highast grad			(Giva	kind of work do	ona di	uring most of	working				,
7	filed within Hygiene. Ither than "	E	Elementery/Secondary (0-12)	Collega (1-4or 5	5+)		Homema					Oram	Home	
0	Hygi ther ont.		17. Fathar's Name (First, Middla, Last)				Homema	-		Name /	First Middle A	Aeidan Suman		
an	is 1 and 2 should be filed within 72 hours efter death with the Marylan of Health and Mental Hygiene. Ifem 27 is marked other than "natural", or items 23s or 28s-f show other traumatic avent, the Medical Experiment must be nortified at	Be										nordan barrian	ruy	
Maryland	should nd Mer marke umatic	2	Charles Hurst								chards			
N N	l 2 sho		19e. Informant's Name/Ralationship (Ty				ig Addrass (Sti							Coda)
	Health em 27 other tr		Dorothy Marie Char	uhas/Daug										20850
0	of T		20a. Mathod of Disposition 1 X Burial 2 ☐ Cremetion 3 ☐ R	emovel from State	20b. Plec	e of Dispo atary, crar	sition (Nama o natory or othar	f place	Octobe	1996	Date	20c. Location -	City or To	wn, Stata
E	Peges nent of I int: If ite		4 Donation 5 Othar (Specify)				Cemet		10,			Radfor	l. Ví	roinia
altimore,	permit. Peges Depertment of Important: If it eny injury or o		21. Signature of Funeral Service License	00						- 77				lle, Inc.
m	Deper Impo eny ir		Karla d. Free	A MO	00198	1	ou wes	E M	ion r.g or	nerv	Avenue	2	ockv1	lle, Inc.
	-	N. 1	23a Part I Enter the Weeks or compli	355-02-27			CCKVIL	le.	Marv	and	20850	1-2805		
			23a. Part1. Entar tha o saasa, or compli shock, or heart vilure. List only or	na cause on aach lin	10.	DO HOL GIT	ai tiia iiioda oi	Oynig	, such as car	OIAC OF F	espiratory arre	351,		Approximata intarvai Between Onset and Death
	Physician /Medical		Immediata Cause (Final			1.	1		1 /) .	0		1	Onset and Death
	Examiner		disaasa or condition rasulting in daath)	Con	1 ger	HV	e lu uance of):	a	it of	de	eun		i	weeks
		100	,		Due to (or es	s e conseq	uance of):		V					
300	S is	Examiner		Recur	cent P	neumo	nias						- 1	recently
	certificate be executed ding physician and ise es the burial-transit	кап	Sequantially list conditions, if any, leading to immediate		Due to (or as	a conseq	uance of):							
Ö,	e ex	Ê	cause. Entar Undarlying Causa (Disaase or Injury	Arteri	ioscle	rotic	Cardi	o V	ascula	ar D	isease		1	years
68760,	ate b hysic the b	edical	that initieted evants rasulting in death) Last		Dua to (or es									jears
9	ng p	Mec		Decubi	4-4									
0				Decubi	LLI				-					month
n	res that the death c signed by the atten i be deteched for us	Physician	Part il. Other significant conditions con	tributing to death bu	it not resultin	o in the ur	derlying cause	a chra	n in Part i		23h Did to	henno use no	ntelburio to	the cause of death?
0	by the	hys	•			g ar tria or	outying oddso	givai				s 2 No		ably 4 🗓 Unknown
J.	tha ned e del	by P									1 11	8 2 NO	3 Prot	ABOLY 4 M OHKHOWN
Hecords,	law requires that es been signed b 2 should be dete										24e. Wes as	autonsv	24b. We	ere autopsy findings
္ပ	v require been sig should t	lete									perform		eva	allabla prior to impletion of causa death?
ě	hes ye 2	Completed											of o	death?
= '	The it	ပိ									1 ☐ Ya	s 2 No	1 🗆	Yas 250 No
Vital	Attending Physician: The relation of the state of the funeral director, partly the funeral director director, partly the funeral director dir	Be	25. Was casa rafarred to medical axaminer?							Death (C	Check only on	a.)		
0	hysl his c	P	ILI Ids ZIAINO	ospitai: 1 🗆 Inpatiar	nt 2 ER	/Outpatien	3□ DOA	Othar	r: 4 ☐ Nursin	g Homa	5 🖾 Rasida	nce 8 □Oth	er (Specify)
	ding Phy h. After thi funeral	Ë	27. Mennar of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Injury (Month, Day	Year) 28	b. Tima of injury	28c. I	njury Work	at 2	280	d. Dascribe ho	w injury occur	ed	
0	ath.	atic	2 Accidant invastigation	(,,			es 2 No					
Division	Atte	E I	3 Suicida 6 Could not be datarmined	28a. Place of inju building, etc.	ry - At home	, farm, stre	et, fectory, offi	ice		28f	Location (Str	eet and Numb	er or Rura	Routa Number,
בֿ	tal or Attendin rs efter death. el Director: Att ed in by the fu	Certification:	V ES TOTALISTS	building, etc.	. (Зреспу)						City or Town	, Stata)		
	Hospital 24 hours Funerel I stely filled		29a. Certifier 1 Certifying Phys	ician: To the best of	f my knowled	dge, deeth	occurred at the	e time	, deta and pl	eca, end	dua to tha ca	usa(s) and me	nner as st	ated
	P. Ho Fu	edicai	(Check only 2 Madical Examin	er: On the basis of and mannar stat	axaminetion	and/or Inv	estigation, in m	ny opi	nion, death o	ccurred	at tha time, de	ta and place,	and dua to	tha cause(s)
	To the Hospital within 24 hours e To the Funerel D completely filled	X	29b. Signetura and titia of cartifier				29c. Lice	ensa	number		29	d. Data signed	i (Month. L	Day, Year)
	->-0		Jan. 1	. 1.11.	1/1/	,0	5	10	70-	7				
	6	-	Traule		nju	ou		14	70	1	(October	8,	L996
	6		30. Name end address of person who con							_ =				
			Frauke Westphal,	พ.ม. 809	Veirs	s Mil	1 Road,	R	ockvil	le,	Maryla	nd 20	351	

Schia Davidson-Randelle

Registrar

OCT 1 1 1996



10/9/96

Dh			dant's Name (First, Mid	ddla, Last)							2. Date of De		V :	3. Time of Death
	ysician Iedical	H. W.	REULING	G	BUCH	IANAN					OCT.	4, Day 199	6 ^{Yaar}	7:45 A.M
	aminer	4s. Faci	ity Nama (If not Institut	tion, give stree STOWN R		r)				own, or Loc ERSON	cation of Deati			,
			Security Number	6. Sax		lae (la vec	last birthday)	If Undar 1 Ye			9 Date of Bir		OMERY	
Fund Direc		216-	-24-6325 asidance of Dacedant	1 M		82	Yrs.	Months Da		Min.	8. Dete of Bir (Month, Da Aug. 15	y, Year) 0, 1914	Mary	iace (Stete or Foraigr try) Land
dand wo	20	10e. Sta		nty		10c. City	y, Town or Lo	ocation					10	0d. Inside City Limits
Man	tor it	MD	Mon	ntgomer	У			Dick	erson					1 Yas 2 No
th the	l'ec	10e. Str	eet and Number					10f. Zip Cod	la			10g. Citizen of	Whet Coun	itry?
23a	la le	207	00 Darnes	stown R	load				208	342		U.	S. A.	
3 within 72 hours after death with the Maryland jiene. • than "naturel", or items 23a or 28a-f ehow	by Funeral Director		tal Status Navar Married 2 ☐ Ma Widowed 4 ☐ Divorce	arried 1	Was Deceden Armed Forcas I ☐ Yas 2 ½ If Yas, Giva Year or Datas	?] No		Was Decedant of Yas, specify C			city Yes or No Rican, etc.)	9- 14. Rai Bia Specif	ce - Americ ck, White, (y:	
72 ho	te de		15. Deceda	ant's Educatio	on		16a. Deced	dant's Usuai Oc	cupation	at afadd		16b. Kind of B	usinass/Ind	dustry
within 7 ene. than "n	Completed	Elama	(Specify only high intary/Secondary (0-12)	7	<i>mpiatea)</i> Coliaga (1-4or	r 5+)	lifa.	kind of work do DO NOT use re	na guring mo tired) Hom	emake:	r &	Horse	Showi	ng and
e filed w al Hygier other th	i O	47 510	and bloom a 1977-cal beliefeld	(i) (n) = n	4			Horse Ov				Horse		ng
should be find Mental H	and injury or other treumbuc event,	Gha	ar's Name (First, Middle rles Elmer	Elswo	rth Re	lswort uling			Ee	telle	Fay	, Maiden Sumar Marie E	Estell	
d 2 sh th and 7 ie m	ne de		ormant's Name/Ralation nes B. Evan		Print) Son							er, City or Town		
of Heaith item 27	ie de		thod of Disposition			20b. P		osition (Nama of matory or other		oau .	Data	20c. Location		
permit. Pages Department of I Important: If ite	yor	1 🗆	Buriai 2 ⊠ Cramation Donation 5 ☐ Other		vai from State	El .				v 10		Alexand		VA
artmo			ature of Funaral Service			11041						-		
Ped F	Subs	•	\mathcal{P}	(1/	16.			.W., WAS					ATPCOL	NSIN AVE.
		23a. Pa	tt1. Enter tha dis asa, ock or haart fail rs. Li.	or complication	one that cause	~	TA e	. We 5 Mills	DITTIOL	OH, D				
Physic				ict only one oc	visa on cook	ed tha daath	n. Do not ent	ar tha moda of	dylng, such e	s cardiac o	r raspiratory a	rrast,		Approximate
,	ian		Of Straut Sail S. E.	ist only one ca	ause on aach	ed tha daatr lina.	n. Do not ent	ar tha moda of	dylng, such e	s cardiac o	r raspiratory a	rrast,		Approximate Intarvai Batween Onsat and Death
/Medi	cal	immadi disaasa	ate Ceuse (Final or condition											Approximate Interval Batween Onsat and Death
/Medi	cal ner	immadi disaasa rasulting	ate Ceuse (Final			ontc		noth				rrast,		Onsat and Death
/Medi Exami	cal ner	immadi disaasa rasulting	ate Ceuse (Final or condition g in daath)			Dua to (o	Obs-	mathy						Onsat and Death
/Medi Exami	er ransu ransu Examiner	immadi disaasa rasulting Sequen if any, k	ate Ceuse (Final or condition g in daath)			Dua to (o	0/24	mathy						Onsat and Death
/Medi Exami	er ransu ransu Examiner	immadi disaasa rasulting Sequen if any, k	ate Ceuse (Final or condition jin death) tiaily list conditions, adding to immediate Enter Underlying Disease or Injury ated events			Dua to (o	Obs-	tuctual quanca of):						Onsat and Death
/Medi	as the bungit ransit as a lead of the second	immadi disaasa rasulting Sequen if any, k	ate Ceuse (Final or condition g in daath)	e b c		Dua to (o	Obs-	tuctual quanca of):						Onsat and Death
/Medi	as the bungit ransit as a lead of the second	immadi disaasa rasulting Sequen if any, k	ate Ceuse (Final or condition jin death) tiaily list conditions, adding to immediate Enter Underlying Disease or Injury ated events			Dua to (o	Obs-	tuctual quanca of):						Onsat and Death
/Medi	as the bungit ransit as a lead of the second	immadi disaasa rasulting Sequen if any, k	ate Cause (Final or condition in death) tiaily list conditions, ading to immediate Enter Underlying Disease or Injury ated events in death) Last	e b c d	Chr.	Due to (or Due to (or Due to (or but not rass	r as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of	quence of): quence of): quenca of): quenca of):	e RIV	eno m	ey 0:	150x66		Onsat and Death
/Medi Examile De executed by Strict Physician and Company of the C	Physician/Medicai Examiner	immadidisasserasulting Sequen if any, ic cause, Cause (that initiresulting) Part II. C	ate Cause (Final or condition in death) tiaily list conditions, ading to immediate Enter Underlying Disease or Injury ated events in death) Last	e b c d	Chr.	Due to (or Due to (or Due to (or but not rass	r as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of	quence of): quence of): quenca of): quenca of):	e RIV	eno m	23b. Did	150x66	entributs to	Years
es that the death certificate be executed when the attending physician and produced by the attending physician and produced by the attending physician and produced by the attending physician and produced by the attending physician and produced by the attending physician and produced by the attending physician and produced by the attending physician and produced by the attending physician and produced by the attending physician and	by Physician/Medicai Examiner	immadidisease resulting Sequen if any, is cause. Cause that initi resulting	ate Cause (Final or condition in death) tiaily list conditions, ading to immediate Enter Underlying Disease or Injury ated events in death) Last	e b c d	Chr.	Due to (or Due to (or Due to (or but not rass	r as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of	quence of): quence of): quenca of): quenca of):	e RIV	eno m	23b. Did	tobacco uss co	entributs to	Onsat and Death YEARS The cause of death? Pably 4 Unknow
requires that the death certificate be executed a require the death certificate be executed a remaining physician and required to death of the death	by Physician/Medicai Examiner	immadidisease resulting Sequen if any, is cause. Cause that initi resulting	ate Cause (Final or condition in death) tiaily list conditions, ading to immediate Enter Underlying Disease or Injury ated events in death) Last	e b c d	Chr.	Due to (or Due to (or Due to (or but not rass	r as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of	quence of): quence of): quenca of): quenca of):	e RIV	eno m	23b. Did 1)20	tobacco uss co	ontributs to 3 Prob 24b. Wa	onsat and Death Years the cause of death? bebly 4 Unknow are autopsy findings allable prior to mpietton of cause
aw requires that the death certificate be executed to see signed by the attending physician and to describe the described to describe the second to the seco	pleted by Physician/Medical Examiner	immadidisease resulting Sequen if any, is cause. Cause that initi resulting	ate Cause (Final or condition in death) tiaily list conditions, ading to immediate Enter Underlying Disease or Injury ated events in death) Last	e b c d	Chr.	Due to (or Due to (or Due to (or but not rass	r as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of	quence of): quence of): quenca of): quenca of):	e RIV	eno m	23b. Did 1)2 24a. Wes	tobacco uss co Yes 2 No an autopsy primed?	ontributs to 3 Prob	othe cause of death? The cause of death?
Inter law requires that the death certificate be executed The law requires that the attending physician and the death of the latter of the la	pleted by Physician/Medical Examiner	immadidisease resulting Sequen if any, is cause. Cause (that initi resulting) Part II. C	ate Ceuse (Final or condition in death) iaily list conditions, ading to immediate Enter Undertrying Disease or Injury ated events in death) Last ther significant conditions are significant conditions.	e. b. c. d. show a	Chr.	Due to (or Due to (or Due to (or but not rass	r as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of	quence of): quence of): quenca of): quenca of):	e P. W	m ONA	23b. Did 1 1 2 24a. Wes perfo	tobacco usa co Yas 2 No an autopsy pmed?	ontributs to 3 Prob	onsat and Death Years the cause of death? bebly 4 Unknow are autopsy findings allable prior to mpietton of cause
In a law requires that the death certificate be executed at the law feeling physician and the death of the standing physician and the death of the latter of	one do by Physician/Medicai Examiner	immedidisaasa rasulting Sequen if any, is cause. Causa (that initi resulting Part II. C	ate Ceuse (Final or condition in death) tially list conditions, adding to immediate Enter Underlying Disease or Injury ated events in death) Last ther significant conditions.	e. b. c. d. show a	Christing to death FSC/F FBA'I	Due to (or Due to (or Due to (or Due to (or Due to (or Ar R Ar R	r as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of	uence of): uanca of): uanca of): uanca of):	givan In Pari	t I.	23b. Did 1) 24a. Wes perfo	tobacco usa co Yas 2 No an autopsy pmed?	24b. Wa ave cor of c	onsat and Death years the cause of death? at autopsy findings allabia prior to applation of cause death? Yas 2 No
this certificate has been signed by the attending physician and	ar director, page 2 should be detached for use as the bunil-transfit. To Be Completed by Physician/Medical Examiner.	immedidisaasa rasulting Sequen if any, is cause. Cause (that intit resulting Part II. C	casa referred to medicininar?	e. b. c. d. show a stribution of the show	charting to death color colo	Due to (or Due to (or but not result of the control	r as a consequence of a consequence of a	quence of): quanca of): quanca of): quanca of): quanca of): quanca of):	givan In Pari	t I.	23b. Did 1 24a. Wes perfo	tobacco usa co Yes 2 No an autopsy yes 2 No	antribute to 3 Prob 24b. Wa eve cor of c	onsat and Death years the cause of death? at autopsy findings allabia prior to applation of cause death? Yas 2 No
Thysicaen: The law requires that the death certificate be executed this certificate has been signed by the attending physician and before the control of the	ar director, page 2 should be detached for use as the bunil-transfit. To Be Completed by Physician/Medical Examiner.	immadidisease resulting Sequen if any, is cause. Cause (that initiresulting) Part II. C	casa referred to medicininar? Vas 2 Novas	b	Christing to death FSU FSU FSU FSU FSU FSU FSU FS	Due to (or Due to (or but not result of the control	r as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of as a consequence of a conse	quence of): quenc	givan In Pari	t I.	23b. Did 1 24a. Wes perfo	tobacco use co Yes 2 No an autopsy med? Yas 2 No one)	antribute to 3 Prob 24b. Wa eve cor of c	onsat and Death years the cause of death? at autopsy findings allabia prior to applation of cause death? Yas 2 No
Attending Physician: The law requires that the death certificate be executed to death. Geath. Control for Africa Carificate has been signed by the attending physician and the forest physician an	ar director, page 2 should be detached for use as the bunil-transfit. To Be Completed by Physician/Medical Examiner.	immedidisaasa rasulting Sequen if any, is cause. Causa (that intit resulting Part II. C	casa referred to medicininar? Yas 2 No nar of Death Visturial 5 Pand Accidant Stulcida 6 Could	e. b. c. d. sypert whal cai Hospi ding stigetion	characteristics of the control of th	Due to (or Due to (or Due to (or Due to (or Ar R In H	r as a consequence of a consequence of a conseq	quence of): quenc	26. Plec Othar: 4 N	to I.	23b. Did 1)2 24a. Wes perfo	tobacco usa co Ves 2 No an autopsy primed? Yas 2 No one) dance 6 Oth how injury occur	ontributs to 3 Prob 24b. Wa ave of c 1 C	onsat and Death years the cause of death? at autopsy findings allabia prior to applation of cause death? Yas 2 No
Attending Physician: The law requires that the death certificate be executed to death. The state of the stat	ar director, page 2 should be detached for use as the bunil-transfit. To Be Completed by Physician/Medical Examiner.	immedidisaasarasulting Sequen if any, is cause. Cause (that initiresulting) Part II. C	casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? Casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininary	b	characteristics of the best on	Due to (or Due to (or Due to (or Due to (or but not result A The January Year) Injury At house of examinat	r as a consequence of a consequence of as a consequence of a conseque	quence of): quenc	26. Plee Othar: 4 h hijury at Work? I Yes 2	ca of Deeth dursing Hon	23b. Did 1 24a. Wes performs 5 X Rasic 28d. Dascribe 1 28f. Location (1) City or Toward dua to the	tobacco usa co Ves 2 No an autopsy primed? Yas 2 No one) dance 6 Oth how injury occur	ontributs to 3 Prob 24b. Wa ave cor of c 1 C	Onsat and Death Years othe cause of death? pably 4 Unknow are autopsy findings aliable prior to mpletion of cause death? Yas 2 No //
Attending Physician: The law requires that the death certificate be executed to the close. The state of the certificate has been signed by the attending physician and the chiral factors of the certificate has been signed by the attending physician and the chiral factors of the certificate of the	ar director, page 2 should be detached for use as the bunil-transfit. To Be Completed by Physician/Medical Examiner.	immadidisease resulting Sequen if any, is cause. Cause at that initi resulting Part II. C 25. Wes axar 1	casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? Casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininar? casa referred to medicininary	b	characteristics of the second	Due to (or Due to (or Due to (or Due to (or but not result A The January Year) Injury At house of examinat	r as a consequence of a consequence of as a consequence of a conseque	uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca of): uuanca o	26. Plee Othar: 4 h hijury at Work? I Yes 2	ca of Deeth Jursing Hon	23b. Did 1 24a. Wes performed to the second of the second	tobacco uss co	ontributs to 3 Prob 24b. Wa ave cor of c 1 C har (Specify rred ber or Rura annar as st and dua to	Onsat and Death Years othe cause of death?
trending Physician: The law requires that the death certificate be executed to death. Section: After this certificate has been signed by the attending physician and the phys	ar director, page 2 should be detached for use as the bunil-transfit. To Be Completed by Physician/Medical Examiner.	immadidisease resulting Sequen if any, is cause. Cause at that initi resulting Part II. C 25. Wes axar 1	casa referred to medicinary as 2 No No nar of Death Natural Accidant Sulcida Homicida Could Homicida Could Homicida Could Medica (Could Me	b	characteristics of the best on	Due to (or Due to (or Due to (or Due to (or but not result A The January Year) Injury At house of examinat	r as a consequence of a consequence of as a consequence of a conseque	uuence of): uuence of): uuenca of): uuenca of): uuenca of): uuenca of): uuenca of): uuenca of): uuenca of):	26. Plec Othar: 4 Nork? Yes 2 Cee a time, dete arry opinion, de	tal. tal. t	23b. Did 1 24a. Wes performed to the second of the second	tobacco usa co Ysa 2 No an autopsy med? Yas 2 No one) dance 6 Ott how injury occur street end Numi wn, Stata) cause(s) and m data and placa,	annar as stand due to ded (Month, L	Onsat and Death Years othe cause of death?

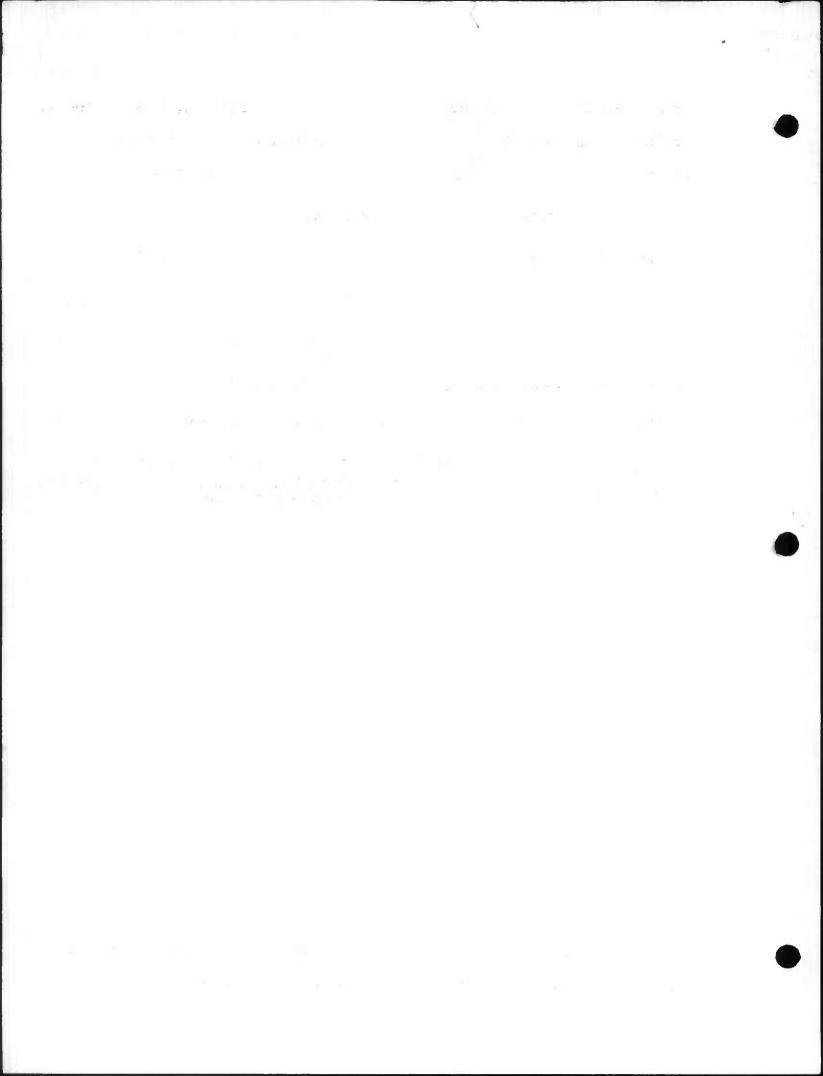
DHMH 16 Rev 6/95

State

Registrar

31. Dete filad (Month, Dey, Year)

OCT 0 7 1996



THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. CBALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6876

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEUILLY	CATE O	F DEATH		REG. NO.		
1 t. 0	DECEDENT'S NAME (First, M	fiddle, Last)						2. DATE O	OF DEATH		3. TIME OF DEATH
	Mary G.	Berk	ev					Octo	ber 7,	1996	7:45 pm w
4. \$	SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthdev)	IF UNDER t YEA	R IF UNDER 24 HRS.	7. DATE O	F BIRTH	-	IPLACE (State or Foreign
	466-03-014		t □ M 2 🂢 F	76		IONTHS DAY		(Month.	y 19, 19	Counti	xico
90.	FACILITY NAME (If not instit		reet and number)			9b. CITY, TOW	N OR LOCATION OF D			COUNTY OF D	
5	1900 Gains		Road				kville				gomery
I RE	STATE	OB, COUNTY		-	10c CITY	TOWN OR LO	CATION				10d. INSIDE CITY
RE 100.	MD	1740.0	gomery		1	kvill					LIMITS? XX YES 2 NO
10e.	. STREET AND NUMBER						101. ZIP CODE		10g.	CITIZEN OF V	VHAT COUNTRY?
10e.	1900 Gains	boro	Road				20851			United	States
5 11.1	MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED	13. WAS I	DECENDENT OF HISPAI specify Cuben, Mexico	NIC ORIGIN?	(Specify Yee or No	- 14, RACI	- American Indian, k, White, etc.
_ 11 ' _	Never Married 2 M Widowed 4 Divorce		IF YES, GIVE W		XINO.		/ES 2 NO Specif	fy:	ican	Spec	
	15. DECED (Specify only h	ENT'S EDUC	ATION	16a.	DECEDENT'S U				KIND OF BUSINESS	INOUSTRY	
	Elementary/Secondary (0-t/	1	College (1-4 or 5+)		(Give kind of worlde. Do NOT use	rk done during retired.)	most of working				
			4		Librari	lan		Pul	blic Hea	1th Se	rvices
17. 8	FATHER'S NAME (First, Midd	fle, Last)					18. MOTHER'S NA	AME (First, Mi	iddle, Meiden Surnen	ne)	
	Hermenejil	do Ga	rza				Jul:	iana (Cavazos		
	. INFORMANT'S NAME (Type						et and Number or Rural				
2	Barbara St	offer	- Daugh	ter	2807	Aqua	rius Aven	ue S:	ilver Sp	ring,	MD 20906
170	. METHOD OF DISPOSITION Burlel 2 Cremetion Donation 5 Other (S	3 🗌 Remo	oval from State		cremetory or other			Octob	ber		
	SIGNATURE OF FUNERAL		ENSEE	Live	Igicch				996 Tucs		ary & Cemete
i	NO LOV		Day &								zona 85705
dis	MEDIATE CAUSE (Final sease or condition sulting in death)		DUE TO	STAT		BRE	HST C	200	CER	e	Interval Between Onset and Daeth
Se if i cat	equantielly list condition any, leading to immedi- use. Enter UNDERLYIN USE (Disease or injury at initiated evente aulting in death) LAST	ete G			SEQUENCE OF):						
	any, leading to immedi- use. Enter UNDERLYIN USE (Disease or injury at initiated evente aulting in death) LAST	G G	DUE TO (OR AS A CON	SEOUENCE OF):		ving cause given in	Part	24e WAS AN AUTO	DSV 24h	WEBF AITTIDEV ENDINGS
PA	any, leading to immedi- use. Entar UNDERLYIN USE (Disease or injury at initiated evente	G G	DUE TO (OR AS A CON	SEOUENCE OF):		ying cause given in		24s. WAS AN AUTOF PERFORMED? 1 YES 2 AN		. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PA	any, leading to immedi- use. Enter UNDERLYIN USE (Disease or injury at initiated evente aulting in death) LAST	condition	DUE TO (OR AS A CON	SEOUENCE OF):	the underl			PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PAI	any, leading to immediuse. Enter UNDERLYIN USE (Disease or Injury at Initiated evente sulting in death) LAST II. Other significant DID TOBACCO US	condition:	DUE TO (OR AS A CON	SEOUENCE OF):	the underly	UNCERTAL		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PAI	any, leading to immediuse. Enter UNDERLYIN MUSE (Disease or Injury at Initiated evente suiting in death) LAST ART II. Other algnificant DID TOBACCO US	condition:	DUE TO (OR AS A CON	SEQUENCE OF): ot reculting in EATH YES	the underly	UNCERTAL	N 🗆	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. 1	any, leading to immediuse. Enter UNDERLYIN USE (Disease or Injury at Initiated evente suiting in death) LAST ART II. Other algnificant DID TOBACCO US WAS CASE REFERRED TO EXAMINER? 1	econditions E CONTR E CONTR MEDICAL	DUE TO (OR AS A CON deeth but no USE OF DI 26. PI ER/Outpatient	SEQUENCE OF): ot reculting in EATH YES	the underly NO (Check only of THER: Nursing) OF 28c.	UNCERTAL Home 5 (Hasaldence INJURY AT WORK?	N 🔲	PERFORMED?	0	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. 1 27. 1 1 2 3	any, leading to immediuse. Enter UNDERLYIN USE (Disease or injury at initiated evente suiting in death) LAST ART II. Other significant DID TOBACCO US WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO MANNEB OF DEATH 1 Naturel 5 Period Company 10 Notice 10 Period Company 10 Period 10 Period Company 10	ending reatigation build not be	DUE TO (A. B. CONTributing to CAI RIBUTE TO CAI HOSPITAL: 1 Inpetient 2 260. DATE OF (Month, Date 260. PLACE OF 260. P	USE OF DI 26. PI ER/Outpatient	EATH YES	the underly NO (Check only of OTHER: Nursing OF 28c. M 1	UNCERTAL Home 5 M Residence INJURY AT WORK 7 YES 2 NO	6 Other 28d. DESC	PERFORMED? 1 YES 2 NO	OCCURED	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PAI 25. 1	any, leading to immediuse. Enter UNDERLYIN USE (Disease or Injury at Initiated evente suiting in death) LAST ART II. Other algnificant DID TOBACCO US WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO MANNEB OF DEATH 1 Neturel 5 Period Company Compa	condition:	DUE TO (A. B. CONTributing to CAI RIBUTE TO CAI HOSPITAL: 1 Inpetient 2 260. DATE OF (Month, Date 260. PLACE OF 260. P	USE OF DI 26. PI ER/Outpatient INJURY 19, Year)	EATH YES LACE OF DEATH 26b. TIME 13 DOA	the underly NO (Check only of OTHER: Nursing OF 28c. M 1	UNCERTAL Home 5 M Residence INJURY AT WORK 7 YES 2 NO	6 Other 28d. DESC	PERFORMED? 1 YES 2 No. (Specify) CRIBE HOW INJURY	OCCURED	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PAI 25. 1	any, leading to immediuse. Enter UNDERLYIN USE (Disease or Injury at Initiated evente suiting in death) LAST ART II. Other algnificant ART II. Other algnificant DID TOBACCO US WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO MANNEB-OF DEATH 1 Naturel 5 PA 2 Accident 3 Suicide 6 Cc 4 Homicide de	condition: E CONTR MEDICAL anding restigation build not be termined	DUE TO (A. B. CONTributing to a contributing to a contributing to a contributing to a contributing to a contributing to a contribution and a con	USE OF DI 26. PI ER/Outpatient INJURY y, Year) This is a second of the control of	EATH YES LACE OF DEATH 26b. TIME INJUI	the underly NO (Check only of the R: Nursing OF 28c. RY M 1	UNCERTAL Home 5 Residence INJURY AT WORK? YES 2 NO office	N D Other 28d. DESC City of	PERFORMED? 1 YES 2 Not (Specify) CRIBE HOW INJURY TION (Street and Nury Yown, State)	OCCURED Imber or Rural is a stated.	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PAI PAI PAI PAI PAI PAI PAI PAI PAI PAI	any, leading to immediuse. Enter UNDERLYIN USE (Disease or Injury at Initiated evente suiting in death) LAST ART II. Other algnificant DID TOBACCO US WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO MANNEB OF DEATH 1 Netural 5 Pe 2 Accident Imm 3 Suicide 6 Cc 4 Homicide de CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER	condition: E CONTR MEDICAL Inding restigation build not be termined YING PHYSIC AL EXAMINET	DUE TO (A. B. CONTRIBUTE TO CAL HOSPITAL: t Inpetient 2 26e. DATE OF (Month, De 28e. PLACE OF building, of CIAN: To the basic of ex	USE OF DI 26. Pi ER/Outpetlent INJURY — Atl etc. (Specify) my knowledge aminetion end	EATH YES LACE OF DEATH 26b. TIME INJUI t home, ferm, etr	the underly Check only of OTHER: I Nursing Is OF 28c. M 1 [reat, fectory, of the time, of t	UNCERTAL Home 5 Residence INJURY AT WORK? YES 2 NO office	6 Other 28d. DESC 28f. LOCA City or	PERFORMED? 1 YES 2 No. (Specify) CRIBE HOW INJURY TION (Street and Nu. Trown, State) se(e) and manner seand place, and due	OCCURED Imber or Rural is stated. to the couse(o	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
# # CAN CAN THE CAN CAN THE CAN CAN THE CAN CAN CAN CAN CAN CAN CAN CAN CAN CAN	any, leading to immediuse. Enter UNDERLYIN MUSE (Disease or injury at initiated evente suiting in death) LAST ART II. Other algnificant DID TOBACCO US WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO MANNEB-OF DEATH 1 Netural 5 Pe 2 Accident Imm 3 Suicide 6 C C 4 Homicide de 0. CERTIFIER (Check only one) 2 MEDIC	condition: E CONTR MEDICAL Inding restigation build not be termined YING PHYSIC AL EXAMINET	DUE TO (A. B. CONTRIBUTE TO CAI HOSPITAL: 1	USE OF DI 26. Pi ER/Outpatient INJURY y, Year) Ty knowledge amination end	EATH YES LACE OF DEATH 26b. TIME INJUI t home, ferm, str	the underly Check only of OTHER: Norsing Norsing OF 28c. Norsing to the time, of of the time, of	UNCERTAL INJURY AT WORK? VES 2 NO Inflice Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Injury AT Work 2 No Work 2 N	N D St. LOCA City of the cause ilme, date of the cause	PERFORMED? 1 YES 2 No. (Specify) CRIBE HOW INJURY TION (Street and Nu r Town, State) ee(e) and manner as and place, and due	OCCURED Imber or Rural is stated. to the cause(AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO Route Number,

1 488 1

State of Mary

Days

and /	Department	of Health	and I	Mental	Hygiene
	Certificate	of Death	7		Dea No

HYATTSVILLE
If Under 1 Year | If Under 24 Hrs. | 8. Date
Months | Days | Hours | Min. | (Month

0	C	0	1	7	0	-
7	0	3		1	U	9

Physician	
/Medical	
Examiner	

1. Decedent's Nama (First, Middle, Last) BRUNETTER

5. Sociel Security Number

238-20-5169

4e. Facility Neme (If not Institution, give street end number)

7003 HIGHVIEW TERRACE #101

1 ☐ M 2 🖫 F

JONES BRIMMER

7. Age (In yrs. last birthday)

Yrs

88

2. Dete of Death OCTOBER 6 1996

8. Date of Birth (Month, Day, Year)

4b. City, Town, or Location of Deeth

Reg. No.

4c. County of Death

PRINCE GEORGES

3. Time of Death 7:15 AM

Birthplece (Stete or Foreign Country)

Black

Approximata Intervel Batween Onset and Deeth

completion of cause of death?

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Dete signed (Month, Dey, Year) OCTOBER 07, 1996

10d. Inside City Limits

1⊠ Yes 2□No

.Funeral Director

Maryland 28a-f show the 72 hours after

7 is marked other than "naturel", or items 23s or 28s-f shot traumstic event, the Modical Examiner must be notified at Pages 1 end 2 should be filled within nent of Haalth and Mental Hygiene. Int: If from 27 is marked other than "Inty or other traumatic event, the West permit. Page Department of Important: If any Injury or once.

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Records.

Division of Vital

Physician /Medicai Examiner

Examiner sician and bunal-transit physician s the burial Physician/Medical 88 USB signed by the atte þ Completed should page 2 s certificate director. Be Certification: To this funeral Aftar deeth. after deeti Director:

or Attending Physician: The law requires that the death certificate be executed filled in by To the Hospital within 24 hours a To the Funeral D plataly

Aug. 18, 1908 North Carolina Usuel Residence of Decedant 10a Stete 10b. County 10c. City, Town or Location Director Maryland Prince George's Hyattsville 10e. Street and Numbar 10f. Zip Code 10g. Citizen of Whet Country? Funerai 7003 Highview Terrace, #101 20782 United States 12. Was Decedent Evar in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - Amarican Indlen, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Detes: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No þ 3 ₩ Widowed 4 Divorced Specify: Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) Collega (1-4or 5+) Private Housewife 17. Fether's Nema (First, Middle, Last) 18. Mother's Nema (First, Middla, Meiden Sumeme) Be Junior Jones Delilah Shephard 19b. Melling Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) 7003 Highview Terrace, Hyattsville, MD 20782 Shirley Mae Hamm 20b. Piece of Disposition (Nema of cematery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Date 1X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Greenwood Cemetery 10/12/96 New Bern, N.C. 22. Name end Address of Fecility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, D. C. Intl. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, ock, or heart feilure. List only one cause on each line. Immediate Cause (Final Arteriosclerotic Cardiovascular Disease diseese or condition resulting in deeth) Due to (or es e consequenca of): Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Diseas or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequança of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings evellable prior to 24a. Wes en eutopsy performed? inspection 1 Yes 2 No 25. Wes case referred to medical examinar? 28. Place of Deeth (Check only ona) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 1 Yes 2□ No Othar: 4 Nursing Home 5 X Residence 6 Other (Specify) 27. Manner of Deeth 28a. Deta of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 2 Accident 5 Pending Investigetion 1 Yas 2 No 3 Suicida 6 Could not be determined

Medicai

Ann Dixon M.D. 31. Dete filed (Month, Day, Year) State

4 Homicide

(Check only one)

29b. Signature and title of certifier

OCT 1 0 1996

29a. Certifian

32, Registrer's Signetura

30. Nar and address of person who compléted causa of daath (item 23a) (Type, Print)

uti atwoler Real !!

28e. Plece of Injury - At homa, farm, streat, factory, office building, etc. (Specify)

1 Cartifying Phyeician: To the best of my knowladge, deeth occurred at the tima, date and placa, and due to the causa(s) and mennar as stated.

**Madical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and placa, and due to the causa(s) and menner stated.

29c. Licensa number

O.C.M.E.

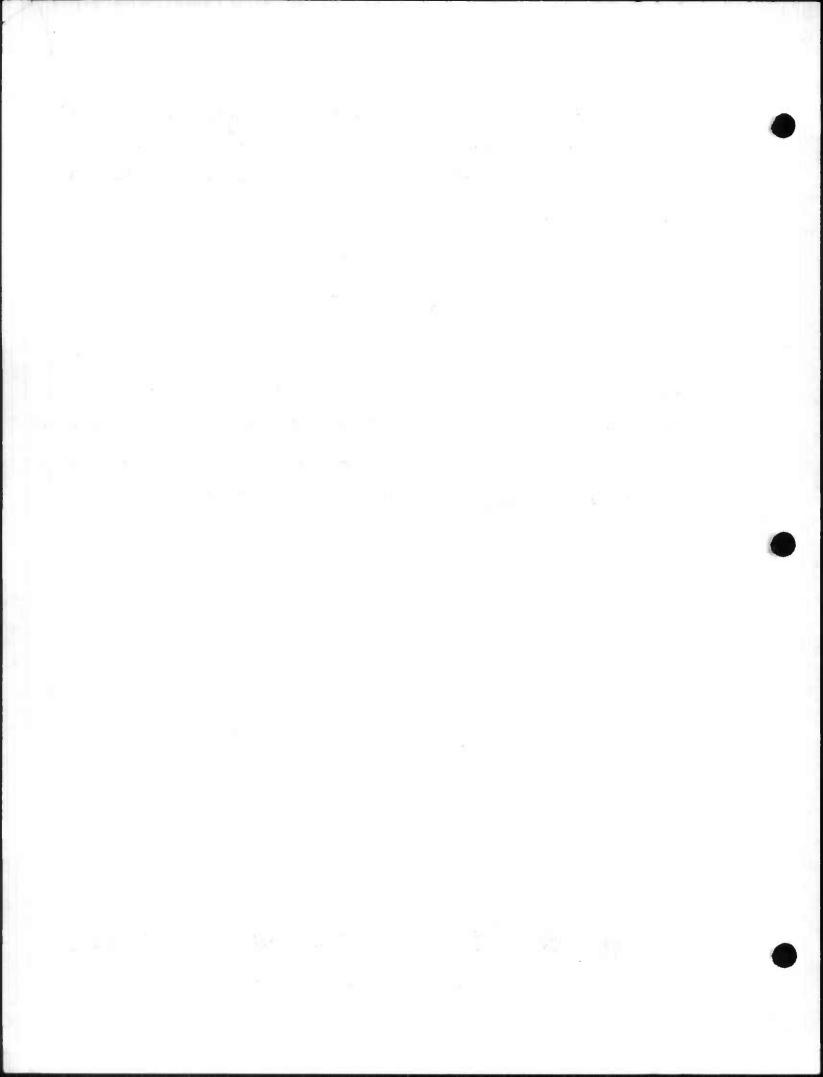
111 Penn Street, Baltimore, Maryland 21201

Registrar

Fig. 1. The section of the section o

State of Maryland / Department of Health and Mental Hygiene 96

December Name Pirst Models, Last December Name									Certif	icate of	Death		Reg. No.	20	0 1	, .
Examiner Finance Fi				1. Decedent's Neme (First, Midd	le, Las	1)							eth		3. T	ime of Death
## Country of Country Inventor (Country Of Deep 1 10 10 10 10 10 10 10		•		Edward Horton	ı				F	SOWER	Sr.	-			4	:46a
Social Security Number 0.5 Security Numb				4a. Fecility Neme (If not institution	n, give	street and nu	mber)				4b. City, Town, o					
Second Security Number 1.5 counts Securit				The Memoria	1 H	Mospit	al				East	on	Ta	lbot		
Description of the process of the pr		Funeral			6. Se	X		In yrs. lest bir			If Under 24 Hr	8. Dete of Bi	th Veer	9. Birth	plece (S	Stete or Foreign
100. Colly Town or Location 100. Colly Town or Location 101. Top Code 102. Colly 103. Colly 1		Director			121	JKM 2LIF	6	5	Yrs.	Ontrio Days	110013					k
The result is a second property of the control of t	2	2 2			,		1	On City Tour	o or Locati	•					404.4	Id. Ob. III. b.
The control of the co	2	6 5	2	, , , , , , , , , , , , , , , , , , ,						OII						
The control of the co	2	oth	octo		TILE	:		Maryd								1 165 2123110
The control of the co	-	0 8	Ta	- Valence - Control					1		_				untry?	
The control of the co	4	23 met	ia i		one						-					
The control of the co	ar of	E	nu			Armed Fo	rces?	er in U,S.	13. Wes	Decedent of I s, specify Cub	Hispenic Origin? (an, Mexican, Pue	(Specify Yes or No arto Rican, etc.))- 14. F			en,
The control of the co	20	ŏE	7			I Ves Gh	/6	o = /-	10	Yes ZZNo	Specify:		Spe	cify: T.TI	hita	
The control of the co		E E					ates:)	1	Daniel	I- 1110	41		405 105-4-4			
Approximate Content			iete	(Specify only highe	st grad	de completed)		166.	(Give kind	of work done	pation during most of w	orking	160. Kind of	Business/ii	naustry	
Approximate Content	12	than than	m			College (1	I-4or 5+)				· · · · · · · · · · · · · · · · · · ·		Acme	Groce	rv S	tore
Approximate Content	0 =	H H	Ö		Last)				meat	Cuccel	18. Mother's No	ame (First, Middle			29 0	
Approximate Content	B 2	o pe	Be													
Approximate Content	Z floor	M P	Ĕ		shin /Ti	vne Print)		10h	Melling A	ddraee (Strae					in Code)	
Approximate Content	Ma d2s	th and				ype, r mil)		130	_						. ,	
Physician Midelical Examiner Programme State Course (Final disease, or completations that offsized the deem). Do not enter the mode of dying, such as cardiac or respiratory arrest, intrinsical shock, or heart feature. List only one cause on sech line. Programme State Course (Final disease). Do not enter the mode of dying, such as cardiac or respiratory arrest, intrinsical shock, or heart feature. List only one cause on sech line. Programme State Course (Final disease). Do not enter the mode of dying, such as cardiac or respiratory arrest, including a control of the state of the course of the co	0	Haa Her other			: 1			20b. Piece of	Dispositio	n (Neme of						
Physician Midelical Examiner Programme State Course (Final disease, or completations that offsized the deem). Do not enter the mode of dying, such as cardiac or respiratory arrest, intrinsical shock, or heart feature. List only one cause on sech line. Programme State Course (Final disease). Do not enter the mode of dying, such as cardiac or respiratory arrest, intrinsical shock, or heart feature. List only one cause on sech line. Programme State Course (Final disease). Do not enter the mode of dying, such as cardiac or respiratory arrest, including a control of the state of the course of the co	OU Section	A H					Stete					1 (-3)				
Physician Midelical Examiner Programme State Course (Final disease, or completations that offsized the deem). Do not enter the mode of dying, such as cardiac or respiratory arrest, intrinsical shock, or heart feature. List only one cause on sech line. Programme State Course (Final disease). Do not enter the mode of dying, such as cardiac or respiratory arrest, intrinsical shock, or heart feature. List only one cause on sech line. Programme State Course (Final disease). Do not enter the mode of dying, such as cardiac or respiratory arrest, inches a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Perfit. Other algnificant conditions, interest inches the course, circle through your and the course of the course, circle through your and the course of the course, circle through your and the course of the course, circle through your and the course of the course, circle through your and the course of the course, circle through your and the course of the course, circle through your and the course, circle through your and the course of the course, circle through your and the course, circle through your and through your and through your and through your and through your and through your and through your and through your and through your and through your and through your and through your and through your and		ritan						Green				10/1/	Green	sboro	, Ma	ryland
Physician Midelical Examiner Programme State Course (Final disease, or completations that offsized the deem). Do not enter the mode of dying, such as cardiac or respiratory arrest, intrinsical shock, or heart feature. List only one cause on sech line. Programme State Course (Final disease). Do not enter the mode of dying, such as cardiac or respiratory arrest, intrinsical shock, or heart feature. List only one cause on sech line. Programme State Course (Final disease). Do not enter the mode of dying, such as cardiac or respiratory arrest, inches a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Perfit. Other algnificant conditions, interest inches the course, circle through your and the course of the course, circle through your and the course of the course, circle through your and the course of the course, circle through your and the course of the course, circle through your and the course of the course, circle through your and the course of the course, circle through your and the course, circle through your and the course of the course, circle through your and the course, circle through your and through your and through your and through your and through your and through your and through your and through your and through your and through your and through your and through your and through your and	Ba	Dep Impo		LT. Signature of Turister Service	LICOIIS	/ 1	,					Funeral	Home			
Physician (Macdial Examiner) The disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Cause [Disease or ringue] Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Rectal Cancer Duality Due to (or as a consequence of): A We as an autopsy performed? 24e. Were an autopsy performed? 25e. Was one referred to medical to the ceuse of orders of death): 1 Ves 2 No 1 Ves 2 No		_		Meph		Plu	y h	_	P.O.	Box 1	60 Green	sboro, M	D 2163	9		
Immediate Cause (Final desires or coordition resulting in clearly to consequence of coordition resulting in death) Due to (or as a consequence of):	135			23a. Pert1. Enter the disease, or shock, or heart feilure. List	only o	lications thet one ceuse on e	dused the	e deeth. Do i	not enter th	ne mode of dyl	ng, such es cardi	ec or respiratory a	rrest,	i	Appro	xlmete al Between
Security Security				tone dista Cours (Flori										1	Orise	and Death
Due to (or as a consequence of): Sequentially list conditions, if any, last doing to immediate curves. Either Underlying the underlying ceuse given in Pert I. Sequentially list conditions, if any, last doing to immediate curves. Either Underlying the underlying ceuse given in Pert I. Due to (or as a consequence of):				diseese or condition		e. A	cute	Pul	nona	ry Ede	ema_				1 1	Hour
Cause (Ciseses or influry tresulting in death) Last Due to (or es e consequence of): Due to (or es e consequence of):			-				Du	e to (or as a	consequan	ice of):						
Cause (Ciseses or influry tresulting in death) Last Due to (or es e consequence of): Due to (or es e consequence of):	70	ısit	in in			b										
Cause (Ciseses or influry tresulting in death) Last Due to (or es e consequence of): Due to (or es e consequence of):	, m	and	xar	Sequentially list conditions, if any, laading to immediate			Du	e to (or as a	consequen	ce of):						
Per II. Other significant conditions contributing to death but not resulting in the underlying cause given in Per I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Per I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Per I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Per I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Per I. Per III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 1 Yee 2 N	9	Sician		Cause (Disease or Injury		c										
Per II. Other significant conditions contributing to death but not resulting in the underlying cause given in Per I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Per I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Per I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Per I. Per III. Other significant conditions contributing to death but not resulting in the underlying cause given in Per I. Per III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 3 Probably 42 Ver III. Other significant conditions contribute to the cause of 1 Yee 2 No 1 Yee 2 N	587 icate	s the	palic				Du	e to (or es e d	consequence	ce of):				1		
Por II. Other significant conditions contribute to the cause of 1 Yes 2 No 3 Probably 40 Rectal Cancer 24e. Wes en autopsy performed? 24e. Wes en autops	X Contil	ding se s	2		L	d								1		
25. Was case referred to medical examiner? 1	ထို့ ခ်္	for	ciar													
25. Was case referred to medical examiner? 1	0 8	y tha	ysi	Pert II. Other significant condition	ona co	ntributing to de	eath but n	not resulting in	the under	tylng ceuse gi	ven in Pert I.					
25. Was case referred to medical examiner? 1	or in	d be defe		Rectal Canc	er							10	Yes 2∐ No	3 □ Pro	obably	4½ Unknown
25. Was case referred to medical examiner? 1	ds	asign d b					4 5	0				24e Wes	An autoney	24b. V	Vere aut	opsy findings
25. Was case referred to medical examiner? 1	Ö E	peed	ete	Grabeles	7	nel	let	us						a ^r	vallable	prior to
25. Was case referred to medical examiner? 1	Je w	has ye 2	E E											01	f death?	
29a. Certifler (Check only one) 29a. Signeture and file of person who complated causa of daath (Itam 23a) (Type, Print) 29b. Signeture and address of person who complated causa of daath (Itam 23a) (Type, Print) 29c. License number 29c. License number 29d. Dete signed (Morgh, Day, Year) 29d. Dete signed (Morgh, Day, Year) 29d. Dete signed (Morgh, Day, Year) 29d. Dete signed (Morgh, Day, Year) 29d. Dete signed (Morgh, Day, Year)	<u>e</u>											10	Yes 2 No	1	☐ Yes	2□ No
29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and mannar as stated. 29b. Signeture and tille of dentiliar 29b. Signeture and tille of dentiliar 30. Name and address of person who complated ceusa of daath (Itam 23a) (Type, Print) Dr. Andrea Allen 920 Market Street Denton, MD 21629	View View	artifi		25. Was case referred to medice examiner?	- I	Hospital:				100		eeth (Check only	one)			
29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and mannar as stated. 29b. Signeture and tille of dentiliar 29b. Signeture and tille of dentiliar 30. Name and address of person who complated ceusa of daath (Itam 23a) (Type, Print) Dr. Andrea Allen 920 Market Street Denton, MD 21629	o si	this aldir		43		1 178				3LI DOA	4 Li Nursing				ify)	
29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and mannar as stated. 29b. Signeture and tille of dentiliar 29b. Signeture and tille of dentiliar 30. Name and address of person who complated ceusa of daath (Itam 23a) (Type, Print) Dr. Andrea Allen 920 Market Street Denton, MD 21629	ב פון	After	o	Naturel 5 Pendir		(Mont	h, Dey Y	ear) 280. I	njury			28d. Describe	now injury occ	urrea		
29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and mannar as stated. 29b. Signeture and tille of dentiliar 29b. Signeture and tille of dentiliar 30. Name and address of person who complated ceusa of daath (Itam 23a) (Type, Print) Dr. Andrea Allen 920 Market Street Denton, MD 21629	Sic	death tor:	cat	3 Sulcide 6 Could	not be	On Diasa	of haloss	44 5 4 4 4 4			Tes 2 No	not Leastles (Chanat and Mu	mhas as Du	nal Davide	Alma
29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and mannar as stated. 29b. Signeture and tille of dentiliar 29b. Signeture and tille of dentiliar 30. Name and address of person who complated ceusa of daath (Itam 23a) (Type, Print) Dr. Andrea Allen 920 Market Street Denton, MD 21629	× ×	井が正	Ħ		nined				rm, street,	rectory, onice				TIDER OF MUI	rai Houre	s rvumber,
30. Name and address of person who complated causa of daath (Itam 23a) (Type, Print) Dr. Andrea Allen 920 Market Street Denton, MD 21629	plati	eral filled	1	20s Cartillar William	o Dhu	alalas. Ta tha	h 4 - 4		de alle and		and date and also					
30. Name and address of person who complated causa of daath (Itam 23a) (Type, Print) Dr. Andrea Allen 920 Market Street Denton, MD 21629	8	Fun Fun etaly	dica	(Check only 2 Medical	Exami	ner: On the ba	asis of ex	amination en	, death occ d/or investi	getion, in my	me, date and pled opinion, daeth occ	curred at the time,	dete and plac	e, end due	stated. to the ca	use(s)
30. Name and address of person who complated causa of daath (Itam 23a) (Type, Print) Dr. Andrea Allen 920 Market Street Denton, MD 21629	\$	thin mple			0 1	ond mon	0 .			29c Licens	se number		29d Date sig	ned (Month	Day Y	oar)
Dr. Andrea Allen 920 Market Street Denton, MD 21629	F	≱ ≓ 8		1000	4	1101	2	MD		n:	35284	4	10/	14/9	6	
Dr. Andrea Allen 920 Market Street Denton, MD 21629				100/		ree	-			1.		f	19	rel		
										-	VD 21624	2				
									ec De	encon,	MD 7107;	7				
State Registrar 31. Dete filed (Month Dey, Yagr) 32. Registrer's Signeture 32. Registrer's Aundele				00.116	16	32. 1	·	avidson.	Pandel	2						



State of Maryland / Department of Health and Mental Hygiene

9	C	31	7		C
2	0	0	- 1	U	-

December December						Certif	ricate of	Death			Reg. No.		
4. Facily Name of Hors withhose, play some elementary 26.15 New Glen Avenue Fundal Fill State For State F					OLCLOUG	Н	В	EST		Month	Day		
26.15 New Glen Avenue Total Section S			4a. Facility Name (If not institution,	give street end number,)		-	4b. City, To	wn, or Lo		7	A	1.20 A.M
South Description Sout	LAG	ıııııeı						Fores	stvil	11e			orges
State Stat	Funo	ral			ge (In yrs. lest bir			If Under	24 Hrs.			_	
Use State Use	2000	_	579-26-5519	1□M 2\\ F	81	Yrs. M	lonths Deys	Hours	Min.	May 25	y, <i>Year)</i> . 1915	South	h Carolina
The continue of the continue	7									1107 25	, 1717	boac	ii oaioiina
The continue of the continue	uytan show											1	
The continue of the continue	N PER N	9	Maryland Prin	ce Georges	Fo	restv	ville						1AJ Yas 2 No
1 1. American index 12 Was Deposed (Fiver hu.S. 12 12 Was Deposed (Fiver hu.S. 12 12 12 12 12 12 12 1	3a or 2	Dire	10e. Street and Number 2615 New Glen	Avenue		1		47			-		
Description of the property of	death mm 2	Jera	11. Meritel Stefus	12. Wes Decedent	Ever in U,S.	13. Wes	Decedent of I	Hispanic Or	lgin? (Spi	ecify Yes or No	14. Rac	ce - Americ	an Indian,
Description of the property of	O and and	P.		1 ☐ Yes 2X	7 No					Rican, etc.)	Bia	ck, White,	etc.
The proposal	02	۾ ا	3XXWidowed 4 □ Divorced	IT Yes, Give		10	Yes 21LINNo	Specify:			Specif	y: B	lack
The proposal	5-0 72 hg	ted	15. Decedent's	Education	16a.	Decedent	's Usual Occu	pafion	t of work	ina	16b. Kind of B		
Agricultural part of the position of the posit	21 21	pje	Elementary/Secondary (0-12)		5+)	life. DO	NOT use retire	d)	i di worki	n ng	**	em1	
Agricultural part of the position of the posit	2 page	5	12th grade			Cha	rwoman				warne	er The	eatre
Agricultural part of the position of the posit	D STEP	Be	17. Father's Name (First, Middle, La	st)						e (First, Middle,	Meiden Surnar	_	
Agricultural part of the position of the posit	yla Nem Mem	2	Elmore		Colcle	ough		AJ	.ice			Darga	an
Agricultural part of the position of the posit	lar and and and and and			(Type, Print)	19b.	. Mailing A	ddress (Stree	t and Numb	er or Run	al Route Numbe	er, City or Town	, State, Zip	Code)
Physician Mary and	N . N		Catherine Coving	gton(grand							stville	, Mar	yland 2074
Physician Middleal Examiner The physician Middleal Examiner The	Ore of Hear			CD amount from Chate	20b. Place of cemeter	Disposition y, cremeto	on (Name of ory or other ple	ce) Oct	.14,	1996	20c. Location	- City or To	wn, Stata
Physician Middleal Examiner The physician Middleal Examiner The	Pag Pag Pag Pag Pag Pag										Brentwo	ood, l	Maryland
Physician Middleal Examiner The physician Middleal Examiner The	a E de la contra del la contra de la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la	đ	21. Signature of Funeral Service Lie	ansee)	22. Ne	eme end Addre	ess of Facili	y Lat	nev's	Tuneral	Home	. Inc.
Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Middled Examiner Physician Disease or condition of examiner Physician Middled Examiner Physician Midd	m 88 8	8	Jhw W Lo	alung Is									
Provision (Medical Examiner Medical Examiner Me	2 10 10		23a. Part1. Enter the diseese, or co	mplications that cause	d the death. Do r								Approximete
ModelCall Examiner	Physicia	an	snock, or neart tellure. List or	ny one cause on each i	ine.								Onset and Death
Due to (or ea a consequence of): Coronary Arteries Disease Due to (or ea a consequence of): Coronary Arteries Due to (or ea a consequence of): Due to (or as a cons		_	Immediate Ceuse (Final	Conges	stive H	eart	Fail	ure					
State Securitary Securitar	Examin	er	resulting in deeth)	a. Oonge.				ule				1	
Cause (Disease or injury to go of the company of th		je je		Corona			-	ease				1	
Cause (Disease or injury to go of the company of th	behi:	Ē	Sequentially list conditions	b								1	
Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yee 2 No 3 Probably 4 Unknown	D, exec in an	X	if any, leading to immediate	Porini									
Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yee 2 No 3 Probably 4 Unknown	76 Te be	cai	I triat initiated events	c. relipi				seas	е	*			
Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yee 2 No 3 Probably 4 Unknown	60 illicat	2	resulting In death) Last	Diabet	•			ance	r of	Bres	s t		
Single State State		3		d				ance		Dica			
Single State State	Geath death	icia	Pert II. Other significant conditions	contributing to death h	out not resulting In	the under	rtvina cause ai	ven in Pert	,	23h Did	obacco usa co	untribuste to	the cause of death?
Single State State	O th	hys		bonning to douting	out not resenting in	are grider	nymy oddao gi	voir arr ort					
25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 10 10 10 10 10 10 10 1	The det	\ \frac{2}{9}									2010	0,1.0	ALDIY 4 GOTINIONII
25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 10 10 10 10 10 10 10 1	rds n sig	8										24b. We	ere autopsy findings
25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 10 10 10 10 10 10 10 1	S 5 5 5	lete								perfo	med?	COI	mpietion of cause
25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 10 10 10 10 10 10 10 1	Re lav	E du									W.W.		
12 Netural 2 Accident 3 Sulcide 4 Homicide 5 Pending Investigation 3 Sulcide 4 Homicide 5 Pending Investigation 6 Could not be determined 28e. Piaca of Injury - At home, ferm, street, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 20032 31. Date flied (Month, Day, Year) 32. Registrar's Signature 31. Date flied (Month, Day, Year) 32. Registrar's Signature 31. Date flied (Month, Day, Year) 32. Registrar's Signature 33. Date flied (Month, Day, Year) 32. Registrar's Signature 33. Date flied (Month, Day, Year) 32. Registrar's Signature 33. Date flied (Month, Day, Year) 34. Registrar's Signature 34. Registra			05.10									11	JYes 2∐No
12 Netural 2 Accident 3 Sulcide 4 Homicide 5 Pending Investigation 3 Sulcide 4 Homicide 5 Pending Investigation 6 Could not be determined 28e. Piaca of Injury - At home, ferm, street, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 20032 31. Date flied (Month, Day, Year) 32. Registrar's Signature 31. Date flied (Month, Day, Year) 32. Registrar's Signature 31. Date flied (Month, Day, Year) 32. Registrar's Signature 33. Date flied (Month, Day, Year) 32. Registrar's Signature 33. Date flied (Month, Day, Year) 32. Registrar's Signature 33. Date flied (Month, Day, Year) 34. Registrar's Signature 34. Registra	Centil Con		examiner?	Hospital:			Ot	hor					
12 Netural 2 Accident 3 Sulcide 4 Homicide 5 Pending Investigation 3 Sulcide 4 Homicide 5 Pending Investigation 6 Could not be determined 28e. Piaca of Injury - At home, ferm, street, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 20032 31. Date flied (Month, Day, Year) 32. Registrar's Signature 31. Date flied (Month, Day, Year) 32. Registrar's Signature 31. Date flied (Month, Day, Year) 32. Registrar's Signature 33. Date flied (Month, Day, Year) 32. Registrar's Signature 33. Date flied (Month, Day, Year) 32. Registrar's Signature 33. Date flied (Month, Day, Year) 34. Registrar's Signature 34. Registra	Phys raid			1 Li Inpatie			3LI DOA	4LIN					0
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and fitle of certifier 29c. License number 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) 32. Registrar's Signature 33. Date filed (Month, Day, Year) 32. Registrar's Signature	After fune	lon	1X Netural 5 ☐ Pending		y Year) fr	njury				200. 00001001	iow injury occur	1100	
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and fitle of certifier 29c. License number 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) 32. Registrar's Signature 33. Date filed (Month, Day, Year) 32. Registrar's Signature	Single Si	cal	3 Sulcide 6 Could no	be gen Diese of to	lune. At home for			169 20		39f Location /	Street and Alumi	her or Rum	I Pouto Number
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and fitle of certifier 29c. License number 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) 32. Registrar's Signature 33. Date filed (Month, Day, Year) 32. Registrar's Signature	Or A Paffer Directin	를	4 Homicide determine	building, et	ic. (Specify)	iii, street,	lactory, onice					Der Or Hura	7 Houle Mulliper,
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Jalal Fatemi, M.D.; 1328 Southern Avenue, S.E.; Suite 314; Washington, D.C. State 31. Date filed (Month, Dey, Year) 32. Registrar's Signature	pital Surs a		20a Cartifica WWante dans	Dhuafafan Ta sha Sant	at an il na via da da c	4			1 1	- 4 4 - 4 - 4	(1)		
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Jalal Fatemi, M.D.; 1328 Southern Avenue, S.E.; Suite 314; Washington, D.C. State 31. Date filed (Month, Dey, Year) 32. Registrar's Signature	Hos Pun Fun	dica	(Check only 2 Medical Ex	aminar: On the besis o	f examination and	death occ Nor Investi	igation, in my	me, date an opinion, des	th occurr	ed at the time,	date and piaca,	anner as st and due fo	the cause(s)
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Jalal Fatemi, M.D.; 1328 Southern Avenue, S.E.; Suite 314; Washington, D.C. State 31. Date filed (Month, Dey, Year) 32. Registrar's Signature	thin the	₹ Z		and menner st	ateo.		29c Licens	se number			29d Date signe	nd (Month	Dev Year)
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Jalal Fatemi, M.D.; 1328 Southern Avenue, S.E.; Suite 314; Washington, D.C. State 31. Date filed (Month, Dey, Year) 32. Registrar's Signature	F 3 F 8			1-1-				37.	1/1				Att a comme
Jalal Fatemi, M.D.; 1328 Southern Avenue, S.E.; Suite 314; Washington, D.C. State 31. Date filed (Month, Dey, Year) 32. Registrar's Signature	(4)							5 4	17	- (ctober		
State 31, Date flied (Month, Dey, Year) 32. Registrar's Signature	117/												
						ern	Avenu	e,S.	E.;S	uite :	314;Wa	shin	gton, D.C.
			DCT 11 1996										

State of Maryland / Department of Health and Mental Hygiene 96 31706

					Certificate of	Death	R	eg. No.	0	1 7 0 0
	Dhuais		Decedent's Neme (First, Middle, Last)				2. Date of Deel Month	h Dev	Yeer 3.	. Tima of Death
	Physic /Medi		JOYCE WILEY BYRD			5	EPTEME			8:15A
)	Exami		4e. Facility Neme (If not institution, give street and number)		- 1	4b. City, Town, or Loc		4c. County		
			FORT WASHINGTON HOSPIT	AL			INGTO			DRGE'S
	Funeral Director		5. Social Security Number 409 44 6543 Usuel Residence of Decedent 6. Sex 1 □ M 2対 F 6	e (in yrs. last birti 7	hdey) If Under 1 Yaa Months Days	If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Dey, MARCH	27,192	9. Birthplaca Country) 9 TEN	(Stata or Foreign
	Maryland H show	tor	10a. State 10b. County MARYLAND PRINCE GEORGES	10c. City, Town	or Location HILL					Inside City Limits
	ter death with the Marylan Items 23a or 28a-f show Iner must be notified at	rai Director	10e. Street and Number 6912 DUDLEY AVENUE		10f. Zip Code 20745		1	0g. Citizen of W	/het Country?	
020	urs af	by Funeral	11. Marital Status 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. Wes Decedant I Armed Forces? 1 Yes, Give Yaar or Datas:		13. Wes Decedant of If Yes, specify Cul	Hispanic Origin? (Specan, Maxican, Puarto I Specify:	cify Yes or No- Rican, atc.)	Blac	- American ir ik, Whita, atc. - BLAC!	
21215-0020	within 72 ene. than "nat	Completed	15. Decedent's Education (Specify only highast grade completed) Elementery/Secondary (0-12) College (1-4or 5		Decedent's Usual Occu (Give kind of work done life. DO NOT use retin	during most of working	99	16b. Kind of Bu		У
	ET#		17. Father's Neme (First, Middle, Last)		TENCHER	18. Mother's Name	(First, Middle, I			
Maryland	0 5 6 0	To Be	CLINTON GAY			L.D. FO				
ary	d 2 should b th and Mente 7 is marked traumatic e	-	19e. Informent's Neme/Reietlonship (Type, Print)	19b.	Meiling Addrass (Stree	t and Number or Rura	Route Number	City or Town,	State, Zip Coc	de)
	C = W =		ISAAC BYRD HUSBAND	6	912 DUDL	EY AVE.	OXON H	ILL, MD	. 207	45
ore	of Healt I Item 2 r other		20e. Method of Disposition		Disposition (Nema of y, cremetory or other pla	ace)	Date	20c. Location -	City or Town,	Stata
Ĕ	artment of ortant: If he injury or o		1 State 1 State 1 State 1 State 1 State 2 Sta	RESSU	RECTION C	EMETERY1	0/5/96	CLINT	ON, MD	
Baltimore	Depart Importu any inj once.		21. Signature of Funeral Service Licensee			ass of Facility LLIAMS FI h STREET		SVC		
1	Physician		23a. Part I. Enlar the disease, or complications that caused shock, or heart failure. List only one cause on each lin	the deeth. Do n	1			est,	Inte	proximete erval Between set end Deeth
i.	/Medical Examiner		Tooditing in dooting	SCLERO Due to (or es a c	OTIC COROL	NARY ARTE	RY DIS	EASE	YE	EARS
	D #	iner	DIABET	ES MEL	LITUS				YE	EARS
	and	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	Due to (or es e c	onsequence of):	-				
Š,	be es ician buria		Cause (Disaase or injury							
X 68/60,	n certificate be executed anding physician and use as the bunial-transit	/Medical	that initiated events resulting in death) Last	Due to (or es e co	onsequence of):				1 1	
20		iciar	Dort II Other slevilleant conditions costs but as to doth by		the second of the second	han to Book I	Anh Dida	h		
S, T.	that the ed by th detachs	by Physician/	Pert II. Other eignificant conditions contributing to death by				1 🗆 Y	V		y 4 Unknow
Vital Records,	aw requir ts been s 2 should	Completed					24a. Was a perforr	n eutopsy ned?	availab	autopsy findings ble prior to ation of causa h?
<u> </u>	The ate h	Соп					1/X Y	s 2 No	1 □ Ye	s 2 No
	ysician: The is certificate director, pag	Be	25. Was case referred to medical examiner?			28. Place of Deeth	(Check only on	e)		
6	5 0	2	1 ☐ Yes 20 No Hospitei: 1 ☑ Inpatie		patient 3L DOA	ther: 4 Nursing Hon				
Sion	Attending P r death. ector: After i by the funer	Certification:	27. Manner of Deeth 1 M Naturel 5 Pending (Month, De) 2 Accident investigation 3 Suicide 8 Could not be	y Year) 28b. Ti	ijury Wo	ry at 2 ork?] Yes 2 □ No	8d. Describe ho	ow injury occurr	ed	
DIVISION	tal or Attenders as Director: led in by the	Certifi	3 Sulcide 8 Could not be determined 28e. Plece of Inju	ry - At home, fen . <i>(Spacify)</i>	m, streat, factory, office	2	8f. Location (St City or Town	reaf and Number, State)	∌r or Rurai Ro	ula Number,
9	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifler (Check only one) 12 Certifying Physician: To the bast of 2 Medical Examiner: On the basts of end menner ste	exeminetion and	l'or invastigetion, in my	opinion, deeth occurre	nd due to the co d at the time, d	ause(s) and ma ete end plece, a	nner as stated and due to the	i. cause(s)
1	To the comple	2	29b. Signatura and title of certifiar		29c. Licen	se number	2	9d. Date signed OCT	6 1996	Year)
	(0)		30. Neme and address of person who completed cause of de	eath (Item-20e) (
	9		WILLIAM J. OETGEN 9131	PISCA	TAWAY ROA	AD SUITE	#600 C	LINTO	I, MD	20735

DHMH 16 Rev 6/95

Registrar

process of the same of the sam

Physic	ian	1.	Decedent's Name (First, Mic		,	DAROT	A37				d)	2. Data of Dea Month	Day	Year	3. Time of Death
/Med			HOWARD	F.		BARCI	.AY					October	10, 1		12:50 P.
Exami	ner	48	a. Facility Name (If not institu						1			belt		ty of Death	orgola
_		5	GREENBELT N Social Security Number	6. Se			yrs. last birt	thday) if	Under 1 Yaar	If Under 24					orge's
Funeral Director			051-12-5301		3 KM 2□ F	80	-		lonths Days		Min.	8. Date of Birth (Month, Day March 16			olaca (State or Foreigntry) Cicoke, MD
			sual Rasidence of Decedent Da. State 10b. Cour	Nh.		10	c. City, Towr								
a pa	5														10d. Insida Clty Limit 12 Yas 2 □ N
2 the	Director		aryland Prin	ce G	eorge'	S	Hyatt						0.00		
20 00				1.00					10f. Zip Code 20782	2			IIn i to	d Sta	
78 Z	Funeral	11	2018 Ravenswo	oa S	12. Was De	cedent Ever	in U.S.	13. Was			? (Sp	ecify Yas or No-		ice - Americ	
al', or items 23a or 28a-f show Examiner must be notified at			1 Never Married 2 M	arried	Armed F	Forces?		If Yes	s, specify Cube	an, Maxican, F	uarto	Rican, etc.)		ack, White,	
Exar	by		3℃Widowed 4 □ Divorc	ed	If Yas, G Year or	Bive Datas:		101	Yes 21 No	Specify:			Speci	ity: B1	.ack
fical.	Completed		15. Deced (Specify only high			f)	16a.	Decedent's	's Usual Occup	ation	f work	ina	16b. Kind of I	Business/In	dustry
Nan a	nple	-	Eiementary/Secondary (0-12	7		(1-4or 5+)			d of work done o NOT use retired						
The It		1.0	12	la desti				Ret	ired Mi			(F) (A 2 : : : : :		Emplo	yed
eve eve	Be	1	7. Fathar's Name (First, Middl		1					18. Mothers Sarah		e (First, Middle, I	Maiden Suma KNOWN	me)	
nd Ments marked matic e	2		Alexander 9a. Informant's Name/Relatio				106	Malling A.	dd (Ot4						0.11
- 単単			Gene Johnson									al Route Number			land 2078
Itam 27 other to		20	Da. Method of Disposition	- 3	0011	2	0b. Place of	Disposition	on (Name of				20c. Location		Andrew Co.
2 0			1 Burlal 2 Cremation 4 Donation 5 Other			n State			ory or other place Cemeter			10/17/96	Nebo.		
Department Important: any Injury once.		21	Signatura of Funeral Service				111. 1			-		10/17/50	nebo,	DCIA	warc
		21	3a Wat 1. Enter the disaase,	or compl	Way lications that ne cause on	causad the	death. Do n	CER	EWART FUDI Benn:	TACTION	HOI ad,	ME, Inc. N. E., V	Vahingt est,	on, I	Approximate
Medical		Im	a 1. Enter the disaase, notik, or haart failure. Linmediata Cause (Final saasa or condition souting in death)	or complist only of		SPIRE		STE 400 not anter the	EWART FI O1 Benn: ne mode of dyin	UNERAL ing Roa ng, such as ca	d, rdiac	ME, Inc. N. E., V or respiratory arm	Vahingt est,	con, I	Approximate Interval Batween Onsat and Death
ysician and Jedical and Jedical as the british-transit	an/Medical Examiner	Im dii re	nmediata Cause (Final saasa or condition	or complete or com	a. 175 b. CE	SPIRE Due	to (or as a co	STE 400 not anter the consequence V ASCI consequence it o N onsequence	EWART FI DI Benn: he mode of dyin PIN EN C ca of): U LOTA ce of):	UNERAL ing Roa gg, such as ca	ad., rdiac	ME, Inc. N. E., V or respiratory arm	Vahingt est,		Orioat and Dyagii
Medical and physician and core as the burial-transit	edicai	Se if ca	nmediata Cause (Final saasa or condition sulting in death) equentially list conditions, any, leading to Immediate suse. Entar Underfying ause (Disaasa or Injury at Initiated events	{	a. 175 b. CE c. H	Due Due	to (or as a control of the control o	STE 400 not anter the consequence on sequence of sequence on sequence of sequence of sequence on sequence of seque	EWART FI II Benn: In mode of dyin PIN EN C ICA of): Ca of): Ca of):	UNERAL ing Roa g, such as ca	ad., rdiac	N. E., Vor respiratory arm	Vahing t	uhn	Crisal and Deall
by the ettending physician and more as the burial-transit ached for use as the burial-transit and a polysician and a polysici	Physician/Medical	Se if ca	nmediata Cause (Final saasa or condition sulting in death) equentially list conditions, any, leading to Immediate suse. Entar Undertying ause (Disaasa or Injury at Initiated events sulting in death) Last	{	a. PS b. CE c. H	Due TAISE	to (or as a control of the control o	STE 400 not anter the consequence on sequence of sequence on sequence of sequence of sequence on sequence of seque	EWART FIND Benn: The mode of dyin PIN EN Coca of): U LATT ce of): ECUTU tying cause give	UNERAL ing Roa g, such as ca	ad., rdiac	N. E., Vor respiratory arm	Nahing t	uhn f	Oriodi and Death
been signed by the ettending physician and should be detached for use as the burial-transit and a left and the signed by the sin	by Physician/Medical	Se if ca	nmediata Cause (Final saasa or condition sulting in death) equentially list conditions, any, leading to Immediate suse. Entar Underlying ause (Disaasa or Injury at Initiated events sulting in death) Last	{	a. PS b. CE c. H	Due TOUS TO	to (or as a control of the control o	STE 400 not anter the consequence on sequence of sequence on sequence of sequence of sequence on sequence of seque	EWART FIND Benn: The mode of dyin PIN EN Coca of): U LATT ce of): ECUTU tying cause give	UNERAL ing Roa g, such as ca	ad., rdiac	N. E., Vor respiratory arm	RECLUT Obsecto use co	ontribute to	o the cause of death bably 4 Linknov ere autopsy findings allable prior to mpletion of cause
has been signed by the ettending physician and in place of a should be detached for use as the burial-transit a b	by Physician/Medical	Se if ca	neediata Cause (Final saasa or condition sulting in death) equentially list conditions, any, leading to Immediate use. Entar Undertying ause (Disaasa or Injury at Initiated events sulting in death) Last	{	a. PS b. CE c. H	Due TOUS TO	to (or as a control of the control o	STE 400 not anter the consequence on sequence of sequence on sequence of sequence of sequence on sequence of seque	EWART FIND Benn: The mode of dyin PIN EN Coca of): U LATT ce of): ECUTU tying cause give	UNERAL ing Roa g, such as ca	ad., rdiac	23b. Did to	Nahing tast, Recur Description Descriptio	ontribute to 3 Proi	the cause of death bably 4/3Unknow ere autopsy findings allable prior to mpletion of cause death?
ificate hes been signed by the ettending physician and or, page 2 should be detached for use as the burial-transit or by	Completed by Physician/Medical	See in case case the re-	neediata Cause (Final saasa or condition sulting in death) equentially list conditions, any, leading to Immediate suse. Disaasa or Injury at Initiated events sulting in death) Last THI. Other significant conditions of the cond	tions cor	a. PS b. CE c. H	Due TOUS TO	to (or as a control of the control o	STE 400 not anter the consequence on sequence of sequence on sequence of sequence of sequence on sequence of seque	EWART FIND Benn: The mode of dyin PIN EN Coca of): U LATT ce of): ECUTU tying cause give	UNERAL ing Roa g, such as ca NIA. Acc	1D	N. E., Vor respiratory arm	Nahingt ast, RECEUT Obacco use co 1 2 No n autopsy med?	ontribute to 3 Proi	o the cause of death bably 4 Unknow ere autopsy findings allable prior to mpletion of cause
certificate hes been signed by the ettending physician and inector, page 2 should be detached for use as the burial-transit of D	o Be Completed by Physician/Medical	See in case case the re-	neediata Cause (Final saasa or condition saulting in death) equentially list conditions, any, leading to immediate use. Entar Underlying ause (Disaasa or Injury at Initiated events sulting in death) Last Int II. Other significant conditions of the conditions of	tions cor	a. PS b. CE c. H d. D ntributing to c	Due REBI Dua 1000 10	to (or as a control of the control o	STE 400 not anter the consequence VIASCI consequence in the underly in the underly	EWART FIND Benn: The mode of dyin PIN EN Coca of): U LATT ce of): ECUTU tying cause give	UNERAL ing Roa g, such as ca	Death	23b. Did to 1 ye 24a. Was a perior	Nahing tast, Receur Page 2 No nautopsy med? 2 No	ontribute to 3 Proi	o the cause of death bebly 4 Unknow ere autopsy findings alleble prior to mpletion of cause death? Yes 2 No
rer this certificate hes been signed by the ettending physician and incorpor, page 2 should be detached for use as the burial-transit of by	To Be Completed by Physician/Medical	See if (can be	equentially list conditions, any, leading to immediate use. Entar Underlying ause. Entar Underlying ause (Disassa or Injury at Initiated events sulting in death) Last Int II. Other significant conditions, and the conditions of	tions con	a. PS b. CE c. H d. D htributing to c	Due REBR Dua 1000 10	to (or as a control of the control o	STE 400 not anter the consequence on sequence on sequence on sequence on the underly on the unde	EWART FIND Benn: The mode of dyin PIN EN Cocco of): Ca of): ECUTU Trying cause give DISC BIDOA Other	UNERAL ing Roa g, such as ca ONIA. Acc on In Part I. 26. Place of er: 48 Nursk	Death Hong Hong	23b. Did to	Nahing tast, RECLUT Obsecto use of the control of	ontribute to 3 Proi	o the cause of death bebly 4 Unknow ere autopsy findings alleble prior to mpletion of cause death? Yes 2 No
rer this certificate hes been signed by the ettending physician and incorpor, page 2 should be detached for use as the burial-transit of by	To Be Completed by Physician/Medical	See if (can be	mediata Cause (Final saasa or condition sulting in death) equentially list conditions, any, leading to Immediate ause. (Disaasa or Injury at Initiated events sulting in death) Last Int II. Other significant conditions. Was case referred to medic axaminer? Yes 25 No. Mannar of Death 2 Accident 5 Pencinves 1 2 Accident 5 Pencinves 2 Accident 2 Accident Acciden	tions con	a. PS b. CE c. Harden d. D horributing to co V R Hospital: 1 28a. Date (Mor	Due REST Dua LA CO Desired at the control of Injury nth, Day Year	to (or as a control of the control o	STE 400 not anter the consequence on sequence on the underly the underly on the underly of the underly on the u	EWART FINE DI Benn: The mode of dyin The	UNERAL ing Roa g, such as ca ONIA. Acc on In Part I. 26. Place of er: 48 Nursk	Death Hong Hong	23b. Did to 1 Ye 24a. Was a perior 1 Ye (Check only on me 5 Reside	Nahing tast, RECLUT Obsecto use of the control of	ontribute to 3 Proi	o the cause of death bebly 4 Unknow ere autopsy findings alleble prior to mpletion of cause death? Yes 2 No
order ctor: After this certificate hes been signed by the ettending physician and property the tuneral director, page 2 should be detached for use as the burial-transit of property.	To Be Completed by Physician/Medical	See if (can be	equentially list conditions, any, leading to Immediate use. Entar Underlying ause (Disasas or Injury at Initiated events sulting in death) Last The CRIPHEND OF The Conditions, any, leading to Immediate use. Entar Underlying ause (Disasas or Injury at Initiated events sulting in death) Last The CRIPHEND OF The CRIPHEND OF The CRIPHEND OF The CRIPHEND OF The CRIPHEND OF THE CRIPH	tions con	a. PS b. CE c. Harden d. D horributing to co V R Hospital: 1 28a. Date (Mor	Due REST Dua LA CO Desired at the control of Injury nth, Day Year	to (or as a control of the control o	STE 400 not anter the consequence on sequence on the underly the underly on the underly of the underly on the u	EWART FIDE Benn: The mode of dyin PIN EN C To a of): U LATT Ce of): ECUTU Tyling cause give D1S(UNERAL Ling Roa ling	Death	23b. Did to 1 Ye 24a. Was a perform 1 Ye 26 Check only on me 5 Reside 28d. Dascribe ho	Description of the state of the	ontribute to 3 Proi	o the cause of death bebly 4 Unknow ere autopsy findings alleble prior to mpletion of cause death? Yes 2 No
order ctor: After this certificate hes been signed by the ettending physician and property the tuneral director, page 2 should be detached for use as the burial-transit of property.	edical Certification: To Be Completed by Physician/Medical	Seifi can Control Pa	equentially list conditions sulting in death) equentially list conditions, any, leading to immediate use. Entar Underlying ause (Disasas or Injury at Initiated events sulting in death) Last Int II. Other significant conditions of the conditions	tions cor	a. PS b. CE c. H d. D ntributing to c V A Hospital: 1 28a. Date (Mor	Due REIST Dua LINE Due LINE LINE Due LINE LI	to (or as a control of the control o	STE 400 not anter the consequence on sequence on the underly the underly of the u	EWART FIDE Benn: The mode of dyln PIN EN C To ac of): The ca of):	UNERAL ing Roa g, such as ca ONIA. Acc en in Part I. 26. Place of er: AS Nursir yes 2 No	Death Hace	23b. Did to 1 Ye 24a. Was a perior 1 Ye (Check only on me 5 Reside 28d. Dascribe ho	Nahing tast, Description of the state of th	ontribute to 3 Proi	or the cause of death bebly 4/3 Unknow ere autopsy findings allable prior to mpletion of cause death? Yes 2 No White Number,
rer this certificate hes been signed by the ettending physician and increase a should be detached for use as the burial-transit of by	Certification: To Be Completed by Physician/Medical	See See See See See See See See See See	mediata Cause (Final saasa or condition sulting in death) equentially list conditions, any, leading to immediate use. Entar Underlying ause (Disaasa or Injury at Initiated events sulting in death) Last Int II. Other significant conditions. Was case referred to medic axaminer? Was case referred to medic axaminer? Yes 25 No Mannar of Death Phature Phature Penalty Pena	tions con	a. PS b. CE c. H d. D ntributing to c V A Hospital: 1 28a. Date (Mor	Due REST Dua Due REST Dua Due Control Due Due Control Due Due Due Due Due Due Due Du	to (or as a control of the control o	STE 400 not anter the consequence on sequence on the underly the underly of the u	EWART FINE DI Benn: ne mode of dyln PIN EN C ca of): ULATO ca of): ECUTU tyling cause give DISC BIDDA Other 28c. Injun Work MID factory, office	UNERAL ing Roa g, such as ca ON IA. Accordance 26. Place of er: AS Nursir k? Yes 2 No	Death Death Alaca, a scocurre	23b. Did to 1 Ye 24a. Was a perform 1 Ye 26c. Check only on the South of the Call of the	Nahing tast, Description of the state of th	ontribute to 3 Proi	o the cause of death bebly 4 Unknow ere autopsy findings allable prior to mpletion of cause death? Yes 2 No No No No No No No No No No No No No

State Registrar

31. Date filed (Month, Day, Year)
OCT 11 1996

the

filed within 72 hours after

Baltimore, Maryland 21215-0020

68760

Box (

P.O.

Records.

Vital Physician:

Division of

requires that the death certificate be

The law

Attending

b

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death Day **Physician** Month Year PATRICTA 11:11AM BUTLER OCT. 1996 02, /Medical 48. Facility Name (III not institution, give street and number)
PRINCE GEORGES HOSPITAL CENTER E.R. 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** CHEVERLY PRINCE GEORGES 5. Social Sacurity Number If Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 08-02-48 7. Aga (In yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** 1□ M 2□ F Months Days Hours 237-82-0178 48 Yrs. Director North Carolina Usual Rasidance of Decedant 10a. Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Exeminer must be notified Maryland Prince George's Seat Pleasant 1 Yas 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6 20743 522 Cedarleaf Avenue or Herns 23a USA 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva 14. Raca - American Indian, Black, Whita, atc. 11 Maritai Statue 1 Naver Married 2 Marriad 1 ☐ Yas 2 XNo Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorcad Yaar or Datas natural', Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Hygiene. Elamantary/Secondary (0-12) College (1-4or 5+) 4+ Community Activist Government permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Hazel Lee Keaton Will Holmes To 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Jerry Butler/Husband 522 Cedarleaf Avenue, Seat Pleasant, MD 20743 20a. Mathod of Disposition 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from State Ft. Lincoln Cemetery 10/12/96 Brentwood, Maryland 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Libensee 22. Nama and Addrass of Facility J. B. Jenkins Funeral Home 7474 Landover Road, Landover, Maryland 20785 23e. Pert1. Entar the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximeta Intarval Batwean Onset and Death Piliperenail /Medical Immediate Ceuse (Final disaasa or condition resulting in daath) MULTIPLE INJURIES Examiner Dua to (or as a consequence of): Examiner bunial-transit Sequentielly list conditions, if any, laading to immediata causa. Entar Undarlying Cause (Disaasa or injury that initiated avents rasulting in daath) Last Dua to (or as a consequence of) physician Physician/Medical the Dua to (or as a consaguanca of) 98 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown \$ 8 24b. Wera autopsy findings available prior to completion of causa of death? Completed 24e. Was an autopsy nerformed? INSPECTION hes page 2 1 Yas 20No 1 ☐ Yas 2 ☐ No director 25. Was casa rafarred to medical examinar?

N∆Yas 2 No Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant ★★ R/Outpatient 3☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 this 27. Manner of Death 28b. Time of Certification: 28a. Data of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how Injury occurred After IN AUTO 5 Pending Invastigation 1 Netural Accident 1030AM 10-02-1996 1 Yas 2 No SUBJECT WAS A PASSENGER after deat Director: 6 Could not be 3 ☐ Suicida 28a. Placa of Injury - At homa, ferm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) B 4 Homicida ROADWAY RICHIE ROAD, FORRESTVILLE To the Hospital within 24 hours a To the Funeral C Certifying Phyeician: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and mannar as stated.

Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mennar stated. Medical 29a. Cartifier (Check only 29b. Signatura and title of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year) O.C.M.E OCT. 2, 1996 30. Nama and eddress of person who completed cause of deeth (Item 23e) (Type, Print) J. Laron Locke M.D. 111 Penn Street, Baltimore, Maryland 21201

State

Registrar

31. Data filed (Month, Dey, Year)

OCT 0 8 195



* 135 88 80 100

Certificate of Death

BLUE

2. Dete of Death

02,

OCT.

Anne

C.

1996

3. Time of Death

10d. Inside City Limits

Approximete Interval Between Onset and Death

2 No

Ce

29d. Dete signed (Month, Dey, Year)

OCT. 03, 1996

No Yes 2 No

12:25 PM

	ľ		1	_	١.
	U		1	-	,
	4	4	c.	-	

Physician /Medical **Examiner**

1. Decedent's Name (First, Middle, Last) WALTER

buriel-tran pue ed by the attending physician detached for use es the burie The law requires that the deeth certificate be been signed t should be deta page 2 s al or Attending Physician: sefter death. I Director: After this certified funeral filled in by To the Hospital c

4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth TALBOTT RD. GRENOCK 5. Sociel Security Number If Under 24 Hrs. If Under 1 Year 8. Date of Birth (Month Day 3 gar) 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign HORVEY) CO. N. C **Funeral** 1X M 2□ F Days Months Hours Yrs. 64 Director 246-48-4496 Usual Residence of Decadent the Maryland 10a. State 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23a or 28a-f ahow other traumatic event, the Mootcal Examiner must be notified at Washington, D.C. Director 10e. Street and Number 10f. Zip Code 10g. Citlzen of What Country? United States 20002 434 10th St., N.E. Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian Black, White, etc. hours after Wever Married 2 Married 1 □XYes 2 □ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes X X No Specify: by Specify: Black 3 Widowed 4 Divorcad Year or Dates: Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) permit. Pages 1 and 2 should be filled within 72? Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natt any injury or other traumatic event, in Medical 16b. Kind of Business/Industry Elementary/Seopndary (0-12) College (1-4or 5+) Handy Man Handy Man 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Walter C. Blue Willie Dobbins 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Halbert Blue/ Bro. 1001 F St., N.E. Wash. D.C. 20002 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 10-4-9620c. Location - City or Town, Stete 1 ☐ Burial 2XX remation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Virginia Crematory Arl. Va. 22. Neme end Address of Facility Capitol Mortuary 1425 Maryland Ave., N.E. complications that caused the death. Defict enter the mode of dying, such as cardiac or respiretory arrest, only one cause on each line. 23a. Part1. Enter the disease or shock, or heart failure. List **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Shotgun Wound of Chest Examiner Due to (or as a consequence of): Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or as a consequenca of) Records, P.O. Box 68760, Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? Division of Vital Be 25. Wes case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Nother (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 27. Menner of Death 28c. Injury at Work? Certification: 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 1 Yes 2 No subject shot self 2 Accident 6 Could not be determined 281. Location (Street and Number or Aural Route Number, City or Town, State) Talbot Rd.
An Arundel Co Mcl

empletely State

Medicai

Dennis 0 -31. Date filed (Month, Day, Year) OCT 08

29b. Signeture and title of cartifier

3 Suicide 4 Homicide

(Check only

32, Registrar's Signature July Strate

hute me 111 Penn Street, Baltimore, Maryland 21201

in CON

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

on street

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 Viedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29c. License number

O.C.M.E.

Registrar

and the same of th

(

. .

	1.	TEM: 1, po Decedent's Nam			1/21/90	reb		ertificate		Dodin	1	2. Dete of De	Reg. No.		3. Time of Deeth	
ian icai	_	MADEL	YN- N	MADELINE	E ^f LI	E'AN .	BYN	MUM				Month	Day 19	Yeer 9.6	12:48	
ner	4.4	a. Fecility Neme ('If not instituti	ion, give stre	et end numb	ber)				4b. City, Tow	n, or Lo	cation of Deat		ty of Deeth	12.40	
		PRINC	E GEO	RGES	HOSP	ITAL				CHEVE	ERLY	Z		p.g.		
	1	. Sociel Security N 578-70-3		6. Sex 1 ☐ M	2) F	Age (In yrs	. last birthday Yrs.	Months	1 Yeer Days	Hours	4 Hrs. Min.	6. Date of Bir	th y y ger)		lace (State or Forei	
	U	suel Residenca o	f Decedent									- 7 2 3		WASH	. DC	
1		Oa. Stete	10b. Count				ity, Town or L							1	0d. Inside City Limit	
ecto	-	MD		.G.		SI	EAT PLE								1X Yes 2 N	
ត់	1	0e. Street end Nu						10f. Zip					10g. Citizen o	Whet Coun	itry?	
era	11	403 713 1. Maritei Stetus	OT AVE.		Was Deced	ent Ever in I	15 13		743	lispanic Orlai	n? (Sno.	cify Ves or No	USA	eca - Americ	an Indian	
by Funeral Director		1 Never Marr		arried	Armed Force 1 Yes 2 tf Yes, Give Year or Dete	es? X No	5,0.	If Yes, speci		Specify:	Puerto F	cify Yes or No Rican, etc.)	Spec	eck, White,		
Completed		/Sno	15. Decede	nt's Education	on		16e. Dece	dent's Usual	I Occup	etion	4 4		16b. Kind of	Business/inc	dustry	
nple	(Specify only Eiementery/Secondary (0				College (1-4	for 5+)	life D		kind of work done during most of work OO NOT use retired)			irking				
Co		12	-		2		MASTE	R HAII	R ST						DUSTRY	
To Be		7. Father's Name JOHNNIE	BUSH								SIE	MARTIN				
		9a. Informant's N											er, City or Tow		Code)	
		ILLIE J. Da. Method of Dis		1 /HUS	BAND	20h					LEA		D 20743		Ctota	
		1 🖾 Buriai 🙎	Cremation		ovel from Sta	ate 200.	Placa of Dispo cemetery, cre	matory or oth	ther plea	ce)		Date	20c. Location			
	91	4 Donetjen 1. Signature at [7]	1			HAR	MONY M				10	/12/96	LANDOV	ER, M	D	
		1	THE SELVICE	a riceusee	and the same of th	0.1	/ 2	Name end	Addre:	ss of Facility						
4	In di	39. Pert1. Enterit shock, or hea nmediate Cause isease or condition esulting in deeth)	(Finat	or complication only one con	ons thet cau euse on eec	used the dee	0 RO	61 GOO ter the mode	ODHC e of dyin	PE RD og, such es ca	SE,	r respiretory e	DC 200	20	Approximete Intervel Between Onset end Death	
I Examiner	In di	mmediate Cause isease or conditionsulting in deeth)	(Finat	a.	ons thet cau euse on eec	Due to (16 th. Do not en	ter the mode	ODHC e of dyin	PE RD og, such es ca	SE,	WASH.	DC 200	20	Approximete Intervel Between Onset and Death	
edical	In di re	mmediate Cause	(Finations, natitions, natitions, largediete orlying largers)	b	dons thet cau euse on eec	Due to (0 R6 16 1th. Do not en	deter the mode quence of):	ODHC e of dyin	PE RD og, such es ca	SE,	WASH.	DC 200	20	Approximete Intervel Between Onset and Death	
edical	In di re	mmediate Cause isease or condition southing in deeth) equentially list contains any, leading to implement the cause (Disease or nat initiated events) in deeth) in the case (Disease or nat initiated events).	(Finat in moditions, no moditions, no moditions, no moditions, no moditions, no moditions) in moditions, no moditions in moditions, no moditions in	a	typin	Due to (d	O R6 16 th. Do not en or as e consecutor as a	definition of the definition o	ODHC	PPE RD Ig, such es ci	SE,	WASH.	DC 200 rrest,	ty	Onset end Death	
Physician/Medical	In di re	nmediate Cause isease or conditions and interest conditions and interest conditions are considered in the conditions are considered in the conditions are considered in the conditions are considered in the conditions are conditional conditions.	(Finat in moditions, no moditions, no moditions, no moditions, no moditions, no moditions) in moditions, no moditions in moditions, no moditions in	a	typin	Due to (d	O R6 16 th. Do not en or as e consecutor as a	definition of the definition o	ODHC	PPE RD Ig, such es ci	SE,	WASH. respiretory e	DC 200 rrest, CAOSO COBECCO USE C	ontribute to	Onset end Death	
by Physician/Medical	In di re	mmediate Cause isease or condition southing in deeth) equentially list contains any, leading to implement the cause (Disease or nat initiated events) in deeth) in the case (Disease or nat initiated events).	(Finat in moditions, no moditions, no moditions, no moditions, no moditions, no moditions) in moditions, no moditions in moditions, no moditions in	a	typin	Due to (d	O R6 16 th. Do not en or as e consecutor as a	definition of the definition o	ODHC	PPE RD Ig, such es ci	SE,	wash. respiretory e	DC 200 rrest, CAOSO COBECCO USE C	ontribute to 3 Prob	the cause of death	
by Physician/Medical	In di re	mmediate Cause isease or condition southing in deeth) equentially list contains any, leading to implement the cause (Disease or nat initiated events) in deeth) in the case (Disease or nat initiated events).	(Finat in moditions, no moditions, no moditions, no moditions, no moditions, no moditions) in moditions, no moditions in moditions, no moditions in	a	typin	Due to (d	O R6 16 th. Do not en or as e consecutor as a	definition of the definition o	ODHC	PPE RD Ig, such es ci	SE,	wash. respiretory e	DC 200 rrest, Cobacco use c Yes 2 No an eutopsyrmed?	ontribute to 3 Prob	the cause of death the cause of death ably Unknown re autopsy findings lieble prior to	
Completed by Physician/Medical	Solid case City re	mmediate Cause isease or condition assulting in deeth) equentially list contains any, leeding to interest under the cause (Disease or all initiated events southing in deeth) if any of the cause (Disease or all initiated events assulting in deeth) if any of the cause (Disease or all initiated events assulting in deeth) if any of the cause (Disease or all initiated events assulting in deeth) if any of the cause (Disease or all initiated events assulting in deeth) if any of the cause	Inditions, nonediete orlying injury seest	a. b. — c. — d. — tons contribu	typin	Due to (d	O R6 16 th. Do not en or as e consecutor as a	definition of the definition o	ODHC	PPE RD Ig, such es ca	SE, ardiec or	23b. Did	tobacco use cover 2 No	ontribute to 3 Prob	the cause of death ably **Unknown are autopsy findings lieble prior to poletion of cause death?	
by Physician/Medical	Solid case City re	nmediate Cause issass or conditions of the southing in deeth) equentially list comen, leeding to interest of the southing in deeth of the southing in deeth is sufficient of the southing in deeth in the southing in deeth in the southing in deeth in the southing in deeth in the southing in deeth in the southing in deeth in the southing in deeth in the southing in deeth in the southing in deeth in the southing in deeth in the southing in deeth in the southing in deeth in the southing in the	Inditions, nonediete orlying latest	a. b. — c. — d. — tons contribu	by Pro	Due to (d)	O R6 16 th. Do not en or as e consecutor as a	definition of the mode of the	ODHC	PPE RD Ig, such es ci VASA en In Pert I.	SE, ardiec or	23b. Did 1 24e. Was perfo	tobacco use cover 2 No	ontribute to 3 Prob	the cause of death the cause of death the bably Unknown ore autopsy findings slieble prior to regell or cause feeth? Yes 2 \[\] No	
To Be Completed by Physician/Medical	Indiding re	mmediate Cause isease or condition assulting in deeth) equentially list contains any, leeding to imple douse (Disease or all initiated events southing in deeth) in the containing in th	red to medica No Pendicional investi	a. b c d lons contributions	uting to death	Due to (compute to the but not resident 2 12 injury Dey Year)	O R6 16 th. Do not en or as e consector as a consec	definition of the mode of the	A Other	PPE RD Ig, such es ci VaSa en In Pert I. 26. Piece o er: 4 \subseteq Nurs	SE, ardlec or	23b. Did 10 24e. Was perfo	Robecco use c Yes 2 No an eutopsy rmed? Yes 2 No one) denca 6 On now injury occu	ontribute to 3 Prob 24b. We ave corror of a	the cause of death the cause of death ably Munknor re autopsy findings fileble prior to poletion of cause feeth? Yes 2 \(\) No	
Certification: To Be Completed by Physician/Medical	Si if ca CCh re	mmediate Cause isease or conditions a sulfing in deeth) equentially list contains a sulfing in deeth) equentially list contains a sulfing in deeth) in the cause (Disease or nat initiated events easiliting in deeth) in the case (Disease or nat initiated events easiliting in deeth) in the case (Disease or nat initiated events easiliting in deeth) in the case (Disease or nat initiated events easiliting in deeth) in the case (Disease or nat initiated events easiliting in deeth) in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in deeth) in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events easiliting in the case (Disease or nat initiated events	red to medica No S Pendir investi C Could determ	a. b c d tons contributed at Hosping ignation not be nined 2.1	uting to death	Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d)	O R6 16 th. Do not en or as a consector as a consec	ter the mode quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of):	A Other	PPE RD Ig, such es ci VaSa en In Pert I. 26. Piece of er: 4 \(\text{Nurs} \) / at // Yes 2 \(\text{No.} \)	SE, ardlec or	23b. Did 1 24e. Was perfo	tobacco use covered? Yes 2 No an eutopsy rmed? Yes 2 No one) denca 6 Ottoow injury occurrent, State)	ontribute to 3 Prob 24b. We ave on of o	the cause of death the cause of death ably **Unknown re autopsy findings ilieble prior to repletion of cause feeth? **Yes 2 \sum No **Poute Number,	
Certification: To Be Completed by Physician/Medical	Si if ca CCh re	mmediate Cause isease or condition southing in deeth) equentially list contains any, leading to imple duse (Disease or lat initiated events southing in deeth) in the containing in the	red to medica No 5 Pendin invest 6 Coutfying 1 Certifyin	b c d tons contributed all Hosping igation not be mined 28 miner:	uting to death	Due to (c) Due to	O R6 16 th. Do not en or as e consector as a consec	deter the mode content the mode content the mode content the mode content the mode content to the mode content to the mode content to the mode content to the mode content to the content to the mode content to the con	A Other of dying work of the tige.	PE RD Ig, such es ci Va Such en In Pert I. 26. Piece of er: 4 Nurs / at Yes 2 No.	SE, ardlec or	23b. Did 23b. Did 24e. Was perfo	tobacco use c Yes 2 No an eutopsy med? Yes 2 No one) Street and Num	ontribute to 3 Prob 24b. We ave corror of corror of corror surel	the cause of death the cause of death ably JUnknow re autopsy findings filleble prior to mpletion of cause feeth? Yes 2 \(\text{No} \)	
To Be Completed by Physician/Medical	Per 25	mmediate Cause isease or condition southing in deeth) equentially list contains any, leeding to impuse. Enter Under eques (Disease or nat initieted events southing in deeth) in the south of the containing in deeth) in the containing in deeth) in the containing in deeth) in the containing in deeth in the containing in deeth in the containing in deeth in the containing in deeth in the containing in the cont	red to medical No S Pendia investi 6 Could determ	b c d tons contributed all Hosping igation not be mined 28 miner:	uting to death	Due to (c) Due to	O R6 16 th. Do not en or as e consector as a consec	determined the mode of the mod	A Othor	PE RD Ig, such es ci VASA en In Pert I. 26. Piece of energy at the component of the com	SE, ardiec or Death ing Home	23b. Did 23b. Did 1 24e. Was perfo (Check only of the 5 Resided) 8d. Describe I	Robacco use control of the control o	ontribute to 3 Prob 24b. We ave corror of a	the cause of death the cause of death ably #Unknown are autopsy findings illiable prior to impletion of cause feeth? Yes 2□ No Paute Number, ated. the cause(s)	
edical Certification: To Be Completed by Physician/Medical	Per 25	mmediate Cause isease or condition assulting in deeth) equentially list contains any, leeding to imple deuse (Disease or call initiated events southing in deeth) in the case (Disease or call initiated events assulting in deeth) in the case (Disease or call initiated events assulting in deeth) in the case (Disease or call initiated events assulting in deeth) in the case of the	red to medical No S Pendia investi 6 Could determ	b c d tons contributed all Hosping igation not be mined 28 miner:	uting to death	Due to (c) Due to	O R6 16 th. Do not en or as e consector as a consec	determined the mode of the mod	A Othor	PE RD Ig, such es ci Value en In Pert I. 26. Piece of the control of the cont	SE, ardiec or Death ing Home	23b. Did 23b. Did 1 24e. Was performed to the control of the c	tobacco use c Yes 2 No an eutopsyrmed? Yes 2 No one) denca 6 Ot now injury occu Street end Num vn, State)	ontribute to 3 Prob 24b. We ave corror of of the (Specify irred sanner as state, and due to ed (Month, E	the cause of death the cause of death ably #Unknow are autopsy findings lifeble prior to impletion of cause feeth? Yes 2□ No Poute Number, ated. the cause(s) Day, Year)	
edical Certification: To Be Completed by Physician/Medical	Per 25	mmediate Cause isease or condition assulting in deeth) equentially list contains any, leeding to imple deuse (Disease or call initiated events southing in deeth) in the case (Disease or call initiated events assulting in deeth) in the case (Disease or call initiated events assulting in deeth) in the case (Disease or call initiated events assulting in deeth) in the case of the	red to medical house of the conditions, namediate or high grant conditions. In the conditions of the c	al Hosping igation not be nined 2:	uting to death	atient 2 Ž Injury - At hetc. (Special stoff my knows of examines stated.	TER/Outpatier 28b. Time of Injury owne, ferm, str	ter the mode quence of): quen	A Other disconnections of the time in my open contents of the	PE RD Ig, such es ci Value 26. Piece o er: 4 \subseteq Nurs / at Yes 2 \subseteq No ie, dete and ig olinion, deeth e number C . M . E	SE, ardlec or least of Death ling Home 200 aca, er occurred	23b. Did 1 24e. Was performed to the control of the	Robecco use control of the state of the stat	ontribute to 3 Prob 24b. We ave con of of of of of of of of of of of of of	the cause of death the cause of death ably JUnkno are autopsy findings lieble prior to mpletion of cause feeth? Yes 2 No Poute Number, ated. the cause(s) Day, Year)	

400 CE 100

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.6.

			Certificate			eg. No.	J	1/11
	Physici		Decedent's Nama (First, Middla, Last) JOHN N. CRITCHLOW		2. Data of Dea Month OCT. 3	th	Year	3. Time of Death 12:00 AM
	/Medi Examir		4e. Fecility Nema (If not institution, give street end number)	4b. City, Town, or	Location of Death	4c. County of		12.00 AM
			4697 WORLD FARM ROAD	OXFORI)	TALBO	\mathbf{T}	
	Funeral Director		214-12-0159 78 Yrs.	ear If Under 24 Hrs ays Hours Min		Year)	9. Birthpla Countr OHI	ce (State or Foreign
	and w		Usuel Rasidance of Decedant 10e. Steta 10b. County 10c. City, Town or Location				100	d. Insida City Limits
	Mary	to	MD TALBOT OXFORD					1 □ Yas ŽÜNo
	r 28a	Director	10e. Street and Number 10f. Zip Co	da		0g. Citizen of Wi	hat Countr	y?
	h with	aiD	4697 WORLD FARM ROAD	21654		USA		
020	72 hours efter death with the Maryland "natural", or frame 23s or 28s-f show officel Examine Frust be notified at	by Funeral		of Hispanic Origin? (S Cuban, Mexican, Puer No Specify:	Specify Yes or No- to Rican, etc.)	14. Race	- America , White, at WI	
21215-0020	I within 72 ho iene. than "neturi the Medical	Completed	15. Decedant's Education (Spacify only highast grada completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+)	one during most of wa	rking	18b. Kind of Bus	sinass/Indu	stry
2			12 4 EXECUTIV			REAL		ATE
Maryland	S a s S	Be	17. Fathar's Nema (First, Middle, Last)		ma (First, Middla, i	different they a	1)	
Z	d 2 should be the end Mental of 1s marked of traumatic svettraumatic sve	10	JOHN CRITCHLOW, SR. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (S		GARET E			
	25 E			LD FARM I				
altimore,	X T O S		20a. Mathod of Disposition 1 Burial 2 Scramation 3 Removal from Stata 4 Donetion 5 Othar (Specify) 20b. Place of Disposition (Nama cematary, crematory or otha	EMATION	10 1 06	20c. Location - C	מ מי	MD
Bal	permit. Peg Department Important: any Injury once.		21. Signetura of Funaral Sarvice Licensee TELLOWS TO HAP R. MERCERO CFSP 200 S.	HARRISON	ST., E	ASTON,	MD .	21601
			23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not antar tha moda of shock, or haart failura. List only one cause on each line.	dying, such as cardia	c or raspiratory arr	est,		Approximata intarval Between Onset end Death
	Physician /Medical Examiner		Immediata Causa (Final disease or condition rasulting In death) a. Auto MycLo BLas Dua to (or as a consequence of): DID PATHIC MYDL	nc look	5MIA			DAYS.
		Je.	Dua to (or as a consequence of):	2F.0005				SN20 1989
68760,	ficate be executed physician and as the buriel-transit	edical Examiner	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last b. Dua to (or as a consequence of):	01131-03.	31			7,000 (10)
Box	death certifi e attending ed for use as	Physician/M	d					
	0 0 0	sici	Part II. Other significant conditions contributing to death but not resulting in the underlying caus	a givan in Part t.	23b. Dld to	bacco uss cont	tributs to t	the cause of death?
s, P.O	\$ 88	by Phy			1 🗆 Y	2 No	3 Probe	ably 4 Unknown
Vital Records	aw requir 1s been s 2 should	Completed t			24a. Was a perfor		com	e autopsy findings lable prior to pletion of cause eath?
- B	The ate h	Con			1 □ Y	as 2DNo	1 🗆	Yes 20 No
/ita	ysician: The s certificate director, pag	Be	25. Was case rafarred to medical axaminar?		ath (Check only or	a)		
of	0 0	2	1 ☐ Yes 2 ☑ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA		foma 52 Rasida	ance 6 Other	r (Specity)	
ono	Ing After fune	ition:	27. Mennar Death 1 ☑ Natural 5 ☐ Pending (Month, Day Year) 28a. Data of Injury 28b. Time of Injury (Month, Day Year) Accident investigation M	Injury at Work? 1 ☐ Yas 2 ☐ No	28d. Describe h	ow Injury occurre	ed	
Division	al or Attandi s after deeth. If Director: A ed in by the f	Certification:	3 Suicida 6 Could not be dataminad 28a. Place of Injury - At homa, farm, street, factory, of building, atc. (Spacify)	fice	28f. Location (Street and Number or Rural Route Number City or Town, Stata)			
	To the Hospital or At Within 24 hours after of To the Funeral Direct completely filled in by	edicai	29a. Certifiar (Check only one) 1☐ Cartifying Physician: To the best of my knowledge, death occurred at the control of the c	na tima, data and place my opinion, daeth occu	e, and dua to tha curred et the time, d	ause(s) and man ata and place, ar	nar as stai	ted. ha cause(s)
	To the within 2 To the comple	Σ	29b. Signature and take of certifier 29c. Li	223362		9d. Deta signed	-	
•			30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) Scott D. Friedman, M.D. 403 Marvel (, -	-	-
	Sta	te	31. Data filed (Month, Dey, Year) 32. Registrar's Signatura	Jourt Eas	con, FIL	21001		
	Registr		OCT - 7 1996 > Julia Davidson-Randale					

a - 115

State of Maryland / Department of Health and Mental Hygiene O C

					Certifica		Death	F	leg. No.	, ,	116	
Physic	ian	1. Decedant's Name (First, Middla, La	st) NCE S. CROM	ALIETT S	C D			2. Date of Dea Month	Dey	Yaar	Tima of Death	
/Med		4a. Facility Nama (If not institution, giv		TWLLLI,	JI		4b. City, Town, or I	coation of Deeth	4c. County		16:50	
Examl Funeral Director	ľ	ANNE ARUNDEL MED 5. Social Security Number 6. S 217-16-7203	ICAL CENTER	(in yrs. last birt	hdey) If Und Month	der 1 Yaer	ANNAPOLTS		ANNE Year)	ARUNDEL	(Steta or Foraign	
nyland show		Usual Rasidence of Decedant 10a. Stata 10b. County MARRY AND ANNE ARM		10c. City, Town							side City Limita	
he Me	Director	MARYLAND ANNE ARU	NDEL	ANNAPO							Vas 2□No	
23a or 2	ral Dir	10e. Street and Number 1456 LOG INN ROA	D			Zip Coda 21401		1	log. Citizen of	What Country?		
72 hours after death with the Maryland natural, or items 23a or 28a-f show diesi Examinal must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Merried 2 □ Merried 3፟ὧ Widowed 4 □ Divorced	12. Wes Decedant Ev Armed Forces? 1 X Yas 2 □ No If Yas, Give Yaar or Datas: 2			cedant of I pecify Cub	Hispanic Origin? (S an, Maxican, Puart Specify:	pecify Yes or No- o Rican, atc.)	14. Rad Bla Specifi	e - American Inc ck, White, atc. v: BLA		
	Completed	15. Decedent's Et (Specify only highest grant Elamentary/Secondary (0-12)	ducetion ada complated) Collega (1-4or 5+)		18a. Decedent's Usual Occupation (Give kind of work done during most of w life. DO NOT use retired) RIGGER					f Business/Industry		
be filed tal Hygid d other event, tr	BeC	17. Fathar's Nama (First, Middla, Last)					18. Mothar's Nama (First, Middle		U.S. NAVAL AC.		ADERI	
0 2 0 0	To B	BERNARD CRO	MWELL				CLAF	RA HAYES				
and and and and and and and and and and		19a. Informant's Neme/Raiationship (Type, Print)	19b.	Meiling Addre	ess (Street	and Number or Ru	ral Routa Numbe	r, City or Town,	State, Zip Code	,)	
permit. Pages 1 and 3 Department of Health Important: If Item 27 any Injury or other tri		GATL BROWN (DAUGH 20e. Method of Disposition **D**Burial 2 Cramation 3 C 4 Donation 5 Othar (Specif	Removal from Stata	20b. Place of cemeters	Disposition (for cremetory of	lema of or other ple	ROAD ANNA	Dete	20c. Location -	City or Town, S		
permit. Departm Importa		21. Signature of Funeral Sarvice Licer			22. Name WM • H 821 V	end Addre REESE VEST	& SONS M	ORTUARY,	P.A.	1		
Physician /Medical percented by physician and but still be buildi-fransit as the buildi-fransit	ai Examiner	Immediate Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated avants	b	Lenno ue to (or as a c ung C ue to (or as a c	ancer						week month	
E 0 8	an/Medical	that initiated avants rasulting in death) Last	/	oto (or as a co		n: Art	ery Di	sease		8	415	
the d y the	Physician/N	Part II. Other eignificant conditions o	ontributing to death but	not resulting in	the underlyin	g cause gi	van in Part I.	23b. Dld to	-	ntribute to the	cause of death	
v requires been sign should be	Completed by F			-				24a. Was a	in autopsy	available	utopsy findings s prior to ion of cause ?	
The Tate he page	Com							1 🗆 Y	as 20 No	1 ☐ Yas	2□ No	
Physician: The lav r this certificate has aral director, page 2	To Be	25. Was cesa referred to medical examiner? 1 ☐ Yas 2 ☑ No	Hospital:	2□ER/Out	patient 3□	DOA Ott	nae:	oma 5 Reside		ner (Specify)		
or Attending Physister death. Director: After this in by the funeral di		27. Mannar of Death 1 Natural 5 Panding 2 Accident Investigation	28a. Deta of Injury (Month, Day)			28c. Inju Wo		28d. Describe how Injur				
To the Hespital or Attending Ph within 24 hours after death. To the Funerel Director: After thi completely filled in by the funeral	Certification:	3 Sulcida 6 Could not be detarmined	building, atc.	(Specify)	n, straat, factory, office 28f. Location (Street and Number or Rural Routa City or Town, Stata)					ta Number,		
To the Hospital of within 24 hours at To the Funeral D completely filled it	edical	29a. Cartifler 1	ysician: To the best of r ninar: On the basis of a and mennar stete	xamination and	daath occurre /or invastigati	ed at tha ti on, in my o	ma, data and piace opinion, daath occu	, and dua to tha c rred at tha tima, d	ausa(s) end ma lata and place,	annar as stated. and due to tha c	:euse(s)	
To the To the Comp	ž	29b. Signature and title of certifier	0		2	29c. Licens	se number	2	9d. Date signe	d (Month, Day,	Year)	
		30. Nama and address of person are	MD mpleted ceuse of deep	th (Item 23a)	[vpe, Print)	02	5499		10/10	196		
		James Ruppel	180 1	4dmira	1 60	chra	ne Dr	Anna	welic	mb :	21401	
Sta		31. Date filed (Month, Day, Yelly)	96 Sulia	s Signatura	Butan				1	*		

A. .

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Hong Chang 4, 1996 Chin October 3:40 PM 4a. Facility Name (If not institution, give straet end number) 4b. City, Town, or Location of Death 4c. County of Death Washington Adventist Hospital Takoma Park Montgomery 6. Sex 1 M 2 F 8. Date of Birth (Month, Day, Yaar) July 2, 1927 5. Sociel Security Number if Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthpiece (Steta or Foreign Country) Hours Min 215-33-9058 69 Yrs China Usuel Residence of Decadent 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yes 2 No Montgomery Rockville 10f. Zip Coda 10g. Citizen of What Country? 407 North Horners Lane 20850 China 12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - Amarican Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify Specify: Chinese 3 Widowed 4 Divorcad 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Dishwasher Restaurant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Chin Sha Shi 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 407 North Horners Lane, Rockville, Maryland 20850 20b. Piece of Disposition (Neme of cematery, cremetory or other pleca) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Ramoval from State 4 ☐ Donetlon 5 ☐ Other (Specify) Chesapeake Crematory 10-11-96 | Beltsville, Maryland 22. Name end Address of Facility
Rapp Funeral Services, P.A. 21. Signeture of Funerel Service Licenses 933 Gist Avenue, Silver Spring, Maryland 20910 23e. Pen1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feilure. List only one causa on each line. Approximate Interval Between Onsat end Daath Immediete Ceuse (Finel Acute Myocardial Ventricular Rupture Due to (or es e consequence of): Acute Myocardial Infarction Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequenca of): Diffuse Arteriosclerotic Coronary Disease Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings eveilable prior to completion of causa of death? 24e. Wes en autopsy performed? 1 XYas 2 No 1 XYes 2 No 25. Wes casa referred to medical 26. Piece of Deeth (Check only one) Hospitei: Other: 4 Nursing Home 5 Rasidence 6 Othar (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending 1 Yes 2 No investigation 6 Could not be determined 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Box 68760 P.O. Records, Division of Vital

Examiner Examiner sician and buriel-transit physician the buriel Physician/Medical 88 ettending á been signed to should be dete by Completed hes page 2 certificate To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be Medical Certification: To

Physician

/Medicai

Examiner

Director

Funeral

P

Completed

2

Yuan

Chi

Maryland

10e. Street end Number

Lin

Mei

disaasa or condition resulting in deeth)

1 Yes 2 No

27. Manner of Deeth

1 Neturel 2 Accident

3 Suicide

29a. Certifier

4 - Homicide

Funerai

Director

the Maryler

death

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Exercises must be notified at

2 should be filed within 72 hours after on and Mental Hygiene.

Is marked other than "natural", or iter

permit. Peges 1 end 2 st Department of Health and Important: If itsm 27 is n any injury or other traun

Physician /Medical

Maryland 21215-0020

Baltimore,

JW

10 State Registrar

29b. Signeture end title of certifier stlew. O rullto

156 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and plece, end due to the ceuse(s) end manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete and plece, and due to the cause(s) end mennar stated. 29c. Licansa number

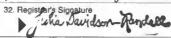
D23743

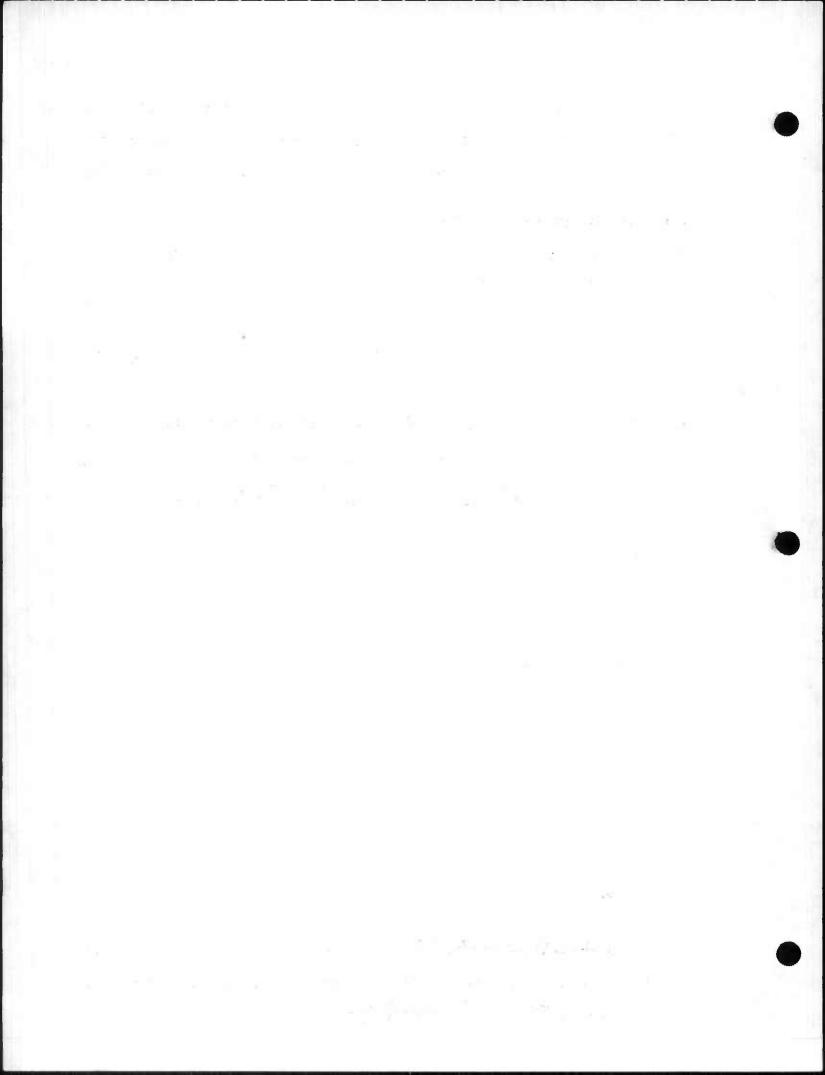
29d. Dete signed (Month, Day, Year) October 5, 1996

30. Name and address of person who completed cause of death (from 23e) (Type, Print)

7525 Greenway Court Drive, Greenbelt, Maryland Martin D. Weltz, M.D.,

31. Date filed (Month, Dey, Year) OCT 0 7 1996





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Yaar Oscar Herbert Crigger October 4, 1996 12:10 AM 4e. Facility Nama (If not Institution, giva streat and number) 4b. City, Town, or Location of Deeth 4c. County of Daeth Eldercare Silver Spring Genesis Montgomery If Under 1 5. Social Security Number 8. Dete of Birth (Month, Dey, Year)
Aug. 9, 1908 9. Birthplece (State or Foreign Country) West Virginia 7. Age (In yrs. lest birthday) 1 M 2□ F 577-10-3189 Vre 88 Usuel Residence of Decadent 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20906 3227 Bel Pre Road United States 12. Was Decedent Ever in U,S Armad Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ▼ No Specify: Specify: 3 Widowed 4 ☐ Divorced White 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Mechanic Auto Repair 17. Fether's Nema (First, Middle, Last) 18. Mothar's Name (First, Middle, Melden Sumeme) George W. Crigger Maud Harvey 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code) 119 Charles Street, Rockville, MD 20850 Susan L. Corle 20e. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2X☐ Cremetion 3 ☐ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Chesapeake Crematory 10-4-96 Beltsville, Maryland Rapp Funeral Services, P. A. 21. Signetura of Euneral Sarvica Licensee 933 Gist Avenue, Silver Spring, MD 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Finel Pneumonia disease or condition resulting in death) Due to (or es e consequenca of): Due to (or es e consequence of) Due to (or as a consequence of) 23b. Did tobacco usa contribute to the causa of death? 1 Yss 2 No 3 Probably 4 Unknown

Physician /Medicai Examiner

> the bunal-transit pue

98

attending physician

signed by t

peed

After this certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certification of the funeral director; After this certification is the funeral director;

page

JW

P.O. Box 68760.

Records.

Division of Vital

Physician

/Medical

Examiner

Director

Funeral

by

Funeral

Director

the Maryland

permit. Pages 1 and 2 should be filed within 72 hours eiter death with the Marylan Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Item 27 is marked other than "natural", or Item 27 is marked other than "natural", or Item 27 is marked other than "natural".

Examiner Sequantielly list conditions, if eny, leading to immediate causa. Enter Underlying Cause (Diseese or Injury that initiated events resulting in daeth) Last

Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Esophageal Diverticula by 24b. Were autopsy findings avelleble prior to completion of cause of deeth? 24e. Wes an autopsy performed? Completed Post Infarction Dementia 1 Yes 2 No 1 Yes 2 No 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Hospitel: To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Menner of Deeth 28b. Time of Certification:

28c. Injury et Work? 28a. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 5 Pending 1 Naturel 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat end Number or Rurel Routa Number, City or Town, Stete) 4 Homleide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and menner as stated. 29a, Certifier

D 18924

29b. Signetura and titla of certifian

OCT 0

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated.

29c. Licansa number 29d. Data signed (Month, Day, Year)

October 4, 1996

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

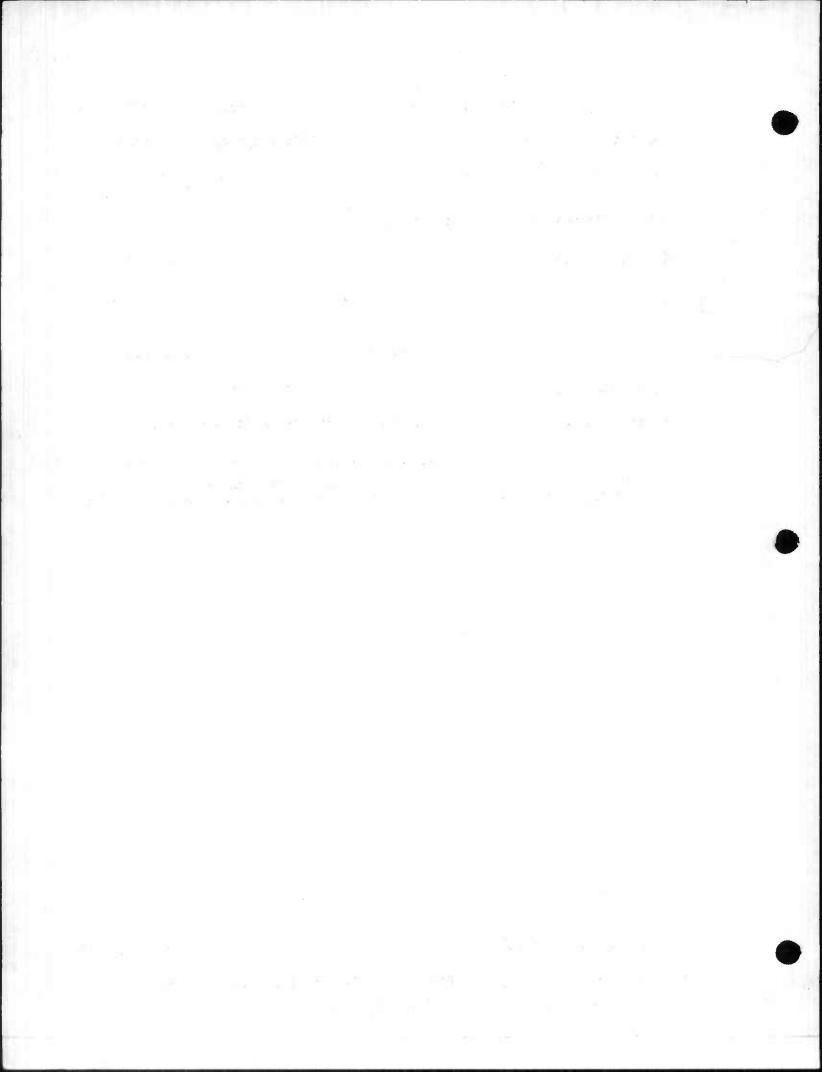
Rafael A. Matheus, M. D., 13018 Georgia Avenue, Wheaton, MD 20906 32. Registrer & Signeture

16 Land Davidson-Randelle 31. Dete filed (Month, Dey, Year)

State Registrar

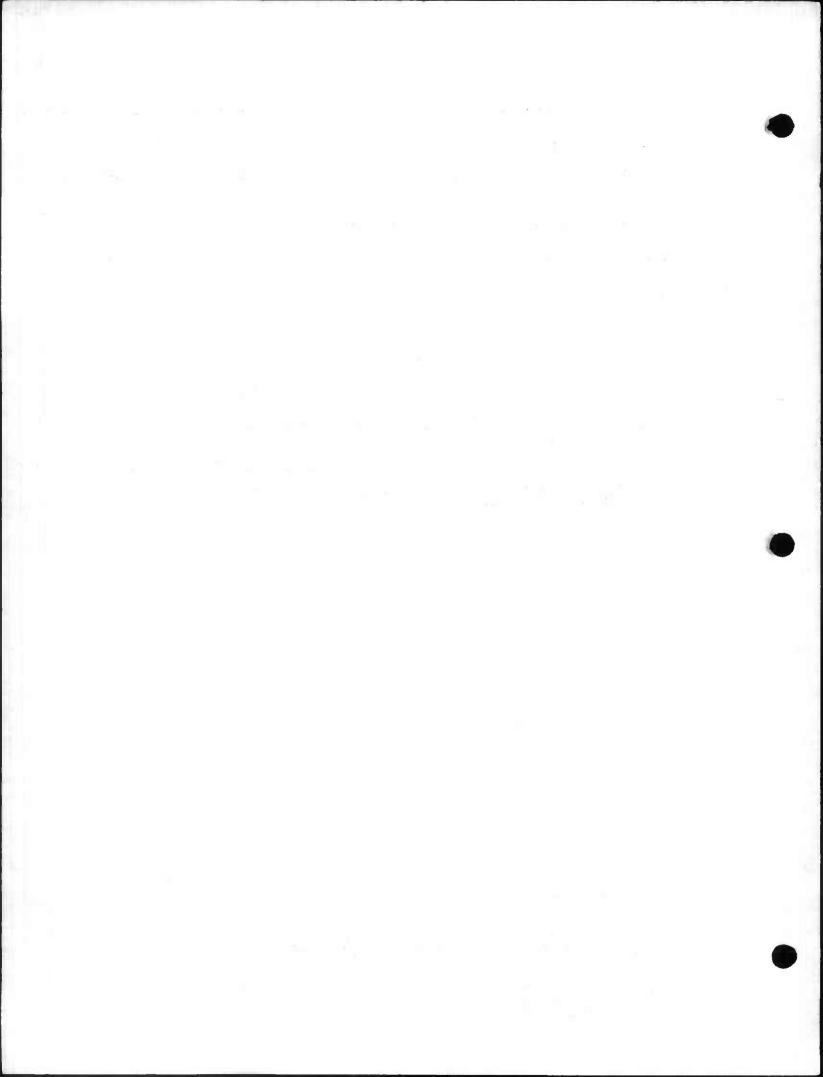
Medical

DHMH 16 Rev 6/95



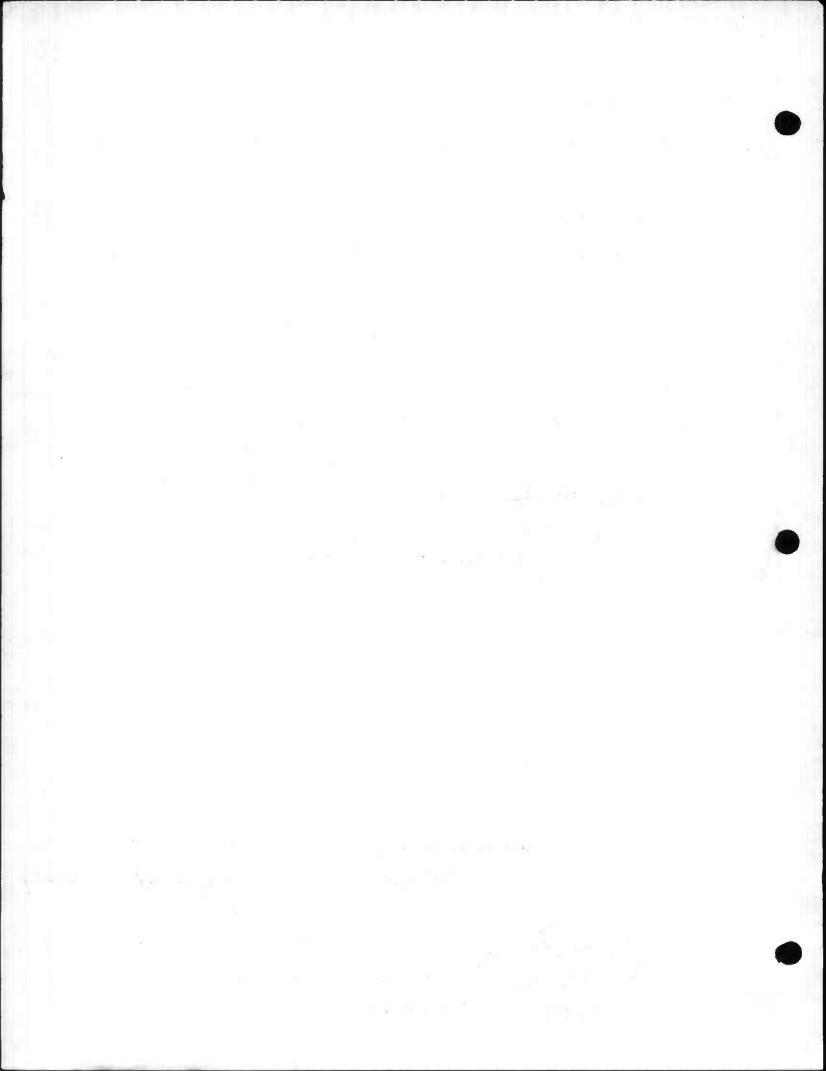
State of Maryland / Department of Health and Mental Hygiene 0 4

					Cidio 01	iviaiyiai				Death	Jivienani	Reg. No.	20	J	1/15
п	V VA	73	1. Decedent's Name (Firs	t, Middla, La	st)						2. Data of D		Va		3. Time of Death
_	Physici /Medi			Jose	eph J.	Cianc	i				Octobe	er 2,	1996		3:47 A.M.
	Examir		4a. Facility Name (If not in	stitution, give	street and num	nber)				4b. City, Town,	or Location of Dea	ith 4c.	County of D	eath	
			Holy Cross H		1					Silver	Spring		Montgo	mery	7
	Funeral		5. Social Security Number		ex D≩M 2□F	7. Aga (In yrs.	last birthday)		1 Yaar Days	If Undar 24 F Hours N	Irs. 8. Date of B	irth			a (Stata or Foreign ork
-	Director		088-22-3488		LALM ZUF	68	Yrs.		.,		lin. (Month, L July 2	9, 19	928 N	ew Y	ork
	pue *		Usual Residence of Deca 10a. State 10b.	County		10c. Cl	ty, Town or Lo	cation						104	Inside City Limits
	laryte eho	5	Ti			100.0									1 ☐ Yes 2X No
	the N	ect	Maryland Mo	ntgome	ery		S	ilver		ring		40- 00	for a 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	th with the Marylar 23s or 28s-f show	ā		A		210				12		Tog. Citi	izen of What		T.
	filed within 72 hours after death with the Maryland Hyglene. Hyder than "natural", or items 23s or 28s-f show ent, the Modical Examiner must be notified at	Funeral Director	10921 Inwood	Avent	12. Was Dece		10 101		2090		(Canally Van as h		14. Race - A	USA	Indian
_	Herna Inst. m	S	1 Never Married 2	□ Married	Armed For	ces?	13.	f Yes, spec	ify Cub	an, Mexican, Pu	(Specify Yes or Narto Rican, etc.)	10-		/hite, etc.	
)20	is and	by F	3 Widowed 4 D		If Yes, Give	•		1□ Yas 2	No No	Specify:			Specify:	Whit	:e
Maryland 21215-0020	72 hours "natural",	P		ecedent's Ed		103.	16a Decer	dent's Usua	I Occur	ation		16h Ki	ind of Busine		
15	d within 72 ha plene. r than *natur	Be Completed	(Specify onl	y highest gra	da complated)		(Giva	kind of wor DO NOT us	rk done e ratire	during most of (working	700.11	01 0401110		,
21	filed withir Hyglene. rther than	mo:	Elementary/Secondary	(0-12)	Collage (1-	40r 5+)	Main	tenan	ce				Bakery	7	
P	0 = 0 =	e C	17. Father's Name (First,	Middla, Last)						18. Mother's h	Name (First, Middl				
<u>a</u>	fenta fenta ked ice	To B	Carmelo Cian	ci						Jessie	Zappulla	ı			
az	permit. Pages 1 and 2 should be f Department of Health and Mental I Important: if Itam 27 is marked of any Injury or other treumstic eve once.	-	19e. Informent's Neme/R	elationship (7	Type, Print)		19b. Mailir	ng Address	(Street		Rural Route Num		or Town, State	e, Zip Co	ode)
	alth a		Salvatore R.	Ciano	i		10804	Kell	er S	Street.	Silver S	brin	g. Mar	vlan	nd 20902
<u>o</u>	f He fram othe		20a. Mathod of Disposition				Place of Dispo	sition (Nan	ne of		Date	1	ocation - City		
E	Pages net: If its iry or of		1 ☑ Burlai 2 ☐ Crer 4 ☐ Donation 5 ☐ C			tate	•	•			10/07/06	0.1	0		
Baltimore,	artm ortar Injui		21. Signature of Theral 5			Ga				ss of Facility	10/07/90	511	ver Sp	ring	Maryland
ä	permit. Departr Importa any Inje		b 18.6.	HI	6		F	ranci	s J.	Collin	ns Funera	1 Ho	me, In	ic.	
-	100	Н	23a Part1 Enter the disc	200 00 0000	ams		b Do not out	00 Un	iver	sity Bl	Lvd. W. S	ilve	r Spri		MD 20901
_8	Discontinuo		23a. Part1. Enter the disa shock, or heart failu	e. List only	one cause on ea	ich i e.	an. Do not ent	er the mode	e or dyn	ig, aucii as care	alac or respiratory	arrest,		Int	pproximate terval Between nsat and Death
	Physician /Medical		Immediate Cause (Final		Pa	11.5	7	010	-1	n Cie					211/
	Examiner		disease or condition resulting in death)		a. / C	prica	nong	aci	ac	nonay				1	:4 ms
		ē			10.	Due to (or as a consec	juence ot):	1.		1:				11-
	be asscuted sician and burial-transit	Examine			b				un	nonay	disea	SC		1	2 443
ď	ificate be axecuted g physician and as the burial-transit	Еха	Sequentially list condition if any, leading to immedia cause. Enter Underlying Cause (Disease or injury	s, te		Due to (d	or as e conseq	uence ot):		U					
68760,	cate be a physician the buria	cai	triat initiated events	~	C	Due to /e		uanan of):							
89	g phys as the	edicai	reaulting in death) Last			Dua to (c	r as a conseq	uance or):						İ	
Box	eath certifi attending I for use as	2			d										
m	d for	Icla	Part II Other elepiticant	onditions of	made uslam sa dan	th hut not so	ulale e le abe cu		Live type	iis ta Mina t	not Di	4.4			
0	the character and the	hys	Part II. Other significant of	^											e cause of death?
O.	that date	y P	Africal	ibrill	alion	chro.	min /	Zheu	mo	clic	_ '9	Y98 2	□ No 3□	Probabi	ly 4 Unknown
Division of Vital Records, P.O.	The law requires that the death centile has been signed by the attendinges 2 should be datached for use	Completed by Physician/N	Atrial f heat de		/		1	-1	-	,	24a. Wa	s an autop	psy 24	b. Were	autopsy findings
8	v req beer shou	lete	wear as	sease	, Con	gestive	hear	1	ou lu	re Chro	n 1 per	formed?		comple	ble prior to letion of cause
Re	The lay ate has page 2	5			/			/						of dea	
8	Cate	ပိ									1	Yes 2	No	1 🗆 Ye	es 2 No
3	Attending Physician: The law probath. ector: After this certificate has by the funeral director, page 2 s	Be	25. Was case referred to examiner?	nedical	Hospital:				Oth		Death (Check only	one)			
of	Phys this rai di	7°	1 Yes 2 No		1 00 ln	·	ER/Outpatien		M.	4LI Nursin	g Homa 5 Ras			Specify)	
F	After fune	lo	1⊠Natural 5□	Pending	28a. Date of (Month	, Day Year)	28b. Time of Injury	M	8c. Injur Wor		28d. Describe	now injur	ry occurred		
Sic	death death tor: the	Cat	2 ☐ Accident 3 ☐ Sulcide 6 ☐	investigation Could not be		44-1 - 444				Yes 2 □ No	OM Location	/Otro at a a	186 6	010	
N	or A Direction by	호	4 Homicide	determined	Zoe. Place (g, etc. (Specif	ome, farm, str y)	eet, factory	, office		28f. Location City or To	own, State		HURAI HO	sure Number,
_	pital ours eral filled	2	29a. Cartifier	netificion Div	cololon. To the b				- A Abr - A'-	and details and of	44-4-4				
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical Certification:		edical Exam	Iner: On the bas	is of examina	wiedge, death ition and/or inv	estigetion,	in my o	ne, date end ple pinion, death o	ace, and due to the ccurred at the time	, date and	and manner place, end	r as stated due to the	d. P Cause(s)
	the the	Me.	29b. Signatura and titla of	certifier	and manne	er stated.		290	Licens	e number		29d Dat	ta signed (Me	ooth Day	Veer
	8 7 ¥ 7				entr	M	1.			_			0/2/		
									U	8695		14	12/	76	
			30. Neme and address of		completed cause	of death (Iter	n 23a) (Type,	Print)	-	12/1-1		20.			
			GETRUES		NIVII)	1062	CO Coto	rad	pt 1	ANE S	ILVER ST	MINC	x /W) 20	190 4
	Sta Registr		31. Data filed (Month, Dey	T 0 7	1000 A	Ustar's Signe	widnes ?	Bando M		1					
	negisti	ai .	70	1 /	1330	4	(44,55)	-							



State of Manyland / Department of Health and Montal Hygions

Physic /Medi	100	1. Decedant's Nama (First, M	Aiddla, La	st)		Certifica			2. Date of D			Tima of Death
		JEFFREY T	HOMA	AS CASCI	ANO				Month OCTO	Day DBER 4.	1996	1:12
Exami		4a. Facility Name (If not insti	tution, giv	a street and number	7)			4b. City, Town, or			ty of Deeth	
Funeral Director		SHADY GR 5. Social Security Number 217–06–5092	6. S		ST HOS ga (In yrs. last b 22		dar 1 Yaar ns Deys	ROCKVI If Under 24 Hrs Hours Min.	8. Data of B	irth ley, Year)	9. Birthplaca Country) New	(State or Foraign
,		Usual Rasidance of Dacadar							riay 10	, 17/4	IVEW 1	LOLK
dat	_	10a. Stata 10b. Co	•			wn or Location						nsida City Limits
28a-f	Director	Maryland Mo	ntgor	mery	Ga	ithersbu						☐Yas 2☑No
2 2		9021 Snowfo	ourt		107.	Zip Coda 20879	9			What Country?		
me 2	Funeral	11. Maritel Status		12. Was Dacedani	t Evar in U,S.	13. Was De			pecify Yes or N		States	ndlan.
ital Hygiene. Id other than "natural", or items 23a or 28e-f show event, its Medical Evancinar must be notified at	by	1 ☑ Navar Merried 2 ☐ 3 ☐ Widowad 4 ☐ Divo		Armed Forcas 1 ☐ Yas 2 ☑ If Yas, Giva Yeer or Datas:	?		pecify Cube 2 ☑ No	lispanto Orlgin? (S en, Mexican, Puerl Specify:	o Rican, atc.)	Specifi Specifi	ack, Whita, atc.	
netur	eted	15. Dace (Spacify only h.	dant's Ed	fucation	16	e. Decedant's U	sual Occup	ation	rkina	16b. Kind of B	Businass/Industry	у
than the Max	Completed	Elamantary/Secondary (0-		College (1-4or	or 5+)		kind of work dona during most of working O NOT usa ratired)				. 1 0	
other t		17. Father's Nama (First, Mic	Idla Lacti	4		Manager		40. Markada Mar	/Ei A Al-d-Al-		ental Co	mpany
Hed of	o Be	Richard R.						18. Mothar's Nar Elizabe	na <i>(First, Middle</i> eth McKe		me)	
man Manual Manua	To	19a. Informant's Name/Ralai			19	b. Mailing Addr	ass (Street	and Number or Ru			State Zin Code	a)
alth a 27 is or trau		Richard R. Ca						Ct., Ga:				20879
tent of Heal art: If Item 2 ary or other		20a. Mathod of Disposition			OOb Olean	of Dianosition /A	Jama of	*Oct. 8,			- City or Town, S	Stata
ant: If i		1 ☑ Burlal 2 ☐ Cramat 4 ☐ Donation 5 ☐ Othe				of Heav			1990	Silver	Spring,	Marylan
Department of He Important: If Hem any Injury or othe ORGS.		21. Signatura of Funarai Sen	lica Lican	/	M00198	Robert 300 V	and Addre	ss of Facility Pumphrey Montgomer Marylar	Funeral	L Home/	Rockvil	le, Inc
		23a. Part1. Entar the disaas shock, or haar failura.	a, or comp			Rocks	ville	Marylan	nd 208	50-2805 errest	Ann	roximata rval Batween
d ansit	Examiner				Due 14 (or as a							
rsician and e burial-tra	cal Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated evants	{	b		consequence o	of):					
ending physician and r use as the burlal-transit	fedical	Sequentially list conditions, if any, leading to immediata cause. Entar Underlying Ceuse (Disaasa or injury that Initiated evants rasulting in death) Last	{	b			of):					
he attending physician and led for use as the burial-tr	fedical	Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Ceuse (Disaasa or injury that initiated evants rasulting in death) Last	{		Due to (or as e	consequence of	(f):	an In Part I.	23b. DId	tobacco use co	ontribute to the	cause of death?
by the attendinached for use	Physician/Medical	rasulting in oaath) Last	ditions co		Due to (or as e	consequence of	(f):	an In Part I.		tobacco use co Yee 2□No	ontribute to the d	
is been signed by the attendin 2 should be detached for use	by Physician/Medical	rasulting in oaath) Last	ditions co		Due to (or as e	consequence of	(f):	an in Part I.	1 □		3 Probably 24b. Wara au available	4) Unknown
ate has been signed by the attendin page 2 should be detached for use	Physician/Medical	rasulting in oaath) Last	{		Due to (or as e	consequence of	(f):	an in Part I.	1 🗆 24a. Was perf	Yee 2 No	3 Probably 24b. Wara au available complati of daath	4) Unknown
ate has been signed by the attendin page 2 should be detached for use	Be Completed by Physician/Medical	rasulting in oaath) Last	lical	ontributing to death b	Due to (or as e	consequence of	f): f): g causa givi	28. Placa of Dea	1 🗆 24a. Was perf	Yee 2 No s an autopsy ormed? Yas 2 No	3 Probably 24b. Wara au available complati of daath	4 Dunknows tropsy findings e prior to ion of causa ?
this certificate has been signed by the attendin at director, page 2 should be detached for use	To Be Completed by Physician/Medical	Part II. Other eignificant con 25. Was casa rafarred to medexaminar? 1 **Types** 2 **D No	lical	ontributing to death b	Due to (or as e	consequence of consequence of the consequence of th	f): g causa givi	28. Placa of Dea ar: 4 □ Nursing H	24a. Was perfect the Check only oma 5 🗆 Res	Yee 2 No s an autopsy primed? Yas 2 No ona) Idanca 6 Ott	3 Probably 24b. Wara as available complate of death 1 Proper sear (Specify)	4 Dunknows tropsy findings e prior to ion of causa ?
fler this certificate has been signed by the attendin uneral director, page 2 should be detached for use	To Be Completed by Physician/Medical	Part II. Other eignificant con-	fical	Hospital: 1 Inpatie	Due to (or as e	consequence of consequence of consequence of the co	f): g causa give	28. Placa of Dea er: 4 □ Nursing H	24a. Was perfect the Check only oma 5 🗆 Res	Yee 2 No s an autopsy ormed? Yas 2 No	3 Probably 24b. Wara as available complate of death 1 Property) arred	4 Unknown utopsy findings e prior to ion of causa ? 2 No
fler this certificate has been signed by the attendin uneral director, page 2 should be detached for use	To Be Completed by Physician/Medical	25. Was casa rafarred to medexaminar? 1	dical dical	Hospital: 28a. Data of injut (Month, Data)	Due to (or as e	consequence of consequence of consequence of the co	DOA Other	28. Placa of Dea ar: 4 □ Nursing H	24a. Was perfu	Yee 2 No s an autopsy ormed? Yas 2 No ona) Idanca 6 Ott how injury occur	3 Probably 24b. Wara au available complate of death 1 Poyes that (Specify)	4 Dinknown
fler this certificate has been signed by the attendin uneral director, page 2 should be detached for use	To Be Completed by Physician/Medical	25. Was casa rafarred to medexaminar? 1 Takes 2 No 27. Mannar of Death 1 Natural 5 Para 2 Accidant inv	dical	Hospital: 28a. Data of injut (Month, Data)	Due to (or as e	consequence of consequence of consequence of the co	DOA Other	28. Placa of Dea er: 4 □ Nursing H	24a. Was perfu	Yee 2 No s an autopsy primed? Yas 2 No ona) Idanca 6 Ott how Injury occur Street and Numb.	3 Probably 24b. Wara au available complate of death 1 Poyes that (Specify)	4 Dinknown
fler this certificate has been signed by the attendin uneral director, page 2 should be detached for use	edical Certification: To Be Completed by Physician/Medical	Part II. Other eignificant con- 25. Was casa rafarred to medexaminar? 1 12 ses 2 No 27. Mannar of Death 1 Natural 5 Pai 2 Accidant 1 Natural 1 Suicida 6 Code 4 Homicida 1 Cartiliar 1 Cartiliar 1 Cartiliar 1	dical	Hospital: 28a. Data of injut (Month, Data)	ent 2 ER/O	consequence of conseq	DOA Other	28. Placa of Dea er: 4 Nursing H / at /7 /as 250No	24a. Was perfu	Yee 2 No s an autopsy ormed? Yas 2 No ona) Idanca 6 Oth how injury occur Street and Numburn, Stata)	3 Probably 24b. Wara au available complate of death 1 Proyes that (Specify) med ber or Rural Rou AVE. Gue	atopsy findings e prior to ion of causa? 2 No No No No No No No No No No
fler this certificate has been signed by the attendin uneral director, page 2 should be detached for use	To Be Completed by Physician/Medical	Part II. Other eignificant con- 25. Was casa rafarred to medexaminar? 1 12 ses 2 No 27. Mannar of Death 1 Natural 5 Pai 2 Accidant 1 Natural 1 Suicida 6 Code 4 Homicida 1 Cartiliar 1 Cartiliar 1 Cartiliar 1	dical ding astigation uld not ba armined fyling Phycal Exami	Hospital: 1 Inpatie 28a. Data of inju (Month, Da 28a. Place of Injuiding, at	ent 2 ER/O	consequence of conseq	DOA Othus Book Book Book Book Book Book Book Boo	28. Placa of Dea ar: 4 Nursing H / at /? Yas 2 DNo	24a. Was perfect the control of the	Yee 2 No s an autopsy ormed? Yas 2 No ona) Idanca 6 Ott how injury occur Street end Number, State) Causa(s) and madata and place, 29d. Data signe	3 Probably 24b. Wara au available complait of death 1 Proyes ther (Specify) med ber or Rural Rou ANC. Can annar es stated. and dua to the cod (Month, Day, 1)	atopsy findings e prior to ion of causa? 2 No No No No No No No No No No
this certificate has been signed by the attendin at director, page 2 should be detached for use	edical Certification: To Be Completed by Physician/Medical	25. Was casa rafarred to medexaminar? 1 12 4 6 2 No 27. Mannar of Death 1 Natural 5 Paul 1 Natural 2 Accidant 3 Suicida 4 Homloida 29a. Certifiar (Check only one) 7 Media 1 Certificat 1 Certificate (Check only one)	dical ding astigation uld not ba armined fyling Phycal Exami	Hospital: 1 Inpatie 28a. Data of inju (Month, Da 28a. Place of Injuiding, at	ent 2 ER/O	consequence of conseq	DOA Othus Book Book Book Book Book Book Book Boo	28. Placa of Dea er: 4 Nursing H / at /? Yas 2 DNo	24a. Was perfect the control of the	Yee 2 No s an autopsy ormed? Yas 2 No ona) Idanca 6 Ott how injury occur wm, Stata) Causa(s) and madata and place,	3 Probably 24b. Wara au available complait of death 1 Proyes ther (Specify) med ber or Rural Rou ANC. Can annar es stated. and dua to the cod (Month, Day, 1)	atopsy findings e prior to ion of causa? 2 No No No No No No No No No No



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of M	aryiari	-	tificate			Ť	Reg. No.	96	31	717
	ysici: Medic		Decedant's Nama (First, Middla, Last	Ed n a		Ca	ise			2. Data of De Month Octobe	Day	1996		ma of Death: 55 AM
	wedic camin		4a. Facility Nama (If not institution, give	e street end number)				4	b. City, Town, or	Location of Death		County of Death		
			Potomac Valley Nu	ursing Hon	ie			and the same	Rockville		1	Montgome		
Fun Dire	neral ictor		5. Sociel Security Number 8. S. 052-18-7654 Usual Rasidance of Decedant	ax 7. Ag ☐ M 2♥ F	103	est birthday) Yrs.	If Unr1	Days	If Undar 24 Hrs Hours Min		h y, Year) 18	9. Birth Cor Ne	placa (Suntry) PW YO	tata or Foreign
with the Maryland a or 28s-f show	dat	_	10a. Ststa 10b. County			, Town or Loc								da City Limits
2 2	ettte	Director	Maryland Montgome	ery	Ro	ockvil1	1							Yas 2□No
# 8	De D	F	10e. Street and Number	D (10f. Zip (ten of What Coi		
death ms 23	TICOL	eral	1235 Potomac Valle		Constant III	0 40 14	2085		language Outstand (f	S14 - W NI		ed Stat		
Saftimore, Maryland 21215-0020 smil. Pages 1 and 2 should be filed within 72 hours after di opperance of Health and Mercial Hygiene.	Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forces? 1 ☐ Yes 2 If Yes, Giva Yaar or Datas:			Yes, specif		Specify:	Specify Yes or No to Rican, atc.)		4. Race - Amer Bleck, White Specify:		
15-002 72 hours "natural".	dicat	Completed	15. Decedant's Ed (Specify only highast gra	lucation	1	16a. Deced	ant's Usual	Occup	ation	ntkina	16b. Kir	nd of Business/I		
willish than	the Med	nple	Elamentary/Secondary (0-12)	College (1-4or	5+)				during most of wo	. Kiriy				
N Parie			17 Feebada Nama (First Middle 1 and			Home	emaker		40 Mahada Na	OFFICE A BRIDGE		Own Home	2	
and it be no ded out of out	event,	Be	17. Fethar's Nama (First, Middle, Last)	achno					unavail	ma (First, Middla,	Maiden	Sumama)		
larylan 2 should be and Mental is marked o	other traumatic	10	unavailable Sch	lachne		10h Mallin	A described	/Cten at		ural Routa Numb	or City or	Town Ctate 7	in Codes	
Ma dd 2 g and 7			Robert L. Salosch										ip Code)	
re, N Health Health	other	1	20e. Method of Disposition	1111	20b. Pl	ace of Dispos	Ition (Name	a of	Drive,	Bethesd		Cation - City or 1	Fown, Sta	ite
Pages nent of the	70,		1 Buriel 2 Cramation 3 4 Donation 5 Other (Specify			emetary, crem			1	10 F 06				
Baltimore, Ma permit. Pages 1 and 2 Department of Health a reportant: If feen 27 is	any Injury		21. Signeture of Funaral Service Licen		Lhe	esapeak			SS of Facility	10-5-96	ветт	tsville,	, Mar	ryland
Balt permit. Departr Importu	any		23a. Part1. Enter the disease, or compshock, or heart failure. List only	W. Raj	Y	Ra 93	ipp Fu 33 Gis	iner	al Servi Evenue, S	ices, P. Silver S	oring	, MD 20	0910	
Physic /Med Exami	lical	- Fe	Immediata Causa (Finel diseasa or condition rasulting in daeth)	a. Cerebr		ular A		nt				1	Onset	and Death
officate be executed physician and	inal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b	Dua to (or	r as a consequ	ience of):					1		
- E O		//Wedical	Cause (Disease or Injury that initiated avants resulting in death) Last	d	Dua to (or	as a consequ	ence of):							
death cert death cert death cert	for u	clar	Part II Other desidence at a settle					a none						
5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5	tac	Physician/M	Part II. Other significant conditions co					usa giv	an in Part I.			use contribute ∑No 3⊟Pr		4 Unknow
S & &	eqp	ed by	/ CET 103C1C10C1C	cararova	scura	I DISC	ase			24a. Was	an sutop		Vara auto	opsy findings
Tec e law	96.2	Completed									rmed?		completion of death?	n of cause
VITAL I	or, pa		25. Was casa rafarred to medical					-	00 Pi 4 P-	10	111	Q No 1	☐ Yas	20X No
Of VITA Physician: this certific	director,	To Be	examinar?	Hospital:	nt 2□1	ER/Outpatient	3□ DO/	Oth	44	ath (Check only only only only only only only only		□Other (Spec	160	
	75		27. Manner of Death	28a. Deta of Inju	ry	28b. Tima of		c. Injur		28d. Dascribe			му/	
VISION Attending in death.		atio	1 ☐Netural 5 ☐ Panding 2 ☐ Accident Invastigation	(Month, Da	y rear)	Injury	М		Yas 2 □ No					
3 848	in by	Certification:	3 Sulcida 6 Could not be datarmined	28a. Place of Inj building, at	ury - At ho c. (Specify	ma, farm, stre	et, fectory,	office		28f. Location (City or To	Street and wn, Steta)	d Number or Ru	ral Route	Number,
To the Hospital within 24 hours To the Funeral	completely filled	edical	29a. Certifiar (Check only one) 1 Cartifying Phy 2 Madical Exam	ysician: To the best liner: On the basis of end menor si	xaminati	wladga, daath Ion and/or Invi	occurred a astigation, i	t tha tin in my o	na, data and plac pinion, daath occ	e, and due to the urred at the time,	causa(s) data and	and manner as placa, and dua	stated. to the ca	use(s)
within 2 To the	ф	¥	29b. Signature end title of certifiar	011			29c.	Licens	e number	T	29d. Det	e signed (Month	, Day, Ye	sar)
9			Myron Z.	Leuk	al)	My	Do	066	574		Octo	ber 4,	1996	
_			30, Nama and addrass of person who of	completed causa of o	eath (Item			ref	ield Roa	id, Whea	aton.	MD 20	902-	1825
Po.	Stat		31. Dete filed (Month, Day, Year)	32. Registr	Ar's Signat		.02							

DHMH 16 Rev 6/95

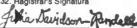
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Data of Death 3. Tima of Death Day **Physician** Month Vaar 5, 1996 Alice E. Copeland October /Medicai 6:30 PM 4a. Facility Nama (If not institution, giva streat and number) 4b. City. Town, or Location of Daath 4c. County of Death Examiner Carriage Hill Silver Spring Montgomery If Under 1 Year If Under 24 Hrs Months Days Hours Min. 7. Aga (In yrs. last birthday) 5. Social Security Number 8. Data of Birth (Month, Day, Year) Birthpleca (Stata or Foraign Country) **Funeral** Days Months 1 □ M 2 🗓 F Yrs 217-44-2436 Director 92 May 31, 1904 South Carolina Usuet Rasidanca of Dacadent with the Maryland 10a State 10b. County d 2 should be filed within 72 hours after death with the Manylan th end Mental Hygiene.
7 Is marked other than "natural", or items 23a or 28a-1 show traumstic event, the Madical Evaluations must be notified at 10c. City, Town or Location 10d. tnsida City Limits Director 1XXYas 2 □ No Maryland Montgomery Chevy Chase 10e. Street and Number 10f, Zip Coda 10g. Citizan of What Country? 3704 Manor Road #4 20815 United States 12. Was Dacedant Evar in U,S. Armed Forcas? 14. Race - American Indian, Black, Whita, atc. Was Dacedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 □ Navar Married 2 □ Married 1 ☐ Yas 2 🔯 No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: þ Specify: 3 Widowad 4 □ Divorced White Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry United States Elamantery/Secondery (0-12) Collega (1-4or 5+) Government 4 Secretary parmit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any injury or other traumatic event. 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maidan Sumama) Be Edward Edgerton D. Priscilla Smith 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) Barbara C. Jennings/Daughter 3502 Dunlop Street, Chevy Chase, Maryland 20b. Place of Disposition (Nama of cematary, crematory or other place) October 8, Date 1996 20c. Location - City or Town, Stata 1 ☐ Burial 2 🎇 Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland Rôbert A. Pimphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue 21: Signature of Funeral Service Licenses M00846 Bethesda, Maryland 20814-3501 23a. Part1/Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feiture. List only on count on each line. Approximate Intarval Batween Onsat and Death **Physician** /Medicai Immediata Causa (Final disaesa or condition resulting in death) a. Adenocarcinoma, Primary Unknown Months Examiner Dua to (or as a consequence of): certificate be executed Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last and Dua to (or as a consequence of) Box 68760. physician s the buriel Physician/Medical Dua to (or as a consequence of) 80 attending Por P.O. F Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. are nes been signed by the page 2 should be detached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. by 24b. Were autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy performed? certificate 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

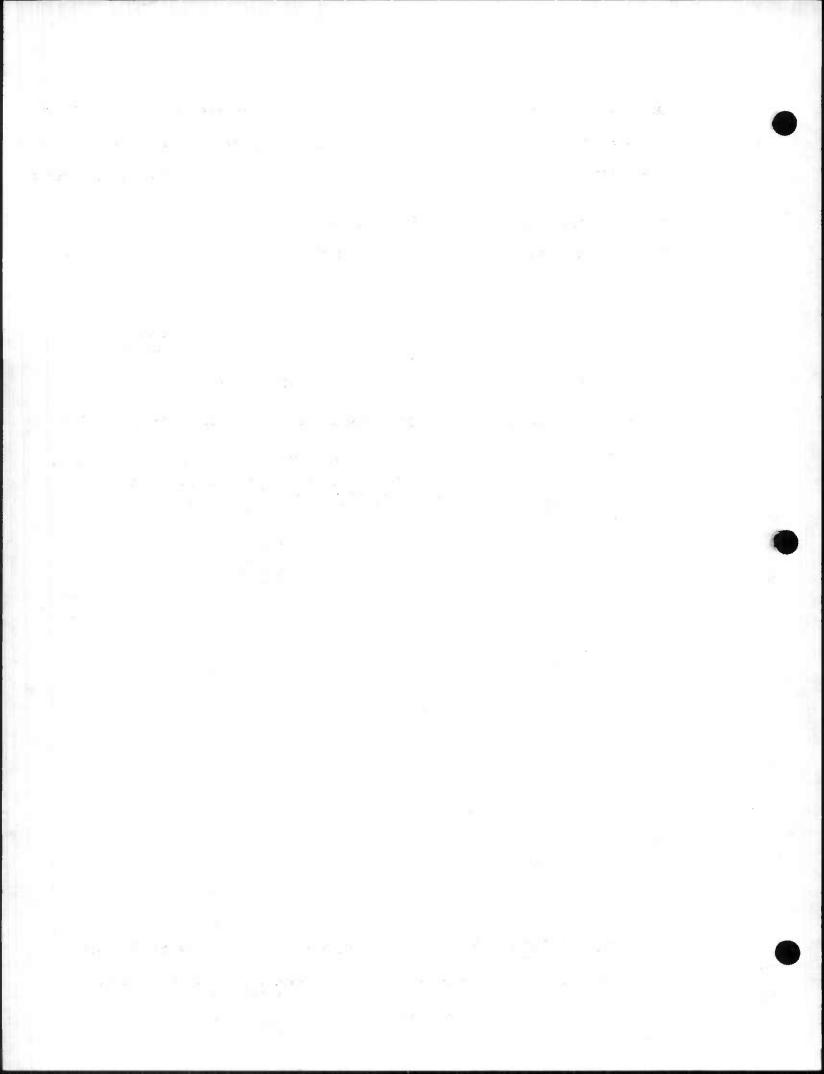
To the Funeral Director: After this certifica completely filled in by the funeral director; 25. Was casa rafarrad to medical Be 26. Placa of Death (Check only ona) Hospital: Other: 4₺ Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Mannar of Death 28b Time of Medical Certification: 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 XNetural 5 Panding 1 Yas 2 No investigation 2 Accident 3 Suicida 6 Could not be datarmined 28e. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 - Homleide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, dete and plece, and due to the cause(s) end manner stated. 29a. Cartifier 29b. Signatura and tifle of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) ralllewon D42518 October 7, 1996 30. Nama and address of person who completed causa of death (Item 23a) (Type, Print)

State Registrar

Gul Chablani, M.D., 11119 Rockville Pike #316, Rockville, Maryland 31. Date filed (Month, Day, Year) 32. Ragistrar's Signatura OCT 0 9 1996





Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama /First Middle Last 2. Date of Death 3. Time of Death Month Dervice Cooper 10 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Holy Cross Hospital Silver Spring Montgomery If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) 1□M 2XF Yrs 381 36 5135 59 December1, 1936 Jackson, TN Usual Residence of Decedant 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 □ No Maryland Montgomery Silver Spring 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 13404 Brackley Terrace 20904 United States 12. Was Decedent Evar In U,S. Armed Forces? 14. Race - Americen Indian, Black, White, etc. Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 1 Navar Married 2 Married 1 ☐ Yes 2 No If Yes, Give Yaar or Dates: 1 ☐ Yes 2 X No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced Black 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Buainess/Induatry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 Medical Secretary Physician Office 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Marmon Glenn Shirley Anderson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lorenzo Cooper 13404 Brackley Terr., Silver Spring, MD. 20904 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 🕅 Removal from State 4 ☐ Donation, 5 ☐ Othar (Specify) Forest Lawn Cemetery 10/9/96 Detroit, MI. 22. Name and Addrass of Facility
McGuire Funeral Service Inc. 7400 Georgia Ave., N.W., Wash., D.C. 20012 lase, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, is. List only one cause on each line. Approximata Intervai Betw Onset and Death disease or condition Sequentially list conditions if any, leading to immediate ceusa. Entar Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): No Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy parformed? 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examinar? 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 30 DOA

Physician Examiner Bud that the death certificate be arec physician as P.O. Box 68760.

attending

ed by the at detached for

Physician

Examiner

Funerai

Director

28a-1 show

Director

Funeral

þ

7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Macked Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after congramment of Health and Mental Hygiene.
Important: if fem 27 is marked other than "naturel", or item any injury or other traumatic event, the Medical Experiment

Baltimore, Maryland 21215-0020

the Maryland

death

/Medicai

Examiner Physician/Medical p Completed Be 2 Certification:

Medical

27. Manner of Death

1 Natural

29a, Certifier

5 Panding investigation

28a. Date of Injury (Month, Day Year)

28b. Time of

ate has been signed by page 2 should be detact certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; to

Division of Vital Records.

State Registrar

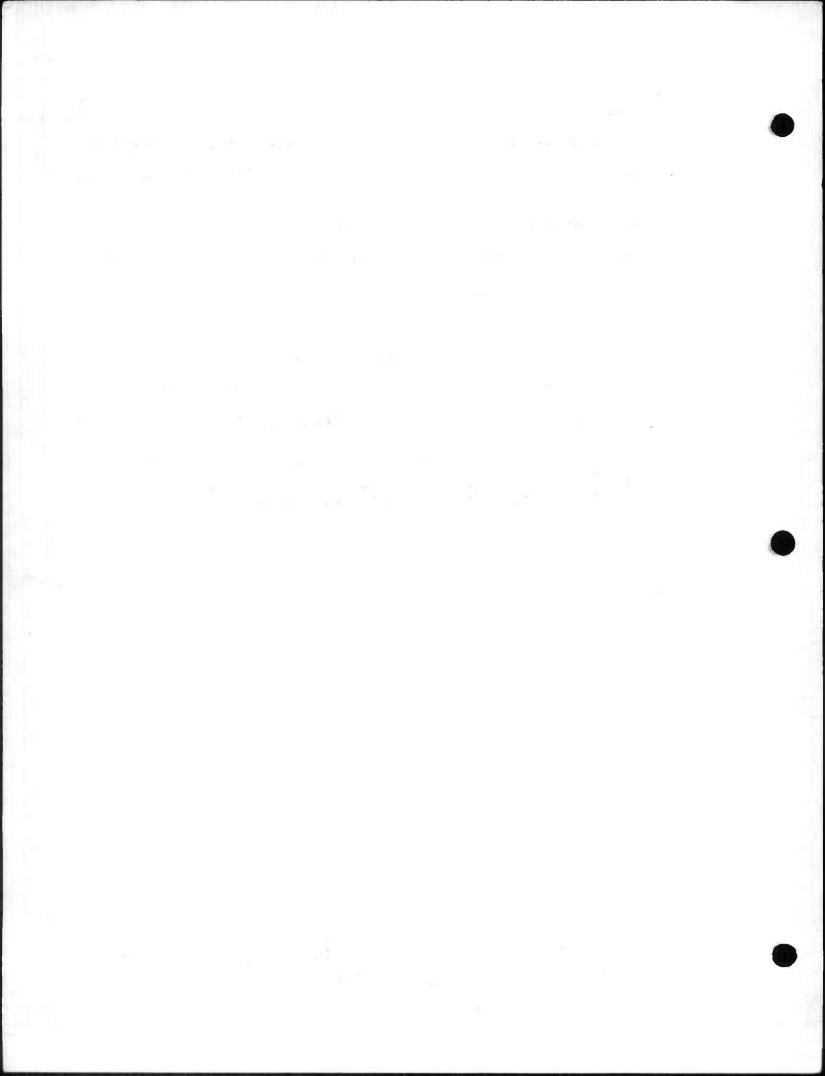
2 Accident 3 Suicide 6 Could not be Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 Homicide y Certifying Physician: To the beat of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29b. Signature and title of certified 29c. License number 29d. Data signed (Month, Day, Year) 30 Name and addrass of person who complated cause of death (Itam 23a) (Type, Print) 1100 W. K. ans welley 31. Date filed (Month, Day, Year) 32. Registrar's Signature Lelia Davidsor

28c. Injury at Work?

1 ☐ Yas 2 ☐ No

28d. Describe how injury occurred

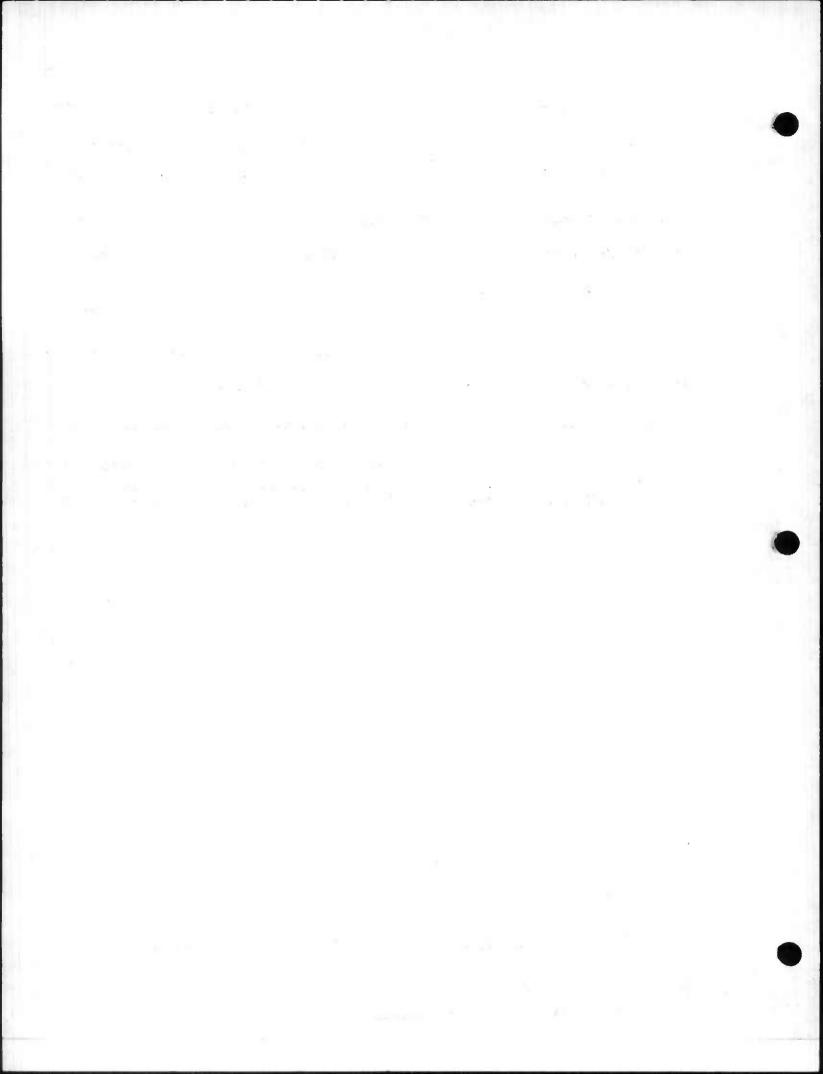


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Day 6, 1996 Theodore J. Chwirut October 2:30 AM /Medicai 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4109 Mitscher Court Kensington Montgomery 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Hours 1 ☑ M 2 ☐ F Yrs. Director 128-01-9410 77 Dec. 17, 1918 New York Usual Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f show 1 Yes 2K No Director Maryland Montgomery Kensington the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4109 Mitscher Court 20895 USA death Funeral r than "natural", or items the Medical Examiner ma 12. Wes Decedent Ever in U,S. Armed Forces? Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Rece - American Indian, Black, White, etc. filed within 72 hours after Yes 2 No f Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☑ Married 21215-0020 1 ☐ Yes 2 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15 Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Marine Engineer Maritime Administration traumetic event, Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surneme) and Mental H Pages 1 and 2 should be Joseph Chwirut Helen Bogucki 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Health a : If item 27 is or other tra Virginia S. Chwirut 4109 Mitscher Court, Kensington, Maryland 20895 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 10/9/96 Silver Spring, Maryland 21. Signeture of Faneral Servica Licansee 22. Name end Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd.W. Silver Spring, Marce MD 20901 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one of use on each line. Approximate tnterval Between Onset end Deeth **Physician** /Medicai Immediate Cause (Final Liver Failure disease or condition resulting in deeth) Examiner Due to (or as a consequence ot). Examiner Metastatic Cancer The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): the bunal-tra Box 68760, physician Hepatoma Physician/Medical Due to (or es a consequenca of): ed by the attending detached for use as P.O. Part If. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? has certificate 1 ☐ Yes 2 ☒ No 1 ☐ Yes 2 ☐ No Physician: Be 25. Wes case referred to medical 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 ☑ Residence 6 Other (Specify) 2 1 Yes 2 No this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? After or Attanding 5 Pending Investigation 1 Matural death. 1 Yes 2 No 2 Accident after death Director: 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 6 4 Homicide within 24 hours a To the Funeral C completely filled 11. Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. edical 29a. Certifler (Check only 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D17368 October 7, 1996 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Stanley A. Schwartz, M.D., 2101 Medical Park Drive #201, Silver Spring, MD 20902 32. Registrar's Signeture 31. Date filed (Month, Day, Year) State OCT 0 9 1996

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Yes **GEORGE** LLOYD 1, 1996 October 7:40 pm /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death 5804 Patterson Road Riverdale Prince George's 5. Social Security Number 7. Age (In yrs. last birthday) if Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) **Funeral** 8. Date of Birth (Month, Day, Year) 180 M 2□ F Months Days Hours Min 578-26-1111 Yrs. Director 71 June 28, 1925 Washington, DC Usual Residence of Decedent 10b. County or 28a-f show 10c. City. Town or Location 10d. Inside City Limits event, the Medical Examiner must be notified at Director 1 X Yes 2 □ No Prince George's Riverdale 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 23a 5804 Patterson Road 20737 U.S.A. death Funeral Hems 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give 11 Marital Status Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indian Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Healih and Mental Hyglene. Important: If item 27 is merked other than "natural; or ite any follory or other traumatic event, the Medical Energies. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: q Specify: 3 Widowed 4 Divorced White Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use ratired) Elementary/Secondary (0-12) College (1-4or 5+) Building Manager Lockheed 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Lloyd Clark 2 Margaret Claire Lacairione 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Alice I. Clark - Wife 5804 Patterson Road, Riverdale, Maryland 20737 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a, Method of Disposition 20c. Location - City or Town, State 1 🕅 Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Arlington National Cemetery 10/8/96 Arlington, Virginia 22. Name and Address of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signature of Funeral Service Licanses 4739 Baltimore Avenue, Hyattsville, MD 20781 10 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical ONGESTIVE Examiner Due to (or as a consequence of): Completed by Physician/Medical Examiner 6 RONARY To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for the general physician. Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Records, P.O. Box 68760. Due to (or as a consequence of): for use as Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 1 Yes 2 PHO 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Total Nursing Home 5 Total Nursing Home 5 Total Nursing Home 8 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28a. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) PA) MD 05/682-L October 7, 1996 30. Name and address of person who comprehed cause of death (item 23a) (Type, Print) -STEPHEN STONETHOUSE, MYS Brian Coyne, M.D. Andrew Air Force Base, 1075 West Perimeter Road, AAFB, MD 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State With Studen Re OCT 0 8 1996 Registrar

DHMH 16 Rev 6/95

- 10 3 11 11

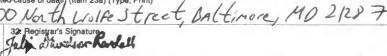
State of Maryland / Department of Health and Mental Hygiene 31722 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death 10/6/96 Day **Physician** Leondas Chambliss, Sr. 4:50PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 2304 Steuben Avenue Ft. Washington Prince George's If Under 24 Hrs. 8. Date of Birth (Month, Day, 5. Social Security Number If Undar 1 Yaar 9. Birthplaca (State or Foraign Country) 7. Age (In yrs. last birthday) **Funeral** Months Days 1XXM 2□ F 226-34-3832 Yrs. Director Virginia Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo Maryland Prince George's Fort Washington 10e. Street and Number 10g. Citizen of What Country? pemit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a and injury or other traumatic event, the Medical Examinat mans once. 2304 Steuben Avenue 20744 USA Funeral 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 12. Was Decedant Ever in U,S. Armed Forces? 14. Race - American Indian, Biack, White, etc. Armed Poloss.

1 Yes 2 No
If Yes, Give
Year or Datas: 1952-72 1 Never Married 200 Married 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 ☐ Widowad 4 ☐ Divorced Black Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Federal Government Elamantary/Secondary (0-12) Collega (1-4or 5+) Treasury Department Police Lieutenant vear 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumame) Be 2 George Chambliss 1 chambliss Lilly Chambliss 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 2304 Steuben Ave. Ft. Washington, Md. 20744 Doris A. Chambliss/ Wife 20b. Piaca of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1XXBurial 2 Cremation 3 Removal from State Arlington Nat'l. Cem. 10-16-96 Arlington, Virginia 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disaase or condition resulting in daath) /Medical Metastatic CACC: NOMA Colo-rectal Examiner Dua to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events resulting in daath) Last Due to (or as a consequence of): Physician/Medicai Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by i 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was case rafarred to medical examiner? Be 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: 27. Manner of Death 28d. Describe how injury occurred 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 6 Could not be detarmined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide edical 29a. Certifier 1 💆 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to tha cause(s) and manner as stated. (Check only one) 2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated. 29b. Signature and title of gertified 29c. Licansa number 29d. Data, signed (Month, Day, Year) nplated cause of daath (Itam 23a) (Type, Print) s of person who con

State Registrar

31. Data filed (Month, Day, Year) OCT 0 8 1996

Douslas Fladstove



or Attending Physician: The law requires that the death certificate be executed after death.

Director: After this certificate has been signed by the attending physician and

Box 68760.

Division of Vital Records, P.O.

burial-transit

attending physician I for use as the buria

signed by the a

funeral

in by the

To the Hospital within 24 hours a To the Funeral Completely filled

with the Maryland

Baltimore, Maryland 21215-0020

28a-f show

0 238

traumetic event, the Medical Examiner must be notified at

e re-

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** Month Veer CLARK DENNIS 9:45 PM 96 10 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** SILVER SPRING HOLY CROSS HOSPITAL MONTGOMERY 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, 9. Birthplace (State or Foreign **Funerai** 1☐M 2□ F Months Days 213-58-9018 MARYLAND 43 **Yrs** Director Usual Residence of Decedent tha Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or itams 23a or 28a-f show other traumatic evant, the Medical Examiner must be notified at SILVER SPRING 1 Yes 2 No MONTGOMERY Director MD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20904 13613 CASTLE BLVD. USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Datas: Was Dacedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, permit. Pagas 1 and 2 should be filed within 72 hours aftar or Department of Haelth and Mental Hygiena. Important: if Item 27 is marked other than "natural", or Itan any Injury or other traumatic evant. In a Martical Exercise. Black, White, etc. 1 Never Married 2 Marriad Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) N/A DISABLED 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be ELIZABETH RAKINS JOSEPH CLARK 19a. Informant's Name/Relationship (Type, Print)
ELIZABETH CLARK MOTHER 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 13803 CASTLE BLVD. SILVER SPRING. MD 20904 20a. Method of Disposition 20b. Placa of Disposition (Neme of 20c. Location - City or Town, Steta HARMONY MEMORIAL PARK 10/10/96 1 Buriai 2 Cremation 3 Removal from State LANDOVER. MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerei Service Licansee AUSTIN ROYSTER FUNERAL HOME Enter the disease or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, or haart failura. List only ona ceuse on each lina. 20011 14th St. N.W. WASH. **Physician** Preumonia /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or as e consequenca of): The law requires that the death certificete be asscuted buriel-transit Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disaase or injury that Initiated events resulting in death) Last and Due to (or as a consequence of) Records, P.O. Box 68760, attending physician Physician/Medical the Due to (or as a consequenca of): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? cate has b certificate 1 Yas 2 No 1 Yes 2 No Division of Vital or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospitel: 1 Mnpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Yes 217 No Certification: To this 27. Manner of Death 28a. Deta of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Aftar 5 Panding investigation Natural To the Hospital or Attendin within 24 hours after death.

To the Funeral Director: Aft completely filled in by the fur death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Cartifier 1 Cartifying Phyaiclan: To the best of my knowledge, death occurred at the tima, date and place, and due to the cause(s) and mennar as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the ceuse(a) and menner atlated. Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 21910 October 6, 1996 39) Name and address of person who completed cause of death (Item 23a) (Type, Print) Sherer mo 6. Ferrara 3947 31. Date filed (Month, Dey, Year) 32. Registrer's Signature 09

DHMH 16 Rev 6/95

Registrar

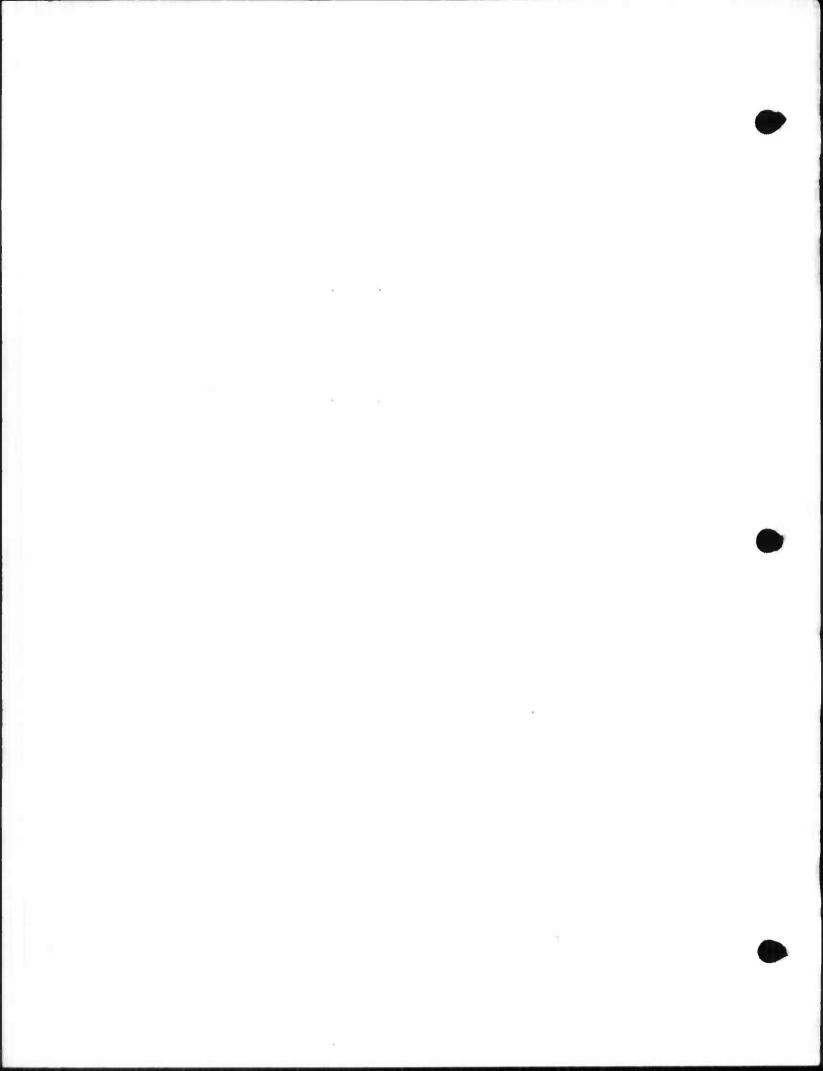
V 5

State of Maryland / Department of Health and Mental Hygiene 96

						Cei	tificate (of D	eath			Reg. No.		
	-1-	1. Decedent's Name (First, Mi	ddla, Last)							2. Date of De Month	ath Day	Vaca	3. Tima of Death
Physi		Clare	ence	D. Daw	son						Octobe		96	2:30 PM
Exam		4a. Facility Nama (If not Institu	tion, give	street and nu	m <i>ber)</i>			4b.	City, To	wn, or Lo	ocation of Death	4c. Cour	nty of Death	1
		4121 Cadle (reek	Road					Edg	gewa	ter	Aı	nne A	rundel
Funera		5. Social Security Number	6. Se	x	7. Age (In yrs. las	st birthday)	if Undar 1 Y		If Undar	24 Hrs.			_	
Directo		705-05-7444	12	Жм 2□ F	91	Yrs.	Months D	ays	Hours	Min.	8. Date of Bir (Month, Da Oct 11	y, Year) 19∩4	Mari	aplace (State or Foreign intry) y land
		Usual Residence of Decedent			7.2						000 11	1704	Hai	y Land
Mand Mand		10a. State 10b. Cou	nty		10c. City,	Town or Lo	cation							10d. Insida City Limits
Mary Mary Mary	ō	MD Anne	Aru	ndel		Edge	water							1 ☐ Yas 2 🛣 No
the 288	8	10e. Street and Number					10f. Zip Co	de				10g. Citizen o	of What Cou	intro?
urs after death with the Maryland al', or items 23e or 28a-f show Exercites must be notified at	Funeral Director		C	la Dood			101. Z.p 001	210	127					
s 23	20	4121 Cadle				40.1	Was Bassada at			1.0.0				States
ar de	S	11. Marital Status		Armed Fo	edant Evar in U,S. proes?	13.	f Yas, specify (Of Hisp Cuban,	Mexican	, Puerto	ecify Yas or No Rican, etc.)	- 14. H	ace - Aman lack, White	ica <i>n</i> Indian, , etc.
72 hours after natural", or its	by F	1 Never Married 2 N		1 ☐ Yes If Yes, Gi	ve X		1□ Yes 2X	No .	Specify:			Spec	cify:	
	P	3 Widowed 4 □ Divorce		Year or D										ite
72 l	Completed	15. Deced (Specify only hig	lent's Edu hest grad	cation e completed)		16a. Deced (Give	ient's Usual Oc kind of work do DO NOT use re	ccupationa dur	ion <i>ri</i> ng mosi	of work	ing	16b. Kind of	Business/ir	ndustry
within ene.	ğ	Elementary/Secondary (0-12	2)	College (1-4or 5+)									
A Sie	ပ္ပ			1		Su	perviso	or				Railro	oad	
nould be filed within I Mental Hygiene. Tarked other than natic avent, the In	Be	17. Fathar's Name (First, Midd	le, Last)					11	8. Mothe	r's Name	a (First, Middle,	Maiden Sum	ama)	
should b nd Ment marked umetic a	To	Allen P. Day	79 OD						1	010	Ward			
and h	-	19a. Informant's Name/Relation		rpe, Print)		19b. Mailir	ng Address (St	reet an			al Route Numb	er, City or Tou	m, Stata, Z	ip Coda)
s 1 and 2 should be filed within 72 hr f Health and Mental Hygiene. Itam 27 is marked other than "natu other traumetic avent, the IMHG cal		Virginia D. Pe	ttoh	ono-Si	stor	605	Amoria		n Dr	<i>#</i> 1 °	3 1	nolic	Marri	land 21/03
Ham Ham		20a. Method of Disposition	LLED	one-si	20b. Pla	ce of Dispo	sition (Name o	dila	1 DL	7/1	Date	20c. Location	n - City or T	land 21403 Town, Stata
Pages nent of int: If Its ary or o		1 Burial 2 Crematic			State	netery, crem	natory or ourar	piace		10/6/	/96			
		4 Donation 5 Other		- 1	Mayo	Unit	ed Meth	1. C	Ch. (Ceme	tery			Maryland
Departr Imports any inje		21. Signature of Fuer al Segu	de Licens	60	/1/	22	. Nama and A	ddrass	of Facilit	^y Johi	n M. Ta	ylor F	unera	1 Home, Inc
00386	1	- March	01	1. 4	ear	5 1	47 Duke	e of	E Glo	ouces	ster St	. Anna	polis	, MD21401
		23a. Part1. Enter the disaasa, shock, or heart failure. L	of compl	cations that	caused tha death.	Do not ent	ar tha mode of	dying,	such as	cardiac o	or raspiratory a	rrest,		Approximata Interval Between
Physiciar	,	orioon, or floure failure.											1 E	Onset and Death
/Medica	1	Immediate Cause (Final		PC	Van Oa al	1	Noa	+	F	00	und		1	la unal
Examine	r	disease or condition resulting In death)	8	a	Du Gest Due to fore	Cocc	140	<i>\(\)</i>	, ,	سد	·w			O MONT
-45	ē			<0	Burn to (or a	as a conseq	juence of):						i	2 m
entificate be axecuted ding physician and se as the burial-transit	듵			رر مر _ا	sec !	ever	ma						i	2 yri
and all-tra	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or Injury			Due to (or a	is a conseq	uence of):						1	
clan	<u>e</u>	cause. Enter Underlying Cause (Disaase or Injury	1	S. —————									i	
the st	edicai	that initiated events resulting in death) Last	1		Dua to (or a	s a conseq	uence of):						i	
eart centificate be executed attending physician and for use as the burtal-transit	Me		L											
tend or us	an D			J										
a d	0	Part II. Other significant cond	itions cor	tributing to d	eath but not result	ing in the u	nderlying caus	e given	in Part i		23b. Did	tobacco use	ontribute	to the causs of death?
es that the death cer igned by the attendin be detached for use	Physician	Severe	1	nente							10	Yas 2 No	3 Pr	obably 42 Unknows
pad a	by 8	- Dra cd	Der	rem										X
as been sign												an autopsy	24b. V	Vere autopsy findings
been si should	e e										perto	rmed?	C	vailable prior to ompletion of causa
has Je 2	Completed												0	f death?
D ag	S										10	Yes 2 XNo	1	□ Yas 12 No
s certificate director, pag	Be	25. Was case referred to medi axaminer?	cal					2	28. Piace	of Death	h (Check only o	na)		
O 00	2	1 ☐ Yes 2XXNo	F	lospital:	Inpatient 2 El	R/Outpatien	t 3D DOA	Other:	4 🗆 Nu	rsing Ho	me 5/E/Resid	dence 8 🗆 C	ther (Speci	ify)
		27. Mannar of Death		28a. Date	of Injury 2 th, Day Year)	8b. Time of injury	28c.	Injury a Work?	at .		28d. Describe	now injury occ	urred	
ath. r: After e funer	atio	1 Natural 5 Pen	ding stigation	(1001)	or, Day roar,	Hijury			s 2 🗆 1	No				
or Attance after deati	2	3 ☐ Sulcide 6 ☐ Cou	ld not be	28e. Place	of Injury - At hom	e, farm, str	eet, factory, off	fice			28f. Location (Street and Nur	nber or Rui	ral Routa Number,
Die afte	Certification:	4 Homicide		buildi	ng, etc. (Specify)						City or To	vn, State)		
Fille fille		29a. Certifier Cartif	vina Phys	lcien: To the	best of my knowle	adae deeth	occurred at th	a time	data an	d place	and due to the		manaar aa	stated
Fun Fun	90	(Check only 2 Medic	al Examin	ner: On the b	asis of examination	n and/or inv	estigation, in r	ny opin	nion, deal	th occurr	ed at the time,	date and place	e, and due	to the cause(s)
To the Hospital of Attanding Pri within 24 hours aftar death. To the Funeral Director: Aftar thi completaly filled in by the funeral	Medical	29b. Signature and title of cert	hor	and man	no stated.		29c. Lic	n estren	number			29d. Date sign	ned (Month	Day Yearl
₹ - 8		1 / 1	100,1	1.			250. ER	Jan 10 11						
		-/00/00	all	w)				D2	4768	3	Octobe	r 4,	1996
	18	30. Nama and address of pers	on who co	mpleted caus	se of death (Item 2	3a) (Type,	Print)						The Till	
		William A. Da	bbs,	M.D.	600 Ridg	ley A	venue A	nna	poli	s, N	ID 2140	1 (410-	-224-0	0070)
S	tate	31. Date filed (Month, Day, Ye	ar)							•				
Regis		OCT	0 8 19	196	gula Jav	doon-A	andell							

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	
_	TIEGIOTIVITI	OENTIFICATE OF DEATH	REG. NO.
1. D	ECEDENT'S NAME (First Miridia Last)		

	_	REGISTRAR		CERTIFIC	CATE OF	DEATH	REC	3. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) CHARLES WILLIA	M DEMORY	, JR.			2. DATE OF DE	ATH DAY	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	R 15, 17	B. BIRTHPLACE /State or Foreign
9		213-38-4829		56 YRS.	ONTHS DAYS	HOURS MIN.	Nov. 17	, 1939 I	Maryland
3 should	OC.	86. FACILITY NAME (If not institution, give a				OR LOCATION OF DI	EATH		TY OF OEATH
1. 2.	CTOR	SHADY GROVE AD	VENTIST HO	SPITAL	Rockv	ille		Mont	gomery
nit. Pages	DIRE		tgomery		town on Locat thers bu		1		10d. INSIDE CITY LIMITS? 1 YES 2XX NO
an. ransit permit.	FUNERAL	100. STREET AND NUMBER 10044 Maple Leaf			101	20879			ted States
215-0020 attending physician. ise as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 VAO ATES	If yea, sp	ecify Cuben, Mexica 2 NO Specifi	in, Puerto Rican, e	offy Yes or No 1 tc.)	IA. RACE — American Indian, Black, White, atc. Specify: White
7215-0	TED	15. DECEDENT'S EDUC (Specify only highest grade		16a. OECEDENT'S US	k done during mo	ON at of working	16b. KINO (OF BUSINESS/INDU	STRY
0 0	COMPLET	Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	Contrac	retired.)	l	Con	nmercial	
The hospital detached to	WO:	17. FATHER'S NAME (First, Middle, Last)		001101 01	3001	18. MOTHER'S NA	ME (First, Middle, A		
2 2 2 x	i w	Charles W. Demory	, Sr.				rma Carr		
MA retain 5 sho	5	Judy Demory, Wife	2					or Town, State, Zip C	, Md. 20879
RE, nay be		20s, METHOD OF DISPOSITION	20b	. PLACE AND DATE OF	DISPOSITION (Na	me of		Oc. LOCATION - CI	
Page 6 ma al director, p		XIX Burial 2 Gremation 3 Remo	Lo	ovettsvil	le Union	n 10/1	9/96 1	ovettsv	ille, Virginia
hours after death. Pe ed in by the funeral or or removal.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 2					eral Home	e 20882 , Maryland
In by the remova		23. PART I. Enter the diseases, pro	emplications that caused List Dnly one cause on a	d the deeth, Dp npt	enter the mo	de of dying, auc	h an cerdiac pr	reapiratory arres	st, Approximata
filled in b on, or ren		IMMEDIATE CAUSE /Final				,	7		Interval Between Onset and Death
d within ompletely I. cremati		resulting in death)	DUE TO (OR AS A	MYDCARDI	AZ IN	FANCTIC	ON		MINUTES
587 scuted and computation		Construction Not according	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	24 ART	ERV	DISEASO			years.
be ear	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
Ufficate Ufficate Upys iene pr	띪	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
ath cer ttendin		resulting in death) LAST	i						
HDS, at the dea by the att and Menta		PART II. Other aignificant condition	a contributing to death b	out not resulting in	the underlying	ceuse given in		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
D = B = R	MEDICAL	Hypentense	2					res 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
of He	ME	DID TOPACCO HEE CONTE	DIRLITE TO CALLEE O	E DE ATU VEC		1 1111000000			1 WES 2 NO
AL has b	AN	DID TOBACCO USE CONTE		26. PLACE OF DEATH		UNCERTAIN			
SICIAN: The certificate h the State I		EXAMINER? 1 SYES 2 NO	HOSPITAL:		THER:	e 5 ☐ Residence	6 Other (Specif	(y)	
S PHY C	ву РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (M 1 Y	RK? 'ES 2 NO	28d. DESCRIBE	HOW INJURY OCCU	RED
DR ATTENDIN DIRECTOR: An hours after dea	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, tarm, stre	et, factory, office		281, LOCATION (City or Town,	Street and Number or State)	Rural Route Number,
Z Z Z	AP.		CIAN: To the bast of my knowl R: On the beels of examination						l, ceuse(e) and manner as stated.
본 본 골 중	BE	295. SIGNATURE AND SITLE OF CENTSHER)		29c. LICENSE NUM	ABER ,	29d, DATE S	SIGNED (Month, Day, Year)
5 5 % E	O	30. HAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, Pr	int)	2019	7	100	TOBER 15, 1996 0850.
0.9			7901 · Medica,	1 Center	Drive	Rock	ille 1	Md. 2	0850.
		31. DATE FILED (Morith, Day, Ybar) OCT 2 2 199	6 Julia of hurde	ATURE Rardall			,		
			7						



State of Maryland / Department of Health and Mental Hygiene 96

						Certificate	UI Deall	R	eg. No.				
		30	1. Decedent's Neme (First, Middle, L	ast)				2. Dete of Deet	th		3. Time of Death		
	Physici		BLANCA LIGIA	PELAEZ DI	E TORO			Month OCTOBER	1, 199	Year 6	5:00 PM		
	/Medio Examir		4a. Facility Name (If not Institution, g				4b. City, Town, or	Location of Death	4c. County				
	LAGIIII	161	SHADY GROVE AD	VENTIST F	HOSPIT	rat,	ROCKVI	LLE	MONT	GOMER	Y		
-	Funeral			Sex 7. Ag	e (In yrs. last	birthdey) If Under 1	Year If Undar 24 Hr	6. Dete of Birth			a (Steta or Foreign		
	Director		NONE Usuel Residence of Decedent	1 M 2 F	74	Yrs. Months	Deys Hours Mir	NOV. 28	, 1921	COLON	BIA		
200	ž=		10a. Stete 10b. County		10c. City, To	own or Location				10d.	Inside City Limits		
- Pool		ō	N/A N/A		Santa	Fe do Bog	ota				1 Ves 2 No		
ede	100	Director	10e. Street and Number		Ounta	10f. Zip C		1	Og. Citizen of V	Vhat Country	7		
del.	0 2	Ö	Calle 101, No. 4	18-87 Ant	C=202	N/			Colomb				
dea	2 2	era	11. Meritel Stetus	12. Was Decedent I			nt of Hispanic Origin? (Specify Yes or No-		e - American	indien.		
broken 27 richim holy and a series of the holy	the Medical Examiner must be notified at	by Funeral	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forcas?		If Yes, specif	y Cuben, Mexican, Pua	rto Rican, etc.)		k, White, atc.			
within 70 hours of	E E	Completed	15. Decedent's	Education	16	Sa. Decedent's Usuel	Occupation		16b. Kind of Bu	isiness/indus	itry		
100	Della	bie	(Specify only highast g Elementery/Secondary (0-12)	rada completed) College (1-4or 5	54)	(Give kind of work tife. DO NOT use	done during most of w retired)	orking					
la serie	Hyglene. ther than	E	12	Oollege (1-401 5	,,,	Housewi	fe		Own Hom	e			
of 2 should be file	d other event, II	Be C	17. Father's Name (First, Middla, Las	st)	,		18. Mother's No	r's Neme (First, Middle, Meiden Surneme)					
4	4 D 9	To B	Pablo	Pelaez			María	0	rtiz				
ehor		-	19e. Informent's Name/Reletionship	(Type, Print(daua	hter) 1	9b. Mailing Address (Street end Number or F	Rural Route Number	City or Town,	Stete, Zip Co	ode)		
Chas	7 2 6		Maria Eugenia To				is Drive, G						
mit Denge 1 ar	Department of Heelth Important: If Item 27 any injury or other tri		20e. Method of Disposition	0	20b. Pleca	of Disposition (Neme	e of	Dete	20c. Location -				
900	into F. H. P		1 ☐ Burial 2 ☐ Cremetion 3 4 ☐ Denation 5 ☐ Other (Spec			tary, crematory or oth		Oct. 3,	4.1				
.:	ritar		21. Signalum of Funeral Sarvice Lic		Metro	opolitan C					Virginia		
and a	mp any any		21. Signal of Foliation Salvice Ele	4				DeVol Fun					
			Jary Mr	. / Just		I I	Deer Park			burg,	MD 2087		
P	hysician ¹	i v	23a. Part . Enter the drivese, or co shock, or heart failure. List on	mp/cations that caused ly one cause on each lin	d the deeth. D	o not anter the moda	of dying, such as cardi	ac or respiratory err	est,	In	pproximete tervel Between nset and Deeth		
			a management of the second										
ķ٠,	/Medical		Immediate Cause (Finel disaesa or condition	STAPHY	LOCOCC,	AL MENINGI	TIS						
ķ٠,	/Medical xaminer	ı.		ө		AL MENINGI a consequence of):	TIS			1			
E	xaminer	iner	disaesa or condition	θ	Due to (or es								
E	xaminer	caminer	disaesa or condition resulting In death)	SEPTIC	Due to (or es	a consequence of):							
E	xaminer	I Examiner	disaesa or condition resulting In death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying	SEPTIC	Due to (or es	a consequence of): IZATION TO							
E	xaminer he buriel-transit		disaesa or condition resulting In death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	SEPTIC	Due to (or es EMBOL Due to (or es	a consequence of): IZATION TO							
ilicate he executed	xaminer he buriel-transit		disaesa or condition resulting In death) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury	SEPTIC	Due to (or es EMBOL Due to (or es	a consequence of): IZATION TO e consequence of):							
addicate he executed	ing physician and se es the buriel-transit	/Medical	disaesa or condition resulting In death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	SEPTIC	Due to (or es EMBOL Due to (or es	a consequence of): IZATION TO e consequence of):							
haptonia at atalificate the averaged	ittending physician and its coruse es the buriel-transit	/Medical	disaesa or condition resulting In death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	SEPTIC c	Due to (or es EMBOL Due to (or es Due to (or es	a consequence of): IZATION TO e consequence of): e consequence of):	BRAIN	23b. Did to	obacco uss co	ntribute to th	e causs of death?		
between at starifficant disable att	by the attending physician and sched for use es the buriel-transit	/Medical	disaesa or condition resulting In death) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	SEPTIC c	Due to (or es EMBOL Due to (or es Due to (or es	a consequence of): IZATION TO e consequence of): e consequence of):	BRAIN	23b. Did to			e causs of death?		
had the dead free first and a second and test	by the attending physician and sched for use es the buriel-transit	Physician/Medical	disaesa or condition resulting In death) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	SEPTIC c	Due to (or es EMBOL Due to (or es Due to (or es	a consequence of): IZATION TO e consequence of): e consequence of):	BRAIN						
the clearly cardicals be executed	gned by the attending physician and be detached for use es the buriel-transit	by Physician/Medical	disaesa or condition resulting In death) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	SEPTIC c	Due to (or es EMBOL Due to (or es Due to (or es	a consequence of): IZATION TO e consequence of): e consequence of):	BRAIN	1 □ Y	an eutopsy	3 Probab	oly 4 Unknown		
between the death redifficate by settings	been signed by the attending physician and should be detached for use es the buriel-transit	by Physician/Medical	disaesa or condition resulting In death) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	SEPTIC c	Due to (or es EMBOL Due to (or es Due to (or es	a consequence of): IZATION TO e consequence of): e consequence of):	BRAIN	1 🗆 Y	an eutopsy	3 Probab	eutopsy findings ble prior to letion of causa		
the property of the dead of the property of th	bs been signed by the attending physician and 2 should be detached for use es the buriel-transit	by Physician/Medical	disaesa or condition resulting In death) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	SEPTIC c	Due to (or es EMBOL Due to (or es Due to (or es	a consequence of): IZATION TO e consequence of): e consequence of):	BRAIN	1 ☐ Y	an eutopsy med?	3 Probab 24b. Were evalla comp of dea	eutopsy findings ble prior to letion of causa ath?		
The law requires that the death certificate be executed	ate hes been signed by the attending physician and page 2 should be detached for use es the buriel-transit	Completed by Physician/Medical	disaesa or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Part II. Other significant conditions	SEPTIC c	Due to (or es EMBOL Due to (or es Due to (or es	a consequence of): IZATION TO e consequence of): e consequence of):	BRAIN use given in Pert I.	1 Y	an eutopsy med?	3 Probab	eutopsy findings ble prior to letion of causa ath?		
The law requires that the close the conficulty and and an analysis	ate hes been signed by the attending physician and page 2 should be detached for use es the buriel-transit	Be Completed by Physician/Medical	disaesa or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer?	s. SEPTIC c. d. contributing to death be	Due to (or es EMBOL Due to (or es Due to (or es ut not resulting	a consequence of): IZATION TO e consequence of): e consequence of): g in the underlying car	28. Place of D. Other.	1 Your Young Seeth (Check only on	in eutopsy med?	3 Probab 24b. Were evalla comp of des	eutopsy findings ble prior to letion of causa ath?		
The law requires that the close the conficulty and and an analysis	this certificate hes been signed by the attending physician and all director, page 2 should be detached for use es the buriel-transit	To Be Completed by Physician/Medical	disaesa or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 X No	SEPTIC b. SEPTIC c. d. contributing to death be	Due to (or es EMBOL Due to (or es Due to (or es ut not resulting	a consequence of): IZATION TO e consequence of): e consequence of): g in the underlying car Outpetient 3 □ DOA	28. Place of D. Other: 4 \(\triangle \text{ Nursing} \)	1 Y 24a. Wes a perion 1 Y eeth (Check only on thoma 5 Reside	in eutopsy med? as 2 No	3 Probab 24b. Were evails comp of des 1 Y	eutopsy findings ble prior to letion of causa ath?		
Physician. The law requires that the death caddicate he executed	r this certificate hes been signed by the attending physician and maintail director, page 2 should be detached for use as the buriel-transit	To Be Completed by Physician/Medical	disaesa or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 X No 27. Menner of Death 1 X Nel Yes Nel Yes	SEPTIC b. SEPTIC c. d. d. d. death but death	Due to (or es EMBOL Due to (or es Due to (or es ut not resulting	a consequence of): IZATION TO e consequence of): e consequence of): g in the underlying car Outpetient 3□ DOA o. Time of Injury 28	28. Place of Do Other: 4 Nursing	1 Your Young Seeth (Check only on	in eutopsy med? as 2 No	3 Probab 24b. Were evails comp of des 1 Y	eutopsy findings ble prior to letion of causa ath?		
Physician: The law requires that the death certificate be executed.	h. After this certificate hes been signed by the attending physician and tuneral director, page 2 should be detached for use es the buriel-transit	To Be Completed by Physician/Medical	disaesa or condition resulting in death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions 25. Was case referred to medical exeminer? 1	SEPTIC b. SEPTIC c. d. d. d. death but death but death but death but death but death but death but death but death but death but death but death but death but death but death but death but death d	Due to (or es EMBOL Due to (or es Due to (or es ut not resulting	a consequence of): IZATION TO e consequence of): e consequence of): g in the underlying car Outpetient 3 □ DOA o. Time of Injury M	28. Place of Do Other: 4 \(\text{Nursing} \) c. Injury et Work? 1 \(\text{Yes} \) 2 \(\text{No} \) No	24a. Wes a perior 1 74 Yes th (Check only or Homa 5 Reside	in eutopsy med? as z No ne) ence 6 Othow Injury occurrence.	3 Probab 24b. Were evalla comp of dee 1 Yeer (Specify) red	eutopsy findings ble prior to letion of causa sth? res 2 No		
Physician: The law requires that the death certificate be executed.	octor: After this certificate has been signed by the attending physician and by the funeral director, page 2 should be detached for use es the buriel-transit of	To Be Completed by Physician/Medical	disaesa or condition resulting in death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 X No 27. Menner of Death 1X Neturel 5 Pending investigati	SEPTIC b. SEPTIC c. d. d. d. death but death but death but death but death but death but death but death but death but death but death but death but death but death but death but death but death d	Due to (or es EMBOL Due to (or es Due to (or es ut not resulting ent 2 ER/ry ry y Year) 28t	a consequence of): IZATION TO e consequence of): e consequence of): g in the underlying car Outpetient 3□ DOA o. Time of Injury 28	28. Place of Do Other: 4 \(\text{Nursing} \) c. Injury et Work? 1 \(\text{Yes} \) 2 \(\text{No} \) No	1 Y 24a. Wes a perion 1 Y eeth (Check only on thoma 5 Reside	in eutopsy med? as 2 No ne) ence 6 Othow injury occurred and Numb	3 Probab 24b. Were evalla comp of dee 1 Yeer (Specify) red	eutopsy findings ble prior to letion of causa sth? res 2 No		
or Attending Physician. The law monitoe that the death cardificate he awaysted	octor: After this certificate has been signed by the attending physician and by the funeral director, page 2 should be detached for use es the buriel-transit of	Certification: To Be Completed by Physician/Medical	disaesa or condition resulting in death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1	B. SEPTIC c. d. d. d. death but the death b	Due to (or es EMBOL Due to (or es Due to (or es ut not resulting ent 2 ER/ ent 2 ER/ ent y Year) 28t ury - At home, c. (Specify)	a consequence of): IZATION TO e consequence of): e consequence of): g in the underlying car of injury M ferm, street, factory,	28. Place of D. Other: 4 \(\text{Nursing} \) c. Injury et Work? 1 \(\text{Yes} \) 2 \(\text{No} \) No office	24a. Wes a performance of the control of the contro	in eutopsy med? as 2\times No one) ance 6 Othors on injury occurrent and Numb n, State)	3 Probab 24b. Were evaila comp of des 1 year (Specify) red	eutopsy findings ble prior to letion of causa ath? fes 2 No		
Hospital or Attending Physician: The law requires that the death cartificate to executed	4 hours after death. Funeral Director: After this certificate has been signed by the attending physician and tely filled in by the funeral director, page 2 should be detached for use es the buriel-transit and tely filled in by the funeral director, page 2 should be detached for use es the buriel-transit and tely filled in by the funeral director, page 2 should be detached for use es the buriel-transit.	edical Certification: To Be Completed by Physician/Medical	disaesa or condition resulting in death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical examiner? 1 Yes 2 X No 27. Menner of Death 1 X No No No No No No 2 Accident S Pending Investigation 3 Suicide S Could not determine 29a. Certifier 1 Cartifying F	B. SEPTIC c. d. d. loontributing to death be contributing y the contribution of the contributio	Due to (or es EMBOL Due to (or es Due to (or es ut not resulting ent 2 ER/ ry y Year) 28t ury - At home, c. (Specify) axamination atted.	a consequence of): IZATION TO e consequence of): e consequence of): e consequence of): g in the underlying car Outpetient 3 DOA Time of Injury M ferm, street, factory,	28. Place of Do Other: 4 \(\text{Nursing} \) c. Injury et Work? 1 \(\text{Yes} \) 2 \(\text{No} \) office	24a. Wes a perform 1 7 Yes the (Check only or Homa 5 Residue 28d. Describe homa 28f. Location (Single or Town 1 a, and due to the catalogue 1 a. and due to the catalogue 2 A catalogue	in eutopsy med? as 2\times No ne) ence 6 Othow Injury occurrent and Numb n, Stete) ause(s) and ma	3 Probab 24b. Were evalla comp of des 1 Y er (Specify) red	eutopsy findings ble prior to letion of causa sth? res 2 No Noute Number,		
Hospital or Attending Physician: The law requires that the death cartificate to executed	4 hours after death. Funeral Director: After this certificate has been signed by the attending physician and tely filled in by the funeral director, page 2 should be detached for use es the buriel-transit and tely filled in by the funeral director, page 2 should be detached for use es the buriel-transit and tely filled in by the funeral director, page 2 should be detached for use es the buriel-transit.	Certification: To Be Completed by Physician/Medical	disaesa or condition resulting in death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 X No 27. Menner of Death 1 X leturel solutions investigation in the significant of t	d. Hospital: 1 M Inpatie 28e. Dete of Inju (Month, De) 28e. Place of Inju beid 28e. Place of Inju beid 28e. Place of Inju building, etc Physician: To the best of aminer: On the Jesis of	Due to (or es EMBOL Due to (or es Due to (or es ut not resulting ent 2 ER/ ry y Year) 28t ury - At home, c. (Specify) axamination atted.	a consequence of): IZATION TO e consequence of): e consequence of): e consequence of): o in the underlying car o in the un	28. Place of Do Other: Work? 1 Yes 2 No office	24a. Wes a perform 1 74 Yes seth (Check only or Homa 5 Reside 28d. Describe his 28f. Location (Single or Town	in eutopsy med? as 2\times No ne) ence 6 Othow Injury occurrent and Numb n, Stete) ause(s) and ma	3 Probab 24b. Were evalla comp of dea 1 Year (Specify) red er or Rural Runner as stete and due to the	eutopsy findings ble prior to letion of causa sth? res 2 No foute Number, a cause(s)		
Hospital or Attending Physician: The law requires that the death cartificate to executed	octor: After this certificate has been signed by the attending physician and by the funeral director, page 2 should be detached for use es the buriel-transit of	edical Certification: To Be Completed by Physician/Medical	disaesa or condition resulting in death) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 X No 27. Menner of Death 1 X Neturel 5 Pending investigations 2 Accident 3 Suicide 6 Could not determine 29a. Certifier (Check only one) 1 Cartifying F (Check only one)	d. SEPTIC b. SEPTIC c. d. Scontributing to death be contributing 28e. Place of Injury building, etc. Physician: To the best of and granner start of the contribution.	Due to (or es EMBOL Due to (or es Due to (or es ut not resulting unt not resulting part 2 ER/ ry ry ry y Year) 28t ury - At home, c. (Specify) of my knowled a examination of	a consequence of): IZATION TO e consequence of): e consequence of): e consequence of): o in the underlying car o in the un	28. Place of Do Other: 4 Nursing c. Injury et Work? 1 Yes 2 No office	24a. Wes a performance of the control of the contro	as 2 No nee) an eutopsy med? as 2 No nee) ance 6 Othorow Injury occurs treet and Numb ause(s) and ma ete and plece, a	3 Probab 24b. Were evailated composition of destance or flower or	eutopsy findings ble prior to letion of causa ath? letion of causa ath? loute Number, a cause(s) y, Year)		

State

Registrar

31. Dete filed (Month, Dey, Year)

OCT 0 8 1996

32. Registrer's Signeture

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 1 7 2 7

Physici				C	ortinout	e or i	Death		Reg. No.				
Physici	gii)	1. Decedent's Neme (First, Middle, La	ast)					2. Dete of Dee	eth	V	3. Time of Deel		
•		NORMAI	N ALFRED		DISSI	TN		Month OCTOBER	Dey 4, 199	Year 16	9:15 AM		
/Medic Examir		4a. Facility Name (If not institution, gi			DISS		b. City, Town, or	Location of Death			J.LJ AM		
LAGIIII		SPRINGVALE TERRA	ACE RETTREM	ENT HOME	7		SILVER S	SPRING		GOMER	2 Y		
Francisco				(In yrs. lest birtho		- 1	If Under 24 Hr						
Funeral Director			1∏ M 2□ F	76 Yrs	Months	Days	Hours Mir	1. (Month, De	10, 19:	Coun 20 NI	lece (Stete or For try) EW_YORK		
show		10a. State 10b. County		10c. City, Town o	or Location					1	0d. Inside City Lin		
28a-f st	Director	MARYLAND MONTGOM 10e. Street and Number	ERY	SILVER	SPRING 10f. Zip	Code			10a. Citizen of	What Coun	1 ☐ Yes 2 ☐ X		
20 00	ā	8505 SPRINGVALE	DOAD		1011 211		010						
# 23a	era	11. Maritel Status	12. Was Decadent Ev	or in 11 C	13 Mas Deced		910	Cassify Van av Na	UNITE	O STA			
ene. than "naturel", or items 23a or 28a-f show he Medical Examiner must be notified at	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 X Yes 2 No If Yes, Give Yeer or Dates: W		if Yes, spec	37	Specify:	Specify Yes or No- rto Rican, etc.)	Specif	ck, White, o	etc.		
"naturel",		15. Decedent's E			ecedent's Usua	al Occups	ation		16b. Kind of B		LTE		
piene. r than "natur the Medical	Completed	(Specify only highest gr	ede completed)	(G	Give kind of wor	rk done o	during most of we	orking	TOO. KING OF D	USHI I SAFRIC	Justiy		
il Hygiene. other than	mc	Elementery/Secondary (0-12)	College (1-4or 5+)			,		TI A D.D.T	7455			
Hygi ther int,		17. Fether's Neme (First, Middle, Last	<u>_</u>	L(CKSMIT	Н	18 Mother's Na	ame (First, Middle,	HARDV				
f Health and Mental Hyg tam 27 is marked other other traumatic event,	Be								Meldell Sullier	ne)			
marked	2	ADOLPH DIS					ANNI	E GOLDEN					
le m		19a. Informant's Name/Reletionship						Rural Route Numbe					
Health am 27 other tr		JACKQUELYN SIMON	(DAUGHTER)	522	25 POOK	S HI	LL RD #	1122N - H	BETHESDA	A, MD	20814		
of Hear I Itam		20e. Method of Disposition	7-	20b. Place of Di cametery.	isposition (Nen cremetory or or	ne of ther plea	e)	Date	20c. Location	- City or To	wn, State		
		1 XBurlal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special Control of the Contr		, ,			,	Y 10/7/9	S WASH	INCTO	N, DC		
Department Important: I any Injury o		21. Signature of Funeral Servica Lice			22. Name en			1 10///3	WASII	INGIO	N, DC		
Department Important: I any injury o		12-Alla						MEMORIA	L CHAPE	LS. I	NC.		
		Jack William	Drown	2200	1170 RC	OCKV:	ILLE PIK	KE - ROCK	VILLE,				
		23 F rt1. Inter the diseese, or com shock or heert failure. List only	one cause on each line	ne deeth. Do not	enter the mod	e of dying	g, such as cardia	ac or respiretory er	rest,		Approximate interval Between		
ysician			- 0	1	1						Onset end Death		
Medical		Immedi	Conv	in	12.11	1					1		
aminer		resulting in death)	a.	ue to (or as e cor		nu	19/1		hya				
	ē					1-21.							
nsit	Examiner		b	very,		Lla	4	reaun	7/04n				
enc al-tra	xa	Sequentielly list conditions, if any, leading to immediate	1 12	ue to (or as a dof	andneude ot):	İ	1 1				>100		
physician end is the bunal-trans		cause. Enter Underlying Course (Disease or injury Co. Howard Chart Meant Minus									11092		
hys	edical		Di	ue to (or es a con				7/	Man				
	9	that initiated events resulting in death) Lest Due to (or es a consequence of):									-1-		
01.00	5	that Initiated events			isequence of):						1		
Jin Se 8	3	that Initiated events	d		isequence or):					1			
ittending for use a	3	that initiated events resulting in death) Lest	d	not reculting in th		OLICO GÍNO	on le Dort i	22h Dide		atelbute to			
ittending for use a	3	that Initiated events	d	not resulting in th		euse give	en in Pert i.				the cause of dea		
by the attending tached for use a	Physiclan/M	that initiated events resulting in death) Lest	d	not resulting in th		euse give	en In Pert i.		obacco use co	ntribute to	the cause of dea		
gned by the attending be detached for use a	by Physician/M	that initiated events resulting in death) Lest	d	not resulting in th		euse give	en In Pert I.	101	788 2□ No	3 Prob	the cause of dea		
gned by the attending be detached for use a	by Physician/M	that initiated events resulting in death) Lest	d	not resulting in th		euse give	en in Pert i.		786 2□ No en eutopsy	3 Prob	the cause of dea		
as been signed by the attending 2 should be detached for use a	by Physician/M	that initiated events resulting in death) Lest	d	not resulting in th		euse give	en In Pert I.	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	786 2□ No en eutopsy	3 Prob	the cause of des		
has been signed by the attending ge 2 should be detached for use a	by Physician/M	that initiated events resulting in death) Lest	d	not resulting in th		euse give	en in Pert i.	1□1 24a. Wes operfor	res 2□ No en eutopsy med?	24b. We ava	the cause of dea		
ate has been signed by the attending page 2 should be detached for use a	e Completed by Physician/M	that initiated events resulting in death) Lest Part II. Other eignificant conditions of	d	not resulting in th		euse give		1 N	en eutopsy med?	24b. We ava	the cause of des		
ate has been signed by the attending page 2 should be detached for use a	Be Completed by Physician/M	Part II. Other eignificant conditions of the con	d		ne underlying or	Othe	26. Place of De	24a. Wes of performance of the search (Check only on the search of the s	en eutopsy med?	24b. We ava	the cause of dealers ability 4 Unknown to the eutopsy finding allable prior to noletion of cause leath?		
this certificate has been signed by the attending all director, page 2 should be detached for use a	To Be Completed by Physician/M	Part II. Other eignificant conditions of examiner? 1 Yes 2 No	d	2X ER/Outpa	ne underlying or	A Othe	26. Place of De	24a. Wes of performance of the p	en eutopsy med? es 2 No en eutopsy med? es 2 No ene 6 Oth	24b. We ava con of c	the cause of dealers ability 4 Unknown to the eutopsy finding allable prior to noletion of cause leath?		
ifter this certificate has been signed by the attending uneral director, page 2 should be detached for use a	To Be Completed by Physician/M	part II. Other eignificant conditions of the con	d	2X ER/Outpa 28b. Tim	atient 3 DO	A Other	26. Place of De	24a. Wes of performance of the search (Check only on the search of the s	en eutopsy med? es 2 No en eutopsy med? es 2 No ene 6 Oth	24b. We ava con of c	the cause of dealers ability 4 Unknown to the eutopsy finding allable prior to noletion of cause leath?		
Affer this certificate has been signed by the attending funeral director, page 2 should be detached for use a	To Be Completed by Physician/M	part II. Other eignificant conditions of the con	d	2X ER/Outpa 28b. Tim	ne underlying or	A Other	26. Place of De	24a. Wes of performance of the p	en eutopsy med? es 2 No en eutopsy med? es 2 No ene 6 Oth	24b. We ava con of c	the cause of dealers ability 4 Unknown to the eutopsy finding allable prior to noletion of cause leath?		
in oestir. ector: Afer this certificale has been signed by the attending by the funeral director, page 2 should be detached for use a	To Be Completed by Physician/M	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending Investigation 3 Sulcide 6 Could not be	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day)	2 ER/Outpe 28b. Tim Injui	atlient 3 DO	A Other	26. Place of De	24a. Wes a performance of the pe	es 2 No es 2 No es 2 No es 2 No es 6 Otto owinjury occur treet end Numit	24b. We ave con of a	the cause of despetible. The cause of despetible to the cause of the		
Director: After this certificate has been signed by the attending in by the funeral director, page 2 should be detached for use a	To Be Completed by Physician/M	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending Investigation 3 Sulcide 6 Could not be	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day)	2 ER/Outpe 28b. Tim Injui	atlient 3 DO	A Other	26. Place of De	24a. Wes a performance of the pe	es 2 No es 2 No es 2 No es 2 No es 6 Otto owinjury occur treet end Numit	24b. We ave con of a	the cause of despetible. The cause of despetible to the cause of the		
instructions. The rocar: After this certificate has been signed by the attending in by the funeral director, page 2 should be detached for use a	Certification: To Be Completed by Physician/M	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day) 28e. Piece of Injury building, etc.	2X ER/Outpa 28b. Tim Inju	atlent 3 DO e of ry M , street, fectory,	OA Other	26. Place of De Pr. 4 Nursing l at ?? /es 2 □ No	24a. Wes a performance of the pe	es 2 No ne eutopsy med? es 2 No ne) enca 6 Oth ow injury occur treet end Numb n, Stete)	24b. We ave corrol of c	the cause of dealers ability 4 Unknown under the unit of the unit		
Mrector: After this certificate has been signed by the attending in by the funeral director, page 2 should be detached for use a	Certification: To Be Completed by Physician/M	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending Investigation 3 Sulcide 6 Could not be determined.	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day) 28e. Piece of Injury building, etc.	2X ER/Outpe 28b. Tim Injui - At home, farm, (Specify) my knowledge, de	attent 3 DO 21 of y M , street, fectory, eeth occurred a	Bc. Injury Work 1 1	26. Place of De at Yes 2 No e, dete and plece	24a. Wes operform 1 Yes the Check only on thome 5 Resided 28d. Describe here. 28f. Location (5 City or Towne, and due to the centre of the cen	en eutopsy med? es 2 No es 2 No es 2 No es 6 Ott ow injury occur treet end Numb n, Stete) ause(s) and mi	24b. We ave corrol of control of	the cause of dealers ability 4 Unknown under the		
Director: After this certificate has been signed by the attending in by the funeral director, page 2 should be detached for use a	edical Certification: To Be Completed by Physician/M	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 2 Accident 3 Sulcide Getermined 4 Homicide 29a. Certifier (Check only one)	Hospital: 28a. Date of Injury (Month, Day) 28e. Piece of Injury building, etc.	2X ER/Outpe 28b. Tim Injui - At home, farm, (Specify) my knowledge, de	atient 3 DO le of 20 le of y M le street, fectory, street, occurred a r investigation,	8c. Injury Work 1 1 3	26. Place of De at fes 2 No e, dete and plec linion, geath occ	24a. Wes a performance of the performance of the performance of the performance of the performance of the performance of the time, of the performance of the time, of the performance of the time, of the performance of the performance of the time, of the performance of the perform	es 2 No en eutopsymed? es 2 No ene) enca 6 Ott ow injury occur treet end Numb n, Stete) ause(s) and milete end piece,	24b. We ave cor of control of the core (Specify red specify red specific red specific red specific red specific red specific red specific red specific red specific red speci	the cause of dealers and dealers and dealers and		
iner oean Tires coen: After this certificate has been signed by the attending In by the funeral director, page 2 should be detached for use a	edical Certification: To Be Completed by Physician/M	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 2 Accident 3 Sulcide 4 Homicide 29a. Certifier (Check only)	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day) 28e. Piece of Injury building, etc.	2X ER/Outpe 28b. Tim Injui - At home, farm, (Specify) my knowledge, de	atient 3 DO le of 20 le of y M le street, fectory, street, occurred a r investigation,	Bc. Injury Work 1 1	26. Place of De or: 4 Nursing at :? fes_ 2 □ No e, dete and plece inion, gleath occurrence onumber 4	24a. Wes a performance of the control of the control of the control of the control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the control of the course of the co	en eutopsy med? es 2 No es 2 No es 2 No es 6 Ott ow injury occur treet end Numb n, Stete) ause(s) and mi	24b. We ave cor of control of the core (Specify red specify red specific red specific red specific red specific red specific red specific red specific red specific red speci	the cause of dealers and dealers and dealers and		
Director: After this certificate has been signed by the attending in by the funeral director, page 2 should be detached for use a	edical Certification: To Be Completed by Physician/M	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 2 Accident 3 Sulcide Getermined 4 Homicide 29a. Certifier (Check only one)	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day) 28e. Piece of Injury building, etc.	2X ER/Outpe 28b. Tim Injui - At home, farm, (Specify) my knowledge, de	atient 3 DO le of 20 le of y M le street, fectory, street, occurred a r investigation,	8c. Injury Work 1 1 3	26. Place of De at fes 2 No e, dete and plec linion, geath occ	24a. Wes a performance of the control of the control of the control of the control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the control of the course of the co	es 2 No en eutopsymed? es 2 No ene) enca 6 Ott ow injury occur treet end Numb n, Stete) ause(s) and milete end piece,	24b. We ave cor of control of the core (Specify red specify red specific red specific red specific red specific red specific red specific red specific red specific red speci	the cause of dealers and dealers and dealers and		
in by the funeral director, page 2 should be detached for use a	Medical Certification: To Be Completed by Physician/M	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 2 Accident 3 Sulcide Getermined 4 Homicide 29a. Certifier (Check only one)	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day) 28e. Piece of Injury building, etc.	2X ER/Outpa 28b. Tim Injui 7- At home, farm, (Specify) my knowledge, de varnination and/ord	atient 3 DO le of ry M , street, fectory, eeth occurred a r investigation,	8c. Injury Work 1 1 3	26. Place of De or: 4 Nursing at :? fes_ 2 □ No e, dete and plece inion, gleath occurrence onumber 4	24a. Wes a performance of the control of the control of the control of the control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the control of the course of the co	es 2 No en eutopsymed? es 2 No ene) enca 6 Ott ow injury occur treet end Numb n, Stete) ause(s) and milete end piece,	24b. We ave cor of control of the core (Specify red specify red specific red specific red specific red specific red specific red specific red specific red specific red speci	the cause of dealers o		
is death: ** After this certificate has been signed by the attending by the funeral director, page 2 should be detached for use a	Medical Certification: To Be Completed by Physician/M	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 2 Accident 3 Sulcide 6 Could not be determined 29a. Certifier (Check only one) 29b. Signature and title of certifier	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day) 28e. Piece of Injury building, etc.	2X ER/Outpa 28b. Tim Injui 7- At home, farm, (Specify) my knowledge, de varnination and/ord	atient 3 DO le of ry M , street, fectory, eeth occurred a r investigation,	8c. Injury Work 1 1 3	26. Place of De or: 4 Nursing at :? fes_ 2 □ No e, dete and plece inion, gleath occurrence onumber 4	24a. Wes a performance of the control of the control of the control of the control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the course of the time, control of the control of the course of the co	es 2 No en eutopsymed? es 2 No ene) enca 6 Ott ow injury occur treet end Numb n, Stete) ause(s) and milete end piece,	24b. We ave cor of control of the core (Specify red specify red specific red specific red specific red specific red specific red specific red specific red specific red speci	the cause of dealer with the cause of dealer to unknown and the cause of dealer to unk		

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death **Physician** ALTON, Month OSEPH 1:00 PM rtober 4 /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Suburban Hospital Bethesda Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Year 6. Sex 9. Birthplace (State or Foreign Country) New Jersey 7. Age (In yrs. last birthday) **Funeral** 15€M 2□ F Months Days 70 Yrs. 140-18-3974 Director Usual Residence of Deceden with the Maryland 10a. State 10b. County 10c. City, Town or Location If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Madical Examiner must be notified at 10d. fnside City Limits 1 Yes 2 No Maryland Directo Montgomery Potomac 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10004 Weatherwood Court 20854 United States death 12. Was Decedent Evar in U,S Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or iter any injury or other traumatic avant 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 1 Nevar Married 21X Marriad Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: 2 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) Coilege (1-4or 5+) Safety Manager Federal Government 5+ 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Joseph Michael Dalton, Sr. Rose Marie Sutch 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Joan R. Dalton/Wife 10004 Weatherwood Court, Potomac, Maryland 20854 20b. Place of Disposition (Name of cemetery, crematory or other place Oct. 7, 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State 1996 4 ☐ Donation 5 ☐ Other (Specify) Gabriel's Cemetery Potomac, Maryland Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue Rockville, Maryland 20850-2805 21. Signatu of Funeral Service Licenses M00198 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or hear failure. List only one cause on each line. Approximate Interval Between Onaat and Death **Physician** /Medical Immediate Cause (Finai disease or condition resulting In deeth) Examiner (or es a consequence of): Examiner the buriel-trensit The law requires that the death certificete be executed Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting In death) Last pue Due to (or as a consequence of): P.O. Box 68760. ettending physician Physician/Medical Due to (or as a consequence of): 9 signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 3 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Be Completed peed pege 2 2/2 NO certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, t 25. Was case refarred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Suppatient 2 □ ER/Outpatient 3 □ DOA Certification: To 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Neturel 5 Pending Investigation 1 Yes 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide Medical 1 Certifying Phyaicfan: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as attated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the fime, date and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b Signature and fitia of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) e and address of person who completed ca death (Item 23a) (Type, Print) 6318 DEMOCRACI BLUD J 12 AMES F. McMurry MO: 32. Registras Signature 31. Date filed (Month, Dey, Year) State OCT 0 1996 Registrar

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate d	of Deat	th		Reg. No.	20	01165	
11-11-25	I N	1. Decedant's Nama (First, Middla, La	ist)						2. Data of D	eeth		3. Time of Death	
	sician edicai	Dorothy D. Dick	rinson						Month Octob	er 3, 1	996	12:00PM	
	edicai miner	4n Family Alama (Manageral) at a second					4b. City,	Town, or L	ocation of Daa		nty of Death		
LAU.		8811 Lowell Plac	3.0				Re	thesc	la	Mo	ntgom	arv	
Fune	rai			a (In yrs. last	birthday)	If Under 1 Ya	aar If Und	fer 24 Hrs.			-	plece (Steta or Foreign	
Direct	_	577-30-2433 Usual Rasidanca of Dacedent	1□ M 2□XF	69	Yrs.	Months De	Bys Hour	Min,	September September	er 17,192	Cou	hington, D	
yland		10a. Stata 10b. County		10c. City, To	own or Loc	ation						10d. Insida City Limits	
Mar	ģ	Maryland Montgo	mery	I	Bethe	sda						1 ☐ Yes 2 No	
and 21215-0020 be filed within 72 hours efter death with the Maryland tial Hygiene. d other than "neturef", or frams 23s or 28s-1 show event, the Medical Example Transit be notified as	Director	10e. Street and Number	-			10f. Zip Coo	da			10g. Citizan o	f What Cou	intry?	
3a o						201	817			Unite	d Sta	tos	
death	Funeral	11. Maritel Status	12. Was Decedant E	Ever in U,S.	13. W			Origin? (Sp	eclfy Yas or N Rican, etc.)		aca - Amari		
O the transfer	Ē	1 Naver Marriad 2 Merried	Armed Forces? 1 ☐ Yes 2 N	lo					Rican, etc.)	В	lack, Whita,	, atc.	
Maryland 21215-0020 d 2 should be filed within 72 hours ef th end Mental Hygiene. T is merked other than *natural", or tranmatic event, the Medical Exampter transmitter of the content of	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva Yaar or Datas:		1	□Yas 2🔯	No Speci	ify:		Spec		hite	
2 ho	Completed	15. Decedant's E	ducation	16	Sa. Deced	ant's Usual Oc	cupation			16b. Kind of			
within 7 ene.	ple	(Specify only highest gra	ada complated) College (1-4or 5-	4)	(Giva k	rind of work do O NOT usa ra	ona during m tired)	ost of work	ing				
Marie 1	E	Committely/Secondary (O 12)	1	*,	H	omemake	er			Own	Home		
aryland 2 should be filed v and Mental Hygie marked other t umatic event, #	BeC	17. Fathar's Nema (First, Middle, Last)				18. Mo	thar's Nem	a (First, Middle	a, Meiden Sumi	ema)		
arylan should be for marked or unmatic eve	ToB						Г	oroth	y Tuck	er			
Aary 2 shou end N is mer		19e. Informant's Name/Raletionship (Type, Print)	1	9b. Mailing	Addrass (Str			*	ber, City or Tow	m, State, Zij	p Code)	
March 19 19 19 19 19 19 19 19 19 19 19 19 19		C.B. Dickinson /	hushand	9	1811	Lowell	Place	Ret	haeda	Maryla	nd 20	917	
ire, Maryle s 1 and 2 should f Health end Mer ttam 27 is marke other trsummtic		20a. Mathod of Disposition		20b. Place	of Dispos	ition (Nama o	f	, bec	Data	20c. Location			
mo ege ento		1 ☐ Buriat 2 🕅 Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif		Octob	er 5	1996	placa)	į		D . 1	1 1		
Baltimore, M permit. Peges 1 and 2 Department of Health e Important: If Item 27 in any injury or other tra		21. Signeture of Funeral Service Licer		Montg		y Crema				Bethes	da, Ma	aryland neral Home	
S E G E	ouce.	12/ Brin	4/1 -1110	Wence.	В	ethesda	a-Chev	v Cha	se, In	c. 755		consin	
		Larbara yp//c/	10000		A:	venue,	Bethe	sda,	Maryla:	nd 208	14-35		
		23a. Part1. Entar that disaase for com shock, or heert feilure. List only	one ceusa on each lin	tha daath. D a.	o not anta	r tha moda of	dylng, such	as cardiac	or raspiratory (errest,		Approximata interval Batween	
Physicia /Medic											1	Onset and Death	
Examin	_	Immadiata Cause (Final disease or condition rasulting in death)	a Ischemic	Hear	t Dis	ease						4 Months	
	V.	rusumy in oddiny		Due to (or as	a consequ	ence of):							
pe tis	J-j-		b. —————										
Box 68760, eath certificete be executed attending physician end for use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying											
68760, rificete be ex physician as the bunial	<u></u>	cause. Enter Undarlying Cause (Disaasa or Injury	C —										
Sete Shysi	edical	that Initiated events resulting in death) Last											
A 6 Sings	Z e	§											
that the death certined by the attending detached for use a	Physician		0.								1		
ords, P.O. Be requires that the death een signed by the atter hould be detached for a	Sic	Pert II. Other significant conditions of	ontributing to deeth but	23b. Did	tobacco uss c	ontribute t	o the causs of death?						
D. Hat the delay delay		Limited Stage Sm	all Cell I	una Ca	ncer				1 🖾	Y88 2 No	3 □ Pro	bably 4 Unknown	
es that	by	Dimitted beage bit	all cell b	ung ca	incer								
Records,	Completed								24a. Was	en autopsy ormed?	ev	ara autopsy findings	
a w	ple											ompletion of ceuse daath?	
I Rec The law ate hes t	E O								10	Yas 2 No	1[□Yas 2□No	
	Be	25. Was case rafarred to medical					26 Ple	aca of Deat	h (Check only		-		
Vision of Vita Attending Physician: or deeth: actor: After this certificit by the funeral director,	0	examinar? 1 ☐ Yas 2 ☒ No	Hospital:	t 2 ER/O	Outpatient	3□ DOA	Other			Idanca 8 🗆 O	ther (Specia	60	
O £ 5 6	l i	27. Mennar of Deeth	28a. Date of Injury (Month, Dey		. Time of		njury et Work?			how injury occi		7/	
SION O tanding Ph eeth. or: After thi	을	1 ☑ Natural 5 ☐ Panding 2 ☐ Accident Invastigation		Year)	Injury		work? I∐Yas 2∣	□No					
Oivision or Attending after deeth. Director: After In by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be	28a. Placa of injul	ry - At home,	farm, stree	et, factory, offi	се		28f. Location (Street and Nun	ber or Run	al Routa Number,	
d page	e T	4 Homicida	building, afc.	(Specify)		-			City or To	wn, State)			
Division To the Hospital or Attand within 24 hours after deeth To the Funeral Director. A completely filled in by the f		29a. Certifier 1 Certifying Ph	ysician: To the best of	my knowledg	ge, deeth o	occurred at the	a time, date	end plece.	and due to tha	ceusa(s) and n	nanner es s	iteted.	
• Ho • Fu	edical	(Check only 2 Medical Exam	niner: On the basis of a and manner state	axaminetion a	ind/or Inva	stigation, in m	y opinion, d	aath occurr	ed at tha tima,	data and plece	, end dua to	o tha cause(s)	
Vithir To th	X	29b. Signature and title of certifier	231			29c. Lice	ensa numbe	r		29d. Data sign	ned (Month,	Day, Yaar)	
->-0		Marked	2449	141	1.	110		006					
		30. Name and address or person who	ompleted and a	ath /lters or	100	פנית	D37	236		Octo	ober 4	4, 1996	
15			completed cause of dec	Serial Property of the Series					11000				
	24046	Carolyn B. Hendri 31. Data filed (Month, Day, Year)	cks, M.D.				er Dr	ive,	#300 Ro	ckville	.Mary	land 20850	
Regi	State strar	OCT 0 7 19	396	s Signatura Laurase	m-Ran	dell							

DHMH 16 Rev 6/95

- u

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

if Under 24 Hrs.

TEMPLE HILLS

9. Birthplace (State or Foreign Country)
Washington, D.C.

10d. inside City Limits

1 Yes 2 No

Physician
/Medical
Examiner

ANN ELIZABETH 4a. Facility Name (If not institution, giva street and number)

5 Social Sacurity Number

DRESCHER

If Under 1 Yaar

Days

2. Dete of Death OCTOBER 4 1996

Date of Birth (Month, Day, Year) 12/30/45

3 Time of Death 10:03 PM

5233 HAGAN ROAD

1. Decedent's Name (First, Middle, Last)

4b. City, Town, or Location of Death

4c. County of Death PRINCE GEORGES

214-48-9283 10a State Director 10e. Straet and Number

Usual Residence of Decedent 10b. County Maryland Prince George's 5233 Hagan Rd. Funeral 11. Marital Status

Temple Hills 10f. Zip Code

10c. City, Town or Location

Yrs

7. Age (In yrs. last birthday)

50

10g. Citizen of What Country? 20748 USA Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.)

Specify:

14. Race - American Indian, Black, White, etc. Specify: White

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed)

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yas, Giva Yaar or Dates:

College (1-4or 5+)

1 M AFF

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

1 ☐ Yes 2)(No

Administrator

16b. Kind of Business/Industry

Banking

12th 17. Fathar's Name (First, Middle, Last)

Elementery/Secondary (0-12)

William E. Drescher, Sr.

18. Mother's Nama (First, Middle, Maiden Surnama) Elizabeth Frve

19e. Informant's Name/Relationship (Type, Print)

William E. Drescher, Jr.

19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 4810 Ashford Dr. Upper Marlboro, Md. 20772

20a. Method of Disposition 1 Burlal 2 Semation 3 Removal from State
4 Donation B Othar (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) Metropolitan Crematory 10/5/96

20c. Location - City or Town, Stala Alexandria, Va.

21. Signature of Funeral Service Licenses

22. Name and Address of Facility
George P. Kalas Funeral Home

6160 Oxon Hill Rd. Oxon Hill, Md. 20745 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, or heart failure. List only one cause of each line. Approximete Interval Between Onsat and Death

26. Placa of Death (Check only one)

Immediate Cause (Final disease or condition resulting in death)

Arteriosclerotic Cardiovascular Disease

Due to (or es a consequence of):

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Disaasa or Injury that initiated avents resulting in death) Last

Due to (or as a consequence of):

Dua to (or as a consequanca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 💢 Unknown

Mellerus.

24b. Were autopsy findings available prior to 24a. Was en eutopsy performed? completion of ceusa of deeth? inspection

1 ☐ Yes 2 ☐ No

1 ☐ Yas 2 ☐ No

25. Was case referred to medical 1 Yes 2 No

27. Manner of Death 5 Pending Investigation

6 Could not ba determined

28a. Date of Injury (Month, Day Year)

Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28b. Time of

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

29a, Certifier

1 Natural 2 Accident

3 Suicida

4 | Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, and due to the ceuse(a) and menner es steted.

XXMedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner slated.

29b. Signature and title of certifier

29c. License number O.C.M.E. 29d. Date aigned (Month, Day, Year) OCTOBER 05,1996

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

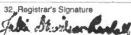
30 Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

21

avid 31. Date filed (Month, Day, Year) 111 Penn Street, Baltimore, Maryland 21201

State Registrar

OCT 08 19



28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify)

.Funeral Director

the Marylend "natural", or items 23s or 28s-f show death v Pages 1 and 2 should be filed within 72 hours efter one of Health and Mertel Hygiene.
int: If fem 27 is marked other than "natural", or ites
inty or other traumatic event, its Menical Enterine

by

Completed

Be

Examiner

Physician/Medical

ρ 8

Be Completed

2

Certification:

Medicai

the buriel-transit

80

yd bengis

director, page 2 should

certificate

21215-0020

Baltimore, Maryland permit. Page Department of Important: If any Injury or **Physiclan** /Medical Examiner

The law requires that the death certificate be executed Records, P.O. Box 68760.

Division of Vital tal or Attending Physician: The ster deeth.

In Director: After this certificate ed in by the funeral director. pa

the Hospital

Fo the Funeral C

4,080

· Profes I'm m

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			<u> </u>	Maryland		tificate of		Mentai my	Reg. No.	6 3	1/31
	Physici /Medic			WARDS	5			2. Dete of Dec Month	Dey 41	1996	06 10 A
1	Examir	ner	4e. Fecility Neme (If not institution, give street end numburning of Marylas 5. Social Security Number 8. Sex 7.	oer) Nec Mec Age (In yrs. lesi		System If Under 1 Year		Location of Deeth	Bork	?himare	
	Funeral Director		222-07-6317A 1□ M 2⊠ F	79	Yrs.	Months Deys			1917	Country) Delawa	a (Stete or Foreign are
	show	_	10a. Stete 10b. County	10c. City, T	Town or Loc	cation					Inside City Limits 1 ☐ Yes 2 ☑ No
	the M	Director	Maryland Caroline 10e. Street and Number	Green	nsbor	O 10f. Zlp Code			10g. Citizen of V		
	with 3e or	ā	27796 Plummers Lane			- 2, -3	639		U.S.	-	
020	ours after death with the Maryla ral', or Herra 23s or 28s-f show Examiner must be notified at	by Funeral	11. Marital Stetus 1 Never Merried 20 Married 1 Vidowed 4 Divorced 1 Ves 2 If Yes, Give	es? ⊠ No			Hispanic Origin? (en, Mexican, Pue	Specify Yes or No- to Rican, etc.)		e - American lok, White, etc.	
21215-0020	d within 72 h jene. r than *natu the Medical	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) grad-12 College (1-4)		(Give I life. D		pation during most of wo	orking	18b. Kind of B		try
pu	be filed tal Hygi d other event, r	BeC	17. Fether's Neme (First, Middle, Last)					me (First, Middle,			
Maryland	d 2 should be filed in and Mental Hyg 7 Is marked other traumatic event,	To	Roscoe Calloway					Gillespi			
Mai	d 2 sh th and 7 le m traum		19e. Informant's Neme/Reletionship (Type, Print) Horace E. Edwards					ural Route Numbe			
re,	of Health Health Hem 27		20e. Method of Disposition			Plummer sition (Neme of netory or other ple		reensbor	20c. Location		
mo	Pages nent of I int: If its iry or o		1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from St. 4 ☐ Donation 5 ☐ Other (Specify)	810	_	ro Cemet		10/14	Greens	boro, N	Maryland
Baltimore,	permit. Page Department of Important: If eny injury or once.		21. Signature of Funeral Service Licensee 23. Part 1. Enter the disease, or complications that cau	sed the deeth.	Fl.	0. Box 1	lfenbein 60 Gree	Funeral	Home	9	poroximete
	Physician /Medical Examiner	ner			s e consequ	uence of):	I HEAK	T DIS	BEASE	Or	erval Between nset and Deeth
Box 68760,	sath certificate be executed attending physician and for use as the buriat-transit	in/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	Due to (or as SETES Due to (or as	s a consequence of the consequen	uence of):	IS:				
	death	Physician/M	Part II. Other significant conditions contributing to deal	h but not resultir	ng in the un	iderlying cause gi	ven in Pert I.	23b. Did 1	obacco use co	ntribute to the	e cause of death?
s, P.O	es that the death cert igned by the attending be detached for use in	by Phy	Cerebrovasular de Myocardial info	isease				10	Y90 2□ No	3 Probab	ly 4 Unknown
of Vital Records,	aw requir	Completed	Myocardial into	arction					an autopsy med?	availa	autopsy findings ble prior to letion of cause hth?
al R	The ate h	Con	<i>V</i>					101	res 2□No	1 🗆 Y	es 2 No
Vita	Physicien: The this certificate rai director, par	o Be	25. Wes case referred to medical exeminer? 1 Yes 2 No Hospitei: 17 Inc.			Oti	hor	eth (Check only o		10 -11	
Division of	To the Hospital or Attending Physical Within 2 Nours after death. To the Funeral Director: After this completely filled in by the funeral directors.	Certification: To	27. Manner of Deeth 1 Neturel 5 Pending (Month, 2 Accident investigation		VOutpatient 3b. Time of Injury	28c. Inju	4 Li Nursing		now injury occur	red	
DIV	tal or Att		determined 266, Piece O	Injury - At home , etc. (Specify)	e, ferm, stre	eet, fectory, office		28f. Location (S City or Tov	Street end Numb vn, Stete)	ber or Rural Re	oute Number,
	the Hosp nin 24 hou the Fune npletely fil	ledicai	29a. Certifier (Check only one) 1 Certifying Physician: To the best of the control of the contr	s of examinetion	dge, deeth n end/or inv	estigetion, in my	opinion, deeth occ	urred et the time,	date end piece,	and due to the	e cause(s)
	To vill	X	296. Signature and title of certifier	Kr	10	29c. Licens	462	56	29d. Date signe	11,	96
_			30. Nema and eddress of parson who completed cause to Daniel T Rochie	chio,	MO (Type, f	Print) 22	S. Gre	ene. St	800	timal	CM,
	Sta Registr	_	Daniel T Rochie 31. Date filed (Month, Dev. Yeer) 32. Reg	Savidson	Pandal	2					

N

1 Yes 2 No

Director with the Manylend 7 is marked other than "natural", or items 23s or 28s-f shot traumatic event, the Medical Examiner must be notified at death

permit. Peges 1 and 2 should be filled within 72 hours effer d Department of Health and Mental Hygiene. Important: If filem 27 is marked other than "natural" any injury or other traumatic averages. Completed Physician /Medical Examiner Examiner physician end the burial-transit P.O. Box 68760. Physician/Medical 80 attending p signed by the at id be detached for à Completed peeu Division of Vital Be this funeral Certification: After To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun Medical

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth OCTOBER 4,1996 6:37 AM JAMES WALLACE FOSTER 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death LAYHILL CENTER GENESIS ELDER CARE SILVER SPRING MONTGOMERY If Under 1 Yeer | If Under 24 Hrs. 6. Dete of Birth (Months Deys Hours Min. (Month, Dey, Year) 7. Age (In yrs. last birthday) 5. Sociel Security Number Birthplace (State or Foreign Country) Deys 1 M 2 □ F 79 240-01-2367 MARCH 7,1917 NORTH CAROLINA Usual Residence of Decedent MONT GOMERY 10c. City, Town or Location 10d. Inside City Limits MARYL AND Director 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 17822 BUEHLER ROAD 20832 UNITED STATES Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 ☑ No Specify: Specify: WHITE þ 3 X Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 LETTER CARRIER U.S. POST OFFICE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) FOSTER SAMUEL MARK BESSIE KIMBRO 19e, Informent's Neme/Reletionship (Type, Print LENA M. LEWIS, FRIEND 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17822 BUEHLER ROAD, P.O.BOX 423, OLNEY, MD. 20832 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burlal 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) NORBECK MEMORIAL PARK 10/7/96 | OLNEY, MARYLAND 21. Signature of Funerel Service Licensee 22. Neme end Address of Fecliity MURIEL H. BARBER FUNERAL HOME 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate intervel Between Onset and Deeth immediate Cause (Finel disease or condition resulting in deeth) PROSTATE CANCER, METASTATIC 3 YRS Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 □ Unknown 1 Yes 2 No COA GULOPA THY 24b. Were autopsy findings available prior to 24a. Wes an autopsy performed? ETIOL OF UNDET. GAMMOPATHY completion of cause of death? 2 1 No 1 ☐ Yes 2 ☐ No 25. Wss case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Vursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. injury et Work? 1 Neturel 5 Pending investigetion 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be

Registrar

State

4 Homicide

29b. Signeture end title of certifier

29e. Certifier

Fieuds, MD

ATTENDING PHY SICIAN

28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

29c. License number 034740

1 Griffying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) and manner stated.

29d. Dete signed (Month, Dev. Year) 101 96

20837

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

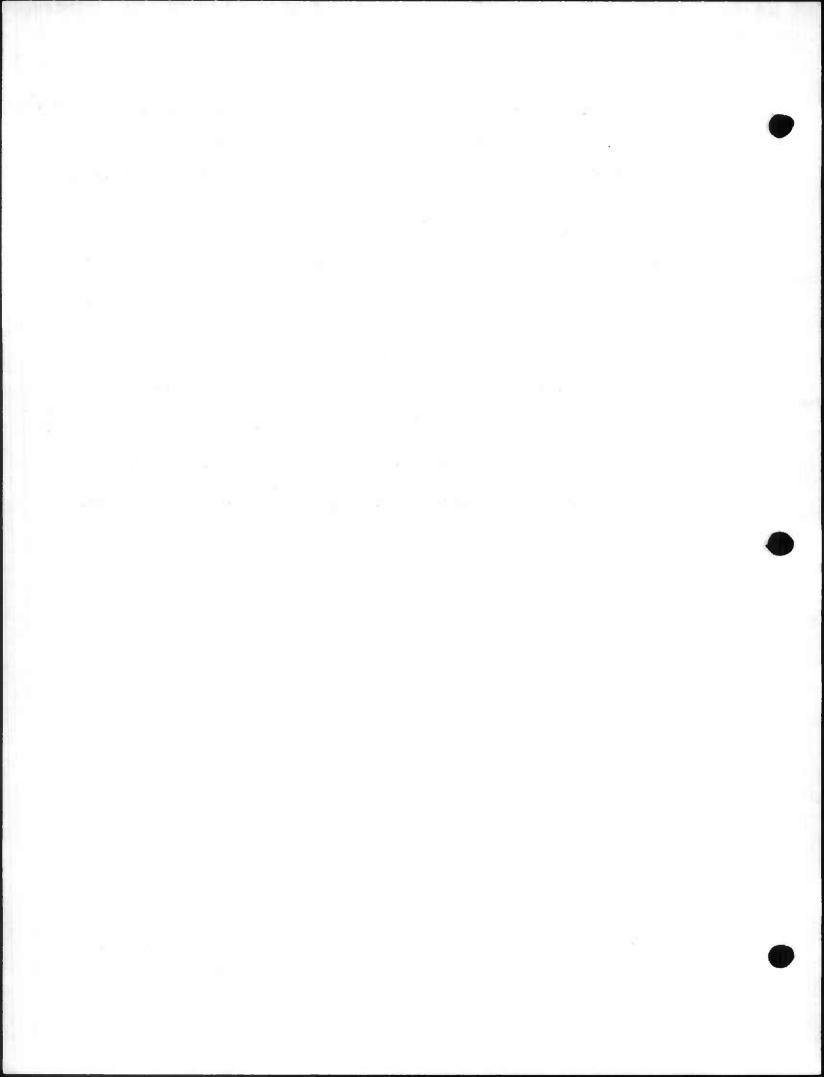
30. Name and address of person who completed cause of deeth (item 23e) (Type, Print) ROBERT

18111 PRINCE DR, T- 12; OLNEY PHILLIP

32. Registrer's Signeture

31. Dete filed (Month, Dey, Year) OCT 0 7 1996 a Laydson-Randell MING REPORTS

			Ple				d / Depa	artment o	of H	Assure / lealth and				le. 3 [733
			Decedent's Neme (First, Middle)	lle, Last)	7	-	Cei	tificate	of L	Death	2. Data of D				. Time of Death
	Physici Medie/		Josephin	e }	· erri						Month	3	1996	eer	12:36 PM
	Examir		4a. Facility Name (if not institution)			4	b. City, Town, or	Location of Dear	h 40	. County of	Death	
			Holy Cross Hos	-				If I Indos 1 V		Silver S			Montg	omery	
	Funeral Director		5. Sociei Sacurity Number 028-07-0901 Usuai Rasidenca of Dacedant	6. Sax	м 2XD F	ga (In yrs. Ia 91	Yrs.	If Under 1 Y Months De	eys	if Under 24 Hrs Hours Min		th ay, Year 19			(State or Foreign
	ith with the Maryland 23a or 28a-f show	or.	10a. Stete 10b. County				, Town or Lo								inside City Limits
	the N	Director	Maryland Monto	jomer	'У	Ker	singt	10f. Zip Coo	de			10a Ci	tizen of Wh	at Country?	
	With De or		3620 Littleda	a Po	ad			208							
	ter death terms 2	Funeral	11. Marital Status		2. Was Decedent	Ever in U,S	6. 13. <u>\</u>			spenic Origin? (\$ n, Maxican, Puar	Specify Yas or N		14. Race -	tates American I	
Maryland 21215-0020	1 and 2 should be filed within 72 hours after death with the Manyland Health and Mental Hygiene. The state of the state o	þ	1 Never Merried 2 Me 3 Widowed 4 Divorce		Armed Forcas' 1 Yas 2 If Yes, Give Yaer or Datas:			Yes, specify (Specify:	to Hican, etc.)		Specify:	Whita, atc.	e
5-0	72 ho	te ed	15. Daceda (Specify only highe	nt's Educa	ation		16e. Deced	lent's Usuei Oo	ccupa	ation	nkina	16b. F	(ind of Busi	ness/Industr	
121	ithin	Completed	Elementery/Secondery (0-12)	ist grade	College (1-4or	5+)			etired	furing most of wo	rking				
7	iled v her ti	S	17. Father's Neme (First, Middle	(act)	2		Real	tor		19 Mothada No	me (First, Middle		eal Es	tate	
and	d be d	Be	Gaetano Lama												
Z	should and Me mark matic	ဥ	19e. Informent's Neme/Relation		e. Print)		19b Mailin	a Address (St	treet :	France: and Number or R		iinar er Cilv		ate 7in Cor	n(a)
M	nd 2 selfth ar lith ar trau		Billy A. Brak		., ,					Brook [
e,	f Head		20e. Method of Disposition			0.00	ace of Dispo	sition (Name of	of		Data			ty or Town,	
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, the Madnes.		1 ☐ Buriel 2 ☐ Cramation 4 ☐ Donetion 5 ☐ Other (movel from Stete			ke Crem		·	10-5-96	Re	ltevi	110 1	Maryland
alti	Departm Departm Importa any Inju		21. Signature of Funerei Sarvice		10	One	22	. Nama and A	ddras	s of Fecility			16341	ا و ۱۱۰	iai y i aiiu
8	88 5 8		P00000	de	Ka	DO				ral Serv			. M	2001	10
			23a. Pert1. Enter the disease, or shock, or heart feilure. Lis	r complice	etions that cause	d the deeth.	Do not enti	ar the mode of	f dyln	Avenue, g. such as cardia	c or raspiratory	orrest,	ng, m	App	proximata erval Between
	Physician /Medical		Immadlete Ceuse (Finel disaase or condition	only one	aleu	la.		22.10	,	und				On	set end Deeth
4	Examiner		resulting in death)	θ.	0	Due to (or	ag a conseq	uence at):		Total	_			4-2	dda_
	D 4	Examiner		a b	arter	unde	este C	redo	de	well !	Vitaa			5	-
	end Fran	хаш	Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying			Dua to (or	as a conseq	uence of):		70					P
60,	be executed ician end burial-transit	a E	Cause (Disease or Injury	C											
687	g phys	왕	that initiated events resulting in deeth) Last			Dua to (or	as a conseq	uence of):							
Box (atth certification	N.		d											
B	The lew requires that the death certificate ate has been signed by the attending physpage 2 should be detached for use as the	Physician/Medic	Part II. Other eignificant conditi		200 - 42 4 40 - 40 - 4						ant Di	A-1		********	
P.O.	hat the de ed by the detached	hys	Part II. Other eignincant conditi	one contr	buting to death t	out not resur	ting in the ur	idenying cause	e give	en in Pert I.			/		y 4 Unknown
S,	es that igned I be det	by P											ecapio o		y 4 Donkhown
ord	require been sig should t	Ped I									24a. Wes	an auto	psy	24b. Wera a	autopsy findings ola prior to
e C	has be	ple									por.		,	comple of deat	etion of cause
R		Completed									10	Yes 2	10 No	1 ☐ Ye	s 2X No
Vital Records,	ysician: The Is s certificate ha director, page	Be	25. Was case referred to medical axaminer?								ath (Check only	one)			
of	Physician: this certificantal director,	2	1 ☐ Yes 2 ☐ No	Но	spitel: 1 Inpeti		R/Outpatien		Othe	4 U Nursing I	Home 5□Res				
n C	ing After	lon:	27. Menner of Death 1 ☑Neturel 5 ☐ Pandi	ng	28a. Date of Inju (Month, De	ly Year)	28b. Tima of injury		Won		28d. Describe	how inju	iry occurred	1	
Division	the the	cat	3 Suicide 6 Could		28a Place of In	iune At hon	no form of			Yes 2 □ No	28f. Location	(Street a	nd Number	or Dural Do	uda Numbar
ò		ertit	4 ☐ Homicide determ	nined	28e. Pleca of in building, el	ic. (Specify)	ne, term, str	eat, ractory, on	TICE		City or To	wn, Stat	e)	or nurai no	Die Number,
_	Hospital 24 hours Funeral (tely filled	a C	29e. Certifier	na Phyela	ian: To the best	of my know	ledge, deeth	occurred et th	ne tim	ie, deta and piec	a. and dua to the	cause(s) end menn	er ee stated	1.
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Medical Certification:	(Check only 2 Medical one)	Examina	r: On the basis of and mennar st	f examination	on and/or inv	estigetion, in r	my or	olnion, daath occ	urred at the tima,	deta en	d plece, an	d due to the	causa(s)
	To the within 2 To the comple	X	29b. Signature end title of certifie	ir /	, 0			29c. Lic	cansa	number		29d. De	ete signed (Month, Day,	Year)
			Minney	L.	Luis	full 1	MA	121	26	674		0	ut 1	1,199	6
	1	1	30. Nama and address of person	who com	pleted cause of	daath (Item :	23e) (Type,	Print)	2	19 SH	REFIL	2/1	nn	,	
	3		MYRON L	LERO	KIN,	NO.		ù	20	19 SHE	My	21	0902		
	Sta		31. Dete filed (Month, Day, Year	0 14	32. Registr	rer Signatu	Sandrus	Handale	2						
	Registr	ar	001	V 7	סענו	1	LACONA	1							



State of Maryland / Department of Health and Mental Hygiene Q 6

							(Cert	ificat	e of	Death	7		Reg. No.	0	0170
	Dhuain	i	1. Decedent's Neme (First, I		•								2. Dete of D Month		Year	3. Tima of Death
	Physic /Medi		Jea	n S.	Frazie	2							Oct.6,	1996	1 641	12:30 a.r
	Exami		4a. Facility Neme (If not Insti								4b. City, To	own, or L	ocation of Dee	th 4c. County	of Death	
			Carriage			0						nesd			ontgo	mery
	Funeral Director		5. Social Security Number 579–18–4763		9x □M 280 F	7. Age (In yrs. 77		rs.	If Under Months	1 Yeer Deys		Min,	8. Dete of B (Month, D May 20	irth ley, Year)), 1919	Cou	place (Stete or Foreign ntry) ginia
	pue *]	Usuel Residence of Deceder 10e, Stete 10b, Co	-		10c. C	ity, Town	or Loca	ation						1.	10d. Inside City Limits
	Se-f sho	Director	MD 1		omery		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(Chevy	Chas	se			12 Yes 2 No
	or 2	Die	10e. Street end Number						10f. Zlp	Code				10g. Citizen of	Whet Cou	ntry?
	ath v		8507 Longfe	11ow								2081			USA	
020	filed within 72 hours after death with the Maryland Hygiene. The There is no 1884 show ther than "nature!; or items 23s or 28s4 show ent, the Medical Examiner must be notified at	by Funeral	11. Meritei Stetus 1 ☐ Never Married 2 ☑ 3 ☐ Widowed 4 ☐ Divo		12. Wes Dece Armed Fo 1 Tes If Yes, Giv Yeer or Do	rces? 2 ☑ No e	J,S.				Hispenic Or pan, Mexica Specify		pecify Yes or N o Rican, etc.)	14. Rei Ble Specil	ck, White,	can Indien, etc. nite
5-0	72 hours "naturel",	ted	15. Dec	dent's Ed	ucation	v	16e. C	Decede	ent's Usua	el Occu	pation	et of wor	kina	16b. Kind of 8	uainess/in	dustry
21	d within glene. r than 'r	Completed	Elementery/Secondery (0-		Coilege (1	-4or 5+)				se retire	during moded)	St Of WOR	Kaig			
2	filed within the than the the than the than the than the than the than the than the than the the than the the than the than the than the than the than the than the than the than the than the than the than the than the the than the than the than the than the than the than the the than the the than the the the the the the the the the the	ပို	12				Hon	nema	aker						Home	2
Maryland 21215-0020	d 2 should be filed th end Mentel Hygis 7 Is marked other traumatic event,	To Be	17. Father's Neme (First, Mic Carl H. Set										ne (First, Middl owning	e, Maiden Sumer	ne)	
lan	0000		19e. Informant's Neme/Rele	tionship (7	ype, Print)		19b. I	Meiling	Address	(Stree	t end Numb	er or Ru	rel Route Num	ber, City or Town	State, Zip	Code)
₹,	E = N L		Charles E. H	razi	er - Hu						ow P1	ace	Chevy	1		20815
ore	it of Heal If Item 2 or other		20e. Method of Disposition 1 Mr Burial 2 ☐ Cremet	ion 3 🗆	Removel from 9	20b.	Piece of I cemetery,	Disposi , creme	ition (Ner etory or o	ne of ther ple	ece)	i	Dete	20c. Location	- City or To	own, Stete
E	Peges ment of l ant: If its ury or o		4 □ Donetion 5 □ Othe				rk1a	wn	Ceme	ter	У		0/8/96	Rockvi.		MD
Baltimore,	permit. Pege Department of Important: If any Injury or once.		21. Signeture of Furtherel Ser	vice Licens	See At	(wler's ston, D.		20016
	_		23e, Part I, Enter the disees	e. or comp	licetions that co	used the dee									1	Approximete
	Physician		23e. Part 1. Enfer the disees shock, of heert failure.	List only o	ne ceuse on e	ech line.		7. 011101	110 11100	0 0 0	ing, occir o	Jourgiao	or respiretory	011001,	1	Approximete Interval Between Onset and Death
ý	/Medicai		Immediete Cause (Finei		01	9 C V		,							1	
ì	Examiner		diseese or condition resulting in deeth)		e. Chron		ores e co			umo	nia				1	3 months
7		ne			Alzhe	imer's									1	
	cuted	Examiner	Sequentially list conditions,		b		or es e co		- 1							-
Ö,	e exe		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events												i	
68760,	ate by	edlcai	thet initieted events resulting in deeth) Lest	5	c	Due to (d	or es e co	nseque	ence of):	_					1	
9 x	eath certificate be executed attending physician and for use as the buriel-transit	≥	, 4	L	d										i	
Box	attend for us	Physician/													i	
0	that the death ned by the atter detached for u	ysk	Pert II. Other significant con	ditions co	ntributing to de	ath but not res	sulting in t	the und	derlying o	ause gi	ven in Pert	I.	23b. Dic	tobacco use co	entribute t	o the causs of death
Δ.	that bed to deta		Cerebrovaso	ular	diseas	e							10	Yss 28 No	3 Pro	bably 4 Unknow
ds,	8 55	d by											24a Wa	s en eutopsy	24b W	ere autopsy findings
201	v require been si should	ete							4				per	formed?	6/	relieble prior to
Record	has has	Completed														death?
a			or W.											Yes 21/2 No	11	☐ Yes 2☐ No
Vital	Physician: this certific ral director,	o Be	25. Wes case referred to me exeminer?		Hospitel:					Ot	hor		th (Check only			
of	Phys this ral di	I	1 ☐ Yes 2 ☒ No 27. Menner of Deeth		101	·	ER/Outp		3 DC	/A	440J N	ursing He	-	idence 6 Oth		(y)
O	ding F h. After funer	tion	1 Neturel 5 □ Pe	nding estigetion	(Monti	f Injury h, Day Year)		ury	м	8c. inju Wo	rk?`]Yes 2.□	lNo	200. Describe	now injury occur	160	
Division	il or Attending P efter deeth. I Director: After t d in by the funen	Certification:	3 ☐ Suicide 6 ☐ Co	uid not be termined	28e. Piece	of injury - At h	ome, fem	n, stree						(Street end Numi	ber or Run	al Route Number,
٥	s effe	Cer			0011011	ig, oto. (Opeon	y /						ony or re	3447, 010107		
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical	29a. Certifier (Check only one)	ifying Phy Ical Exam	sician: To the lnar: On the be	sis of exemine	wledge, o	deeth o	occurred stigation	et the ti	me, dete er opinion, de	nd piece, eth occur	end due to the red et the time	e ceuse(s) end m , date end place,	anner as s and due t	eteted. the ceuse(s)
	within 2 To the comple	Me	290. Signature and title of ce	Tioy) .	1			290	. Licen	se number			29d. Date signe	ed (Month,	Dey, Yeer)
			M /2 (8	150	MALIN	1000 1	ul)		D	21115			Oct.	7, 19	96
	6		30. Neme and address of per	son who o	ompleted	of death (ite	n 23a) (T	VDA D	rint\							
	9		Lee R. Pennin		/ /	5602				V	Rat	hesa	a, MD	20817		
	Sta	te	31. Dete filed (Month, Dey, Y		-	agistrar's Sign	eture				рес	nesa	a, FID	2001/		
	Registr			09		grelia 1	avidso	n-A	andel	2						

E E

State of Maryland / Department of Health and Mental Hygiene 96 31735

Physical	,,	1. Decedent's Name (First, Middle						2. Date of De	Reg. No.	3. Time o	
Physicla /Medic	_	Pauline	Р.		to	arell		Oct.	07	à6 5:4	5 PI
Examin	er	4e. Fecility Nama (If not institution	give street end number	r)			4b. City, Town, or	Location of Deatl	4c. County	of Death	
		SUBURBAN HOSPIT 5. Sociel Security Number		an Un um	last histholous	If Under 1 Yaa	BETHESDA If Undar 24 Hrs	Dote of Bio	MONTG	OMERY	
Funeral Director		238-01-7069	1 M ***********************************	86	(Ast birthdey) Yrs.	Months Days	Hours Min	8. Date of Bir (Month, De SEPT .	22, 1910	9. Birthplace (State of Country) SANFORD,	NC.
M M		Usual Residenca of Decedent 10a. State 10b. County		10c. City	y, Town or Loca	ation				10d. Inside C	ity Limi
	tot	None None		WASH	INGTON	D.C.				1 ☐ Yes	201
0 8	i Director	10e. Street and Number 3001 VEAZEY TE	RRACE N.W.			10f. Zip Code 20008			10g. Citizen of V	Vhat Country?	
ef, or thems Examiner.m	by Funeral	11. Marital Status 1 Never Married 2 Marri XX Widowed 4 Divorcad	12. Was Deceden Armed Forces at 1 Yes 22 If Yes, Give Year or Detes	No No	lf '	as Decedent of Yas, specify Cul	Hispanic Origin? (Sban, Mexican, Pue	Specify Yes or No nto Rican, etc.)	Blac	a - American Indian, k, White, etc.	
"natur Indical	Completed	15. Decadent (Specify only highas	grede completed)		(Give ki	ent's Usual Occu ind of work done O NOT use retire	a during most of wa	orking	16b. Kind of Bu	siness/Industry	
or the A	Comp	Elementary/Secondary (0-12)	College (1-4or	5+)		ASING A	GENT		US GOVE		
d od	Be	17. Fathar's Nama (First, Middle, I	ast)				18. Mother's Na	me (First, Middle,	Maiden Sumem	e)	
d Mer marks martic	2	19e. Informant's Name/Reletionsh	in (Time Brint)		10h Mailin	Address (Ctors			- 0'h - T	O-4-7-0-4-1	
27 is r		MICHAEL COLLINS					et end Number or R				
P Hos Other	1	20a. Method of Disposition		0.0	lace of Disposi	ition (Neme of	ST., WIL	Data		City or Town, Stata	
TY DE		4 ☐ Donation 5 ☐ Other (Sp				etory or other place. CEMET1		10/10	WASHING"	ron, D.C.	
octant: octant: injury		21. Signature of Fupéral Sarvice L	11		102	Name and Add				SCONSIN AV	
OF PERSON	Н	> Machy	1 Foton				D.C. 20		2120 MT	SCUNSIN AV	E.,
201		23a. Part1 Enter the disaasa, or	omplications that cause	d tha death					rrest,	Approximat Interval Bat	te
nysiclan		or heert failure. List	my one cause on each	IIIIe.						Onset and	Deeth
Medical		Immediate Ceusa (Final disease or condition			SE	PSIS				Undet	erm
xaminer		resulting in death)	а.	Due to (or	r as a consequ	enca of):					
- t- s	line		b		PN	IEUMON	IIA.				
	i Examiner	Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Ceuse (Disease or Injury		Due to (or	res a consequ	ence of):					
physic the b	edicai	that initiated events resulting in death) Last	C	Due to (or	as e conseque	enca of):					
	5		d								
ettendi for use	cian										
ed by the ettendi detached for use	Physician/	Part II. Other significant condition	s contributing to death	but not resu	ulting in the und	derlying cause g	iven in Part I.		. 4-	tribute to the cause	
	by P							1	Yee & No	3 Probably 4	JUNKI
been sig	Completed b								en eutopsy rmad?	24b. Were eutopsy to available prior to completion of deeth?	to
page 2	dwo							10	Yes 20No	1 Yes 2	1 NIO
certificate rector, pag	BeC	25. Was case referred to medical					26 Piece of De	ath (Check only o	-	10 160 20	1140
this certific	ToB	axaminar? 1 ☐ Yes 2 No	Hospital: Anpat	lent 2 1	ER/Outpatient	3 DOA O	ther:	Home 5 Resid		er (Specify)	
5 70		27. Manner of Deeth	28e. Date of Inj		28b. Time of Injury	28c. Inju			now Injury occurr		
or death. Actor: After by the fune	atic	Natural 5 Panding investig	ation		,,		Yes 2□No				
olinecto in by t	Certification:	3 Suicide 6 Could n 4 Homicide determine	and 208. Place of Ir	ijury - At ho tc. (Specify	me, farm, stree	et, factory, office		28f. Location (: City or To	Street end Numbe vn, Stete)	er or Rurel Routa Num	n <i>ber</i> ,
	edical Ce	Check only 2 Medical E	Phyelcian: To the best xaminer: On the basis of	or examinat	viedge, death o	occurred at the t	ime, date end plec opinion, deeth occ	a, and due to the urred at the time,	cause(s) and ma date and place, a	nner as stated. and due to the cause(s	s)
ple eld		one) 29b. Signature end title of cartifier	and mannar s			29c Licen	se number		29d Data signed	(Month, Day, Year)	
5 E I	- 1	בבבי טיקיימוטים פווט וונוס טו טמו וווופו	radal M			m l	- 0/		- Data signed	- 7	76
within 24 hours of To the Funeral completely filled		Sealul Ala	DITTY IN IN I			1000	W. 76		CL I	0 1 14	
To the		30. Name and address of person w		death /**	00-1/7	1993	34 76		act,	9-87 rig 2	

- 6-113 mel 3-15

1	-	FOR STAT REG	
	1. D	ECEDE	NT'S

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAR

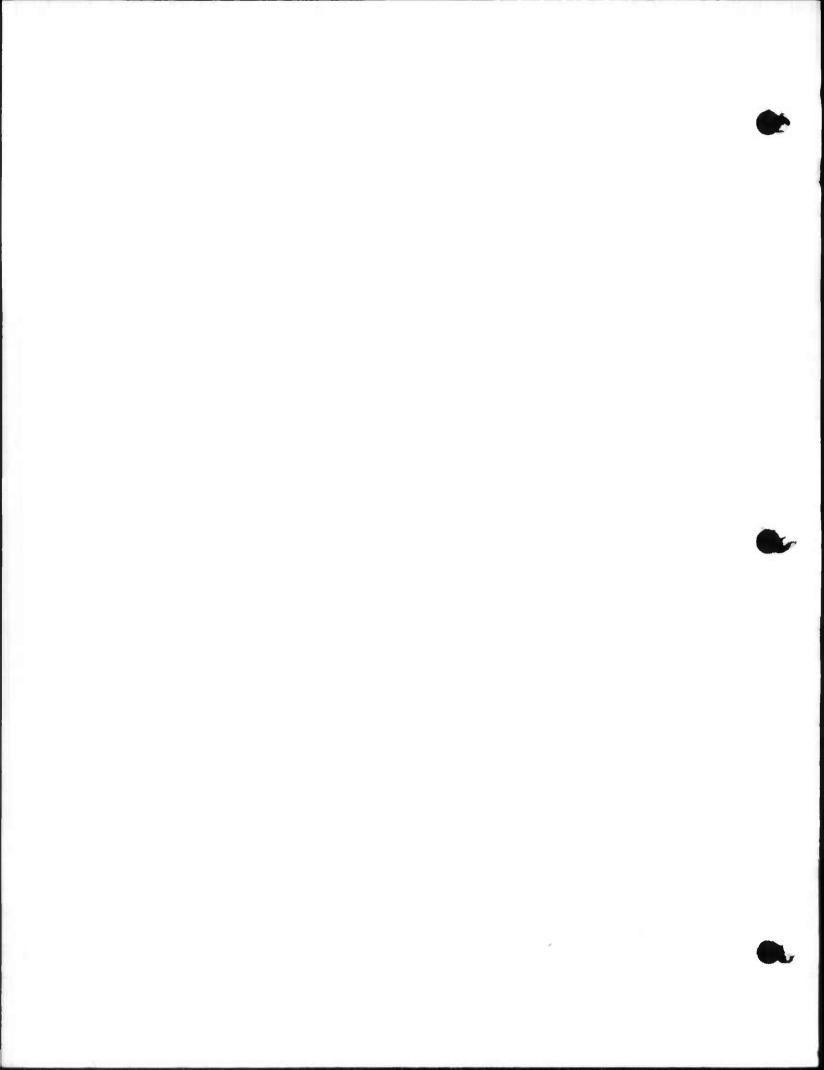
	1 - STATE REGISTRAR	OINIE OI I	C				DEATH	MENIAL	REG. NO	_		
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH. DAY YEAR 3. TIME OF DEATH											3. TIME OF DEATH	
	Maxine			Fea	igan			Octo	ber 2	, 199	6 YEAR	10:55 P.M.m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. i	est birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE C	Dey, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	(Unavailable)	1 🗆 M 2 💢 F	80	YRS.	MONTHS	DAYS	HOURS MIN.	4	er 4.	1915		" Virginia
	9a. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY	Y, TOWN C	R LOCATION OF D	EATH		9c. COL	NTY OF O	
5	SHADY GROVE	ADVENTIS	T HOSP	ITAL	RC	CKV	ILLE			Mo	ONTG	OMERY
EC	10a. STATE 10b. COL			_	Y, TOWN (OR LOCAT	ION					10d. INSIDE CITY
DIRECTOR	Maryland Mon	tgomery			Call							LIMITS?
	10e. STREET AND NUMBER	egomer y			Ud I CI	hersbi	ZIP CODE			10g. CIT	IZEN OF W	WHAT COUNTRY?
ER.	10 Harkness Cou	rt				2	20879			Uni	ted	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED ☐ YES 2 □ NO 13. WAS OCCENDENT OF HIS If yes, specify Cuban, Mex					NIC ORIGIN	(Specify Ye		14. RACE	- American Indian.
ΒY	1 Never Married 2 Married 3 N Widowed 4 Divorced	IF YES, GIVE							ican, etc.)		Speci	t, White, etc.
	15. DECEDENT'S	EDUCATION	160 0	16a. DECEDENT'S USUAL OCCUPATION								White
E	(Specify only highest gi Elementary/Secondary (0-12)	rade completed)		Give kind of the Do NOT us	work done	during mo:	at of working	160.	KIND OF BU	SINESS/IN	DUSTRY	
PL	12	College (1-4 or 5	*,	Hon	nemak	cer			Own	Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM					iddle, Maiden	Sumame)		
BE	Sam Johnson						Sarah	Hatf	ield			
10 2	19a. INFORMANT'S NAME (Type/Print)		. 1				nd Number or Rural					
	Eugene Harmon			10 Harkness Court G					rsbur	g, MI	20	879
	209. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 F	emoval from State		EAND DATE		DATE		CATION -	,			
	4 ☐ Donation 6 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE JIA	Blue Ridge Mem. Gardens						6 Pros	speri	ty,	West Virgini
	A TOTAL SERVICE	A A	00690		Ŕ	ose	and Ques	Quesenberry Funeral Home				
	Nowarc		2000							, WV		
	23. PART I. Enter the diseases, shock, or heart fallu	or complications the re. List only one cau	it caused the duse on each lin	laath. Do r na.	not anter	tha mo	da of dying, suc	ch as cardi	ac or reap	iratory ar	reat,	Approximata Interval Batween
- 1	IMMEDIATE CAUSE (Final disease or condition	1	. /	1	/	>	- /					Onset and Death
	resulting in death)	a. Our TO	OR AS A CONS	- REC	014	92	olve					usuves
_		- 001	WOAGA	9	Do	9						mouses
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A COME	EQUENCE O		7	/					5 1/00
S	cause. Enter UNDERLYING CAUSE (Disease or injury	a hyo	Cordi			50	re 410	u				remites.
비	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSI	EOUENCE O	F):							
5		_ d										
	PART II. Other eignificant condit	iona contributing to	daath but not	reauiting	in the un	nderlying	cause given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL	COPD F	IDDU							PERFOI			MAILABLE PRIOR TO COMPLETION OF CAUSE
ME								_				1 YES 2 NO
	DID TOBACCO USE CON	NTRIBUTE TO CA	USE OF DE	ATH YE	S 🗵 I	NO 🗆	UNCERTAIL	N 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CE OF DEAT	OTHER									
ΙΥS	1 TYES 2 NO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpetlant	_	4 🗆 Nun	sing Home	5 🗆 Residence					
	1 Netural 5 Pending	26a. DATÉ OF (Month, D	Pay, Year)	28b. TIM INJ	URY M	26c. INJU	PK?	28d. DE\$0	RIBE HOW I	NJURY OC	CURED	
BY	Accident Investigation	28e PLACE C	F INJURY — At h	ome, ferm	street fact		ES 2 NO	281 LOCA	TION (Street	and Norman	0 0	
COMPLETED	4 Homicide 8 Could not determined	atc. (Specify)			iory, ornica			Town, State)		OF HUMBI H	oute Number,	
Ę	29s. CERTIFIER 1 Check only	lanth cocum	and and others at	les det	and the state of		a respice					
PA		INER: On the basis of a										and menner as stated
- 11	29b. SIGNATUBE AND VITLE OF CENTI		4				29c. LICENSE NUI					
8	Must.	2/100	les	R	0		447	4/		290. DAI	SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH (ITI	EM 27) (Type,	Print)		113	(01	405°	12,1116
	Hugela Falcon	1/990	/ Hed	Beal	Pour	for	Do 15	Zoch.	11/-	140	, >	0850
	31. DAPÉ FILED (Month, Day, Year)		R'S SIGNATURE		1 87			1 - (-	7	1-10		
	UUI 1 0 1996	talia d'Euroline	· Kardall									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760



HMCNded # 106, P. & Sc. 1019196
Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death **Physician** ANTHONY MARIO THOMAS 10:55 PM FATTORI 7, 1996 October /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 879 Warley Drive Landover Prince Georges If Under 24 Hrs.
Hours Min.

8. Date of Birth
(Morgh, Day 1,4er) 1992 5. Social Security Number if Under 1 Yaar 7. Age (In yrs. iest birthday) 9. Birthplace (Stata or Foreign **Funeral** Months Days 1 M 2 □ F San Diego, CA 3 Yrs Director 615-68-1513 Usual Rasidence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits man be notified at Maryland Prince Georges Landover 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after death with Hygiene.

there then "natural", or flems 23s or 879 Warley Drive 20785 U.S.A. Funeral 14. Race - Amarican Indian. 11. Marital Status 12. Was Decedent Ever in U.S. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) Black, White, etc. 1 ☐ Yas 2 X No If Yas, Give 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced Yaar or Datas: Caucasian Completed The Medical 15. Decedant's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working life. DO NOT usa retired) College (1-4or 5+) Elementary/Secondary (0-12) None None marked other permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked other any Injury or other traumatic avent other. 17. Father's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Anthony Thomas Fattori Gail Ann Chandler 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Anthony T. Fattori-Father 879 Warley Drive, Landover, MD 20785 20b. Place of Disposition (Name of cametery, cremetory or other of ob. Place of Disposition (Name of cametery, cremetory or other place) OCTOb carbon Date
Perry Township Cemetery 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremetion 3 Removal from State Perry Township, Chio 4 Donation 5 DOther (Specify) 12, 1996 21. Signatury of Funeral Service Lice 22. Name and Addrass of Facility Columbia Mortuary Services, Inc. cations that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrast, legitude on each line. na Inter the disease, or complication heart failura. List only one of Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final RESPIRATORY FAILURE 6 Hours diseasa or condition resulting in death) Examiner Due to (or es e consequence of): Examiner UNSPECIFIED PROGRESSIVE NEUROMUSCULAR DISORDER 3 1/2 Years and I-transit The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): physician a POSSIBLE MITOCHONDRIAL ENCEPHALOMYOPATHY 3 1/2 Years Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of POSSIBLE MEROSIN MYOPATHY 3 1/2 Years 98 for use as the hed Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 3 Probably 4 Unknown 1 Yss 2 No É 24b. Were autopsy findings available prior to complation of cause of death? should I Completed 24a. Was an eutopsy performed? certificate hes lirector, page 2 s 1 X Yas 2 □ No 1 X Yas 2 No Attending Physician: Be 25. Wes case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Homa 5 Nasidence 6 Other (Specify) 1 Yes 2 No P 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Certification: After 5 Pending investigation 1 Natural death. 1 ☐ Yes 2 ☐ No octor: 2 Accident 6 Could not be 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) or A efter Direct 4 T Homicide To the Bospital within 24 hours To the Funeral completely Illed 29a. Certifier TO Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

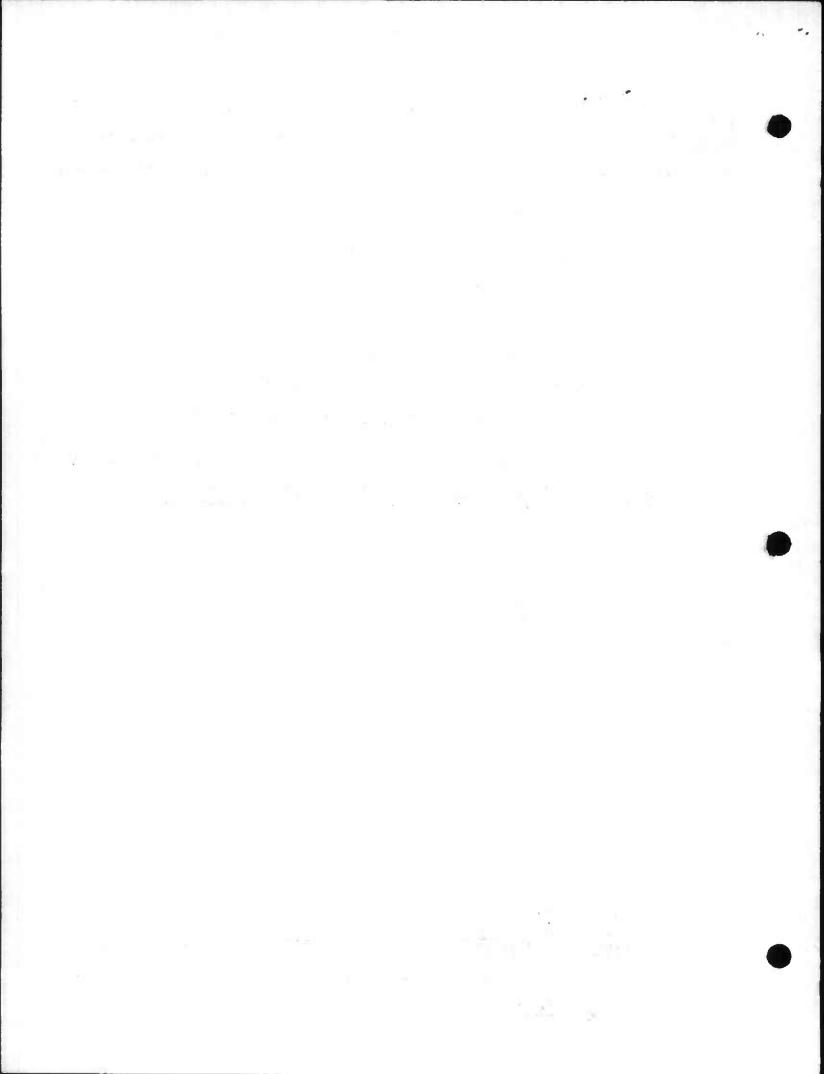
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medical (Check only one) whe of certifier 29b. Signature and 29d. Data signed (Month, Day, Year) 29c. License number D 48336 October 10, 1996

National Naval Medical Center, Bethesda, Maryland

State Registrar 31. Date filed (Month, Day, Year) 32. Registrar's Signature

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Adam L. Hartman, MD



State of Maryland / Department of Health and Mental Hygiene Q 6

96 31738

					C	ertificate of	Death	R	leg. No.	0 0	1750
	Physici	an	1. Decedent's Nama (First, Middia, Last					2. Data of Dea	Dav	Year	3. Time of Death
	/Medic				ne Field	s Fisher		October	1	Ĭ996	10 they
и	Examir	er	4a. Facility Nama (If not institution, giva				4b. City, Town, or L	ocation of Death	4c. County		
			Montgomery Genera 5. Social Security Number 6. Sai		(In yrs. last birthda	ען If Undar 1 Yaar	Olney if Under 24 Hrs.	To Date of Dist	Montg		
	Funeral Director			M 281 F	86 Yrs.	Months Days		8. Data of Birth (Month, Day Nov. 7,			ica (Stata or Foreign y) ce, VA
	Mand Mand		10a. Stata 10b. County		10c. City, Town or	Location				10	d. inside City Limits
	Man	tor	D.C.		Washin	gton					1 Yas 2 □ No
	or 28.	lirec	10e. Street and Number			10f. Zip Coda		1	Og. Citizan of	What Countr	y?
	th wil	ai C	1609 6th Street,	N.W.		20001		Ţ	J.S.A.		
50	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23e or 23e-7 show in jointry or other traumatic event, the Medical Examiner must be must be a 20ce.	y Funeral Director	1 Nevar Married 2 Married	12. Was Decedant Ev Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva	var In U,S. 13	3. Was Decedant of If Yas, specify Cub		pecify Yas or No- Rican, atc.)	Bia	ca - Amarica ck, Whita, at v: Blac	ic.
8	hours ural,	d by	3 Widowed 4 □ Divorced	Yaar or Datas:	10- D-	and a state of the	4/				
21215-0020	filed within 72 Hygiene. ther than "nat int, the Medica	Completed	15. Decedant's Edu (Specify only highast gradi Elamantary/Secondary (0-12)		·) (Gi	cedent's Usual Occu va kind of work dona DO NOT usa ratire	pation during most of worked)	king	16b. Kind of B		istry
	Hygie Hygie ther t		9 17. Fathar's Name (First, Middla, Last)		Beau	itician	18. Mothar's Nam	a /First Middle I	Priv		
Maryland	Mental Is Merked of artic eve	Be C	Joseph H. Fields				Ethel		Maldan Suman	rrei)	
2	2 should and Men is marke	To	19a. Informant's Name/Relationship (Ty		19b Ma	iling Addrass (Stree			City or Town	State Zin (Codel
	nd 2: lith ar 27 is r trau		Mary Helen Harri			9 6th St.			, ony or roun.	, 0,0,10, 2,0	,
Baltimore,	other tr		20a. Mathod of Disposition		20b. Place of Dis	position (Nama of rematory or other pla	ine)	Data	20c. Location	- City or Tow	m, Stata
E	Page net: If iry or		1 ☑ Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Specify)	amoval from Stata		coln Ceme	1	10/8/96	Bladens	sburg.	MD
alti	permit. Pages Department of F Important: If its any injury or of		21. Signature of Funaral Service License	9 / /	,	22. Name and Addr Frazier s				0,	
m	88558		MULIC	k & Le		389 Rhode			Wasi	h D	C 20001
	V 100 (10)		23a. Part1. Enter the disease, or complishock, or heart failure. List only or	cations that caused to							Approximata
	Physician		shook, of hour family and the	Causa on aach ina							ntarval Between Onsat and Death
ч	/Medical		Immediate Cause (Final disaasa or condition	Acv.	TE P.	ENAL	FAIL	IDF			2 DAYS
п	Examiner		rasulting in death)		Due to (or as a cons		171126				2 DAYS
-	D %	ine		UR	OSET	515				_	5 DAYS
745	be exacutician and burial-fran	Examiner	Sequentially list conditions, if any leading to immediate	D	ua to (or as a cons	equence of):					
68760,	cate be exacu physician and sithe burial-tra		Sequantially list conditions, if any, laading to immediate cause. Enter Indentying Cause (Olsease or injury that initiated avents								
387	of physical ss the bu	Medical	rasuiting in death) Last	Di	ua to (or as a cons	equanca of):					
	E 6	M		l						1	
Box	育 電力	Physician/N	Don't Dahan day Managan and data					1			
P.O.	that the de ed by the detached	hys	Part II. Other significant conditions con	tributing to death but	not resulting in tha	undariying causa gr	ven in Part I.		es 2 No	3 Probe	the cause of death? bly 4 ⊠Unknow
	signed in the det	by P	INKKINSON	15	115EA	58		101	48 2LINO	3 11000	ibiy 4610/ikilowi
Division of Vital Records,	pe de la constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della constantina della con	Completed	ATRIAL F	1321	LLA	TION		24a. Was a perform		avail	a sutopsy tindings lable prior to plation of causa path?
Re	0 - 5	mo		-				1 🗆 Ya	as 25 No	10	
ta		BeC	25. Was casa rafarrad to medical				28. Placa of Deal				185 20140
≥	100	ToB	axaminar?	lospital:	t 2 ER/Outpati	lent 3 DOA Ot	har	oma 5 ☐ Raside		ar (Specify)	
o uo	Arlan fune		27. Manner of Death 1 A Natural 5 Pending 2 Accident invastigation	28a. Date of Injury (Month, Day		of 28c. inju	-	28d. Dascribe ho			
Divis	after des after des Director d in by th	Certification:	3 Suicida 8 Could not be datarmined	28a. Place of Injury building, atc.	y - At homa, farm, (Specify)	streat, factory, office		28f. Location (St City or Town		ber or Rural i	Routa Number,
/	To the Hospital of Attension 24 hours after deat To the Funeral Director: completely illed in by the	edical C	29a. Certifiar (Check only one) 1⊅ Certifying Phys 2 Medical Examin	ician: To the best of ear: On the basis of a and mannar state	xamination and/or	ath occurred at tha ti Invastigation, in my o	ma, data and place, opinion, death occur	and dua to the co	ause(s) and ma ata and place,	ennar as star and dua to t	ted. he cause(s)
	To the Milhin 2 To the comple	Me	29b. Signatura and titla of certifus	11		29c. Licans			9d. Data signe		
			D. Q. 111	a Hollin	MIS	1)	9001	1 0	ATABL	D 1-	- 01
		-	30, Nama and addrass of person who co	virace,	1-12	1/1	8922 RGIA A	t P	C/DISE.	K /2/	16

Jahr Dander Rankell

DHMH 16 Rev 6/95

Registrar

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Day Year Harry Oscar Gibson October 3,1996 5:32 PM 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death MEMORIAL Hospital Easton Easton Talbot 7. Age (In yrs. last birthday) If Under 1 Yeer Months Days If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number Birthpleca (Stata or Foreign Country) 1 M 2 F Yrs 218-09-6817 MD 10-04-1915 Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 ☐ No Talbot 214 Port St. Easton, Md 21601 10e. Street end Number 10f. Zlp Coda 10g. Citizan of What Country? 214 Port Street 21601 U.S.A. 12. Wes Dacedant Evar in U,S. Armed Forces? Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) Bleck, White, atc. Black 1 Yas 2 No If Yes, Giva Year or Dates: 1☑ Nevar Married 2 Merried 1□ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) Driver-Labor 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Frank Frost Annie Gibson 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Lillian Gibson 214 Port Street Easton, Md 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 Burial 2 Cramation 3 Ramoval from Stete 4 Donation 5 Othar (Specify) Richardson 10/10/96 Easton, Md 21. Signeture of Funaral Sarvice Licensee 22. Name end Address of Fecility 23a. Part i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. 322 East Ave Immediata Causa (Final disaasa or condition rasulting in daath) <10mm Sequantially list conditions, if any, leading to immediata cause. Enfar Undarfying Cause (Disaase or Injury that Initiated avants rasulting in daath) Lasf Due to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? bronic obstructive 1 Yea 2 No 3 Probably 4 Unknown outmonery disease 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 □ Yas 2 □ No 25. Was casa rafarrad to medical axaminar? 26. Placa of Death (Check only ona) 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 □ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding 1 ☐ Yas 2 ☐ No invastigation 6 Could not be datarmined Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) Certifying Physician: To tha bast of my knowledge, daath occurred at tha tima, data and place, and dua to the causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) end manner steted. 29b. Signetura and titla of certiful 29d. Dete signed (Month, Day, Year) 30. Nama and addrass of person who complated cause of daath (Item 23a) (Type, Print)

Division of Vital Records, P.O. Box 68760,

and -transit law requires that the death certificate be executed physician ar 88 use a for signed by the a d be detached f been sig page 2 has certificate Hospital or Attending Physician: director. this funeral After 24 hours after death. within 24 ho To the Fune completely fi å, 0

Physician

/Medical

Examiner

10a. Steta

MD

11. Marifei Sfefus

10

Director

Funeral

by

Completed

8

Funeral

Director

ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "naturel", or iter any injury or other traumatic syent, the Medical Examinet once.

Physician

/Medical

Examiner

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

Medical

Natural 2 Accident

3 Suicide

4 Homicida

(Check only one)

29a. Cartifiar

with the Maryland

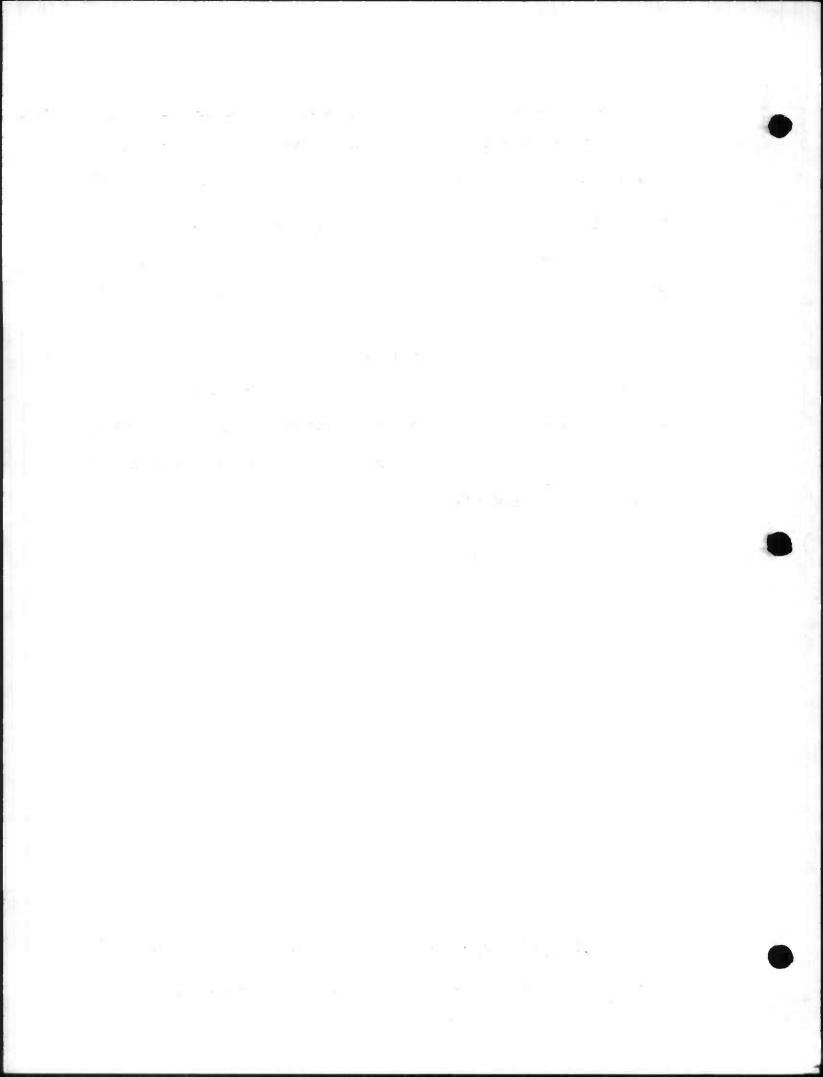
death

State Registrar

Michael D Crowley, M.D, 508 Idlewild Ave. Easton Md 32. Registrar's Signatura

1996

Julia Davidson-Randall



				State of Ma			of Health ar	nd Mental Hy	giene (96	31740
	Physic /Medi		1. Decedent'a Name (First, Middle, Last) GEORG	E	GROOMS	5		2. Date of De Month	Day	Year 1996	3. Time of Death
	Exami		4a. Fecility Neme (If not institution, give st NORTH ARUNDE I	- HOSP			GLEI	n, or Location of Death	4c. Count		
4	Funeral Director		5. Social Security Number 6. Sex 212-14-3958	M 00 5	(In yrs. last birthday) 78 Yrs.	If Under 1 Y Months D		Min. JUNE 11	y, Year) 1918	Town, Stata, Zip Code) 133 ation - City or Town, Station - City or Town, Stata, Zip Code) 133 ation - City or Town, Station - City or Town, State, MNSVILLE, MISTORIAL - City or Town, State, Code) 133 ation - City or Town, State, MNSVILLE, MISTORIAL - City or Town, State, Code) 134 COLUMN - City or Town, State, Code) 135 Control - City or Town, State, Code) 137 Code - City or Town, State, Code) 138 Code - City or Town, State, Code) 139 Code - City or Town, State, Code) 130 Code - City or Town, State, Code) 131 Code - City or Town, State, Code) 132 Code - City or Town, State, Code) 133 Code - City or Town, State, Code) 134 Code - City or Town, State, Code) 135 Code - City or Town, State, Code) 137 Code - City or Town, State, Code) 138 Code - City or Town, State, Code) 139 Code - City or Town, State, Code) 130 Code - City or Town, State, Code) 131 Code - City or Town, State, Code) 132 Code - City or Town, State, Code) 133 Code - City or Town, State, Code) 134 Code - City or Town, State, Code) 135 Code - City or Town, State, Code) 137 Code - City or Town, State, Code) 138 Code - City or Town, State, Code) 139 Code - City or Town, State, Code) 140 Code - City or Town, Code, Code) 140 C	place (State or Foreigntor) LAND
	sa-f show	Director	10a. State 10b. County MARYLAND ANNE ARUNI		10c. City, Town or Lo					10d. Inside City Lin 1 1 Yes 2 □	
	th with the		10e. Street and Number 920 CENTRAL STREE	T		10f. Zip Co	de 1401				itry?
0000	72 hours effer death with the Manyand 'netural', or Items 23s or 28s-f show does Exerciter must be confided at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	2. Was Decedent Ev Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: 1 C		Was Decedent f Yes, specify I ☐ Yes 21		n? (Specify Yes or No Puerto Ricen, etc.)	Bie	eck, White,	etc.
21215-0020	d within plana. r than	Completed	15. Decedent's Educe (Specify only highest grade Elementary/Secondary (0-12) 1.2 th	ction complated) Collage (1-4or 5+	(Give life. I	lent's Usuai O kind of work d DO NOT use re ATERIN	one during most o etired)	of working			
Maryland	should be filed nd Mental Hygi marked other amatic event, I	To Be	17. Fether's Name (First, Middle, Last) GEORGE E. GROOMS	, SR.				Name <i>(First, Middle,</i> GGIE HALL	Maiden Suma	me)	
Baltimore, Mar	s 1 end 2 s r Health er tem 27 is other trau		19a. Informant's Name/Relationship (Type) EVELYN FORTH (STEP) 20a. Method of Disposition VXBuriel 2 □ Cremation 3 □ Relation 5 □ Other (Specify)	DAUGHTER	2928 20b. Place of Dispo cemetery, crem	N. 12t sition (Name of natory or other	h STREET	PHILA. PA	. 19133 20c. Location	- City or To	own, State
Balti	permit. Page: Department of Important: If is any injury or		21. Signature of Funeral Service Licensee	Rees	22 WM	Name and A	ddress of Facility E & SONS	MORTUARY,	P.A.		
	Physician /Medical Examiner	Examiner	23a. Part1. Enter the disease, or complice shock, or heart failure. List only one limmediate Cause (Final disease or condition resulting in death)	PNE	LUMONIA	ł	dying, such es ce	rdiac or respiretory a	rest,		Approximete Interval Between Onsat end Death WEEKS
Box 68760,	that the death certificate be executed of by the attending physician and deteched for use as the bunal-transit	Physician/Medical Exar	Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Ceuse (Diseasa or injury that initiated evanta rasulting in death) Last d		ue to (or as a conseque to (or as a conseque						
P.O.	at the dead of by the a	Physic	Pert II. Other significant conditions contributions MULTI INFARCT			derlying cause	e given in Part I.				
cords,	been sign	Completed by	-	LLITUS					an autopsy med?	eve co/	ere autopsy findings eilable prior to mpletion of cause
ital Re	The ate h	Be Com	LI Y POTHYROID	SM			26 Place of	1 □ Y	es 2 No		,
ivision	or Attending Phys ifter death. Director: After this in by the funeral di	Certification: To E	1 168 2 NO	spital: 1 Inpatient 28a. Date of Injury (Month, Day) 28e. Place of Injury building, etc. (28b. Tima of Injury	28c. I	Other: 4 Nursi	ng Home 5 Resid	ence 6 Otto	rred	
	To the Hospital within 24 hours a To the Funeral C completely filled	Medical C	29a. Certifiar 1 Certifying Physic (Check only one)	ian: To the best of r : On the basis of ex and manner state	(amination and/or inv	occurred at the	e ti <i>m</i> a, data and p ny opinion, daath o	place, and dua to the o occurred at the time, o	euse(s) and m lata and place,	anner as stand dua to	ated. tha cause(s)
	To th To th		29b. Signeture end title of certifier Yal	MD.		D	ense number 4696				
			30. Name end address of person who com M·SHIRAZI, M.D.	House P	HYSICIAN.	Print) NoRT	H ARUNI	DEL HOSP	TAL. A	1D 2	1061.
	Sta Registr	- 1	31. Date filed (Month, Day, Year) OCT 0 8 19	32. Registrar's	Signeture	fandell					

Early and the second of the se

I although a more than a graph and it is a gard and a second

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Year **Physician** OCT. 6 1996 THOMAS GREEN 12:10 am /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL If Under 1 Yeer | If Under 24 Hrs. | Months Deys Hours Min. 8. Dete of Birth 9. Birthplace (Ste Country)
APRIL 23 1933 MARYLAND 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign **Funeral** 1€XM 2□ F Yrs 212-36-8942 63 Director Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than *natural', or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be notified at once. 10c. City, Town or Location 10d. inside City Limits YYes 2 No Directo MARYLAND ANNE ARUNDEL ANNAPOLIS 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1816 F. COPELAND STREET 21401 US Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 14. Rece - American Indian, Bleck, White, etc. 1 Never Merried 2 Married 1 Yes 2 No BLACK Specify: p 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 4th 0 FARMER SELF EMPLOYED 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be JAMES GREEN ELLEN HOPKINS 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1816 F. COPELAND STREET ANNAPOLIS, MD. 21401 MARGARET GREEN (SISTER) 20b. Piece of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stete cemetery, cremetory or other plece)
CHEWS CHURCH CEMETERY 1 ☑ Buriei 2 ☐ Cremetion 3 ☐ Removel from Stete 10/10/96 OWENSVILLE, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility WM. REESE & SONS MORTUARY, P.A. 21. Signeture of Funerel Service Licensee 4. Keese Lavy 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediete Cause (Final disease or condition resulting in deeth) HYPOTHERMIA/INANITION/Coron 274 Disease
Due to (or es a consequence of): **Examiner** GRAMNEGATIVE SEPSIS SUSPECTED BUT NOT PROVEN 48 H Physician/Medical Examiner attanding physician and for use as the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or as e consequence of): HYPERTRANSAMINASEMIA Due to (or es e consequence of): use as t PROFOUND DEMENTIA OF ALZHEIMER'S TYPE 5/p Sub endoanded MI/Dehydradian 3 who ago no to deeth but not resulting in the underlying cause given in Pert I. | 23b. Did tobacco use contribute to the cause of death? signed by the a Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown Alcohol (aucoma þ 24e. Wes an autopsy performed? 24b. Wera autopsy findings available prior to completion of cause of death? 1□ Yes 2 DNo 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 22 No 2 1-2 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Dete of injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 1 Neturei 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 24 hours after deat Funeral Director: 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piace, and due to the cause(s) and menner stated. (Check only one) within 2 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D3199 1016 0

State Registrar

31. Dete filed (Month, Dey, Year)

OCT 0 8 1996

30. Neme end address of person who completed cause of deeth (item 23a) (Type, Print)

ANDREW GORDON MD 2003 Medical Phusey Annepolis Md 21403 32. Registrer's Signeture

r death.

Hospital

altimore, Maryland 21215-0020

law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760.

		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN	_	
		1. DECEDENT'S NAME (First, Middle, Leet) ELEANOR	Berardel1	MARR	NOSIS		2. DATE OF DEATH	~_IQE	3. TIME OF DEATH N M
Pin		4. SOCIAL SECURITY NUMBER 175-05-8272	5. SEX 6. AGE (I	(In yrs. last birthday) 79 vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	717 P	ennsylvania
1, 2, 3 should	CTOR	96. FACILITY NAME (If not institution, give st Larkin Chase Nu RESIDENCE OF DECEDENT			Bowie	OR LOCATION OF DEA	ATH	Prin	of DEATH Ce George
Pages	DIRE		v ce George		TY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
020 physician. burlal-transit permit.	INERAL	15005 Health C	enter Driv			20716		United	of what country?
	BY FUN	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 TNO	If yes, sp	CENDENT OF HISPANI Decify Cuben, Mexican S 2 X NO Specify:			RACE — American Indian, Black, White, etc. Specify: White
Z127	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of ille. Do NOT u	•	ON ost of working	16b. KIND OF BUS	SINESS/INDUST	RY
S de la	COMF	17. FATHER'S NAME (First, Middle, Lest)		Proce	essor	16. MOTHER'S NAM	Photo AE (First, Middle, Meiden	Sumeme)	
8 & & &	BE	Eugene Frank B	erardelli	10h MAILING	ADDRESS (Street a		s Jean M.		
be retained ge 5 should e notified	2	Pearl Garrison					ian, MD 2		a)
e 6 may be ector, page must be		20e METHOD OF DISPOSITION 1- Burlal 2 Cremetion 3 Ramo 4 Donation S Other (Specify)	ovel from State 20b.		OF DISPOSITION (Na	ame of		CATION — City	and the state of t
BALLIMOR For death. Page 6 ma the funeral director, p val.		21. BIGNATURE OF PUNERAL SERVICE LICE			22. NAME AN	ND ADDRESS OF FAC NINGHAM		НОМЕ	
hours aft of in by or remo		23. PART i. Enter the diseases, or c shock, or heert failure. I IMMEDIATE CAUSE (Final	complications that caused List only one cause on ea	the deeth. Do ech line.	not enter the mo	ode of dying, auch			
with. pletely cremati		disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE O		MA			>7-day
executor and to bur	TION	Sequentially list conditions, if any, leading to immediate	b. HEM	CONSEQUENCE O	RIA		10-		
a e be a	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	WA	OLOX	i.(CE	アノズ	2
t the death certify the death certify by the attending of the injury, or other injury, or o	O	PART II. Other algnificent conditions	a contributing to death b	ut not regulting	in the underlying	c cause given in f	Part I. 24s. WAS AN	AITTORGY	24b. WERE AUTOPSY FINDINGS
Z 8 2 8 7	MEDICAL	CACHEY	KIA		III the showing and	a conse direit i	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AL RECO		DID TOBACCO USE CONTR					10		
SICIAN: The certificate he state he beat from the state he beat from	SICIAN	EXAMINER?	HOSPITAL:		TH (Check only one) THER: Unraing Home	ne 5 🗆 Residence 6	5 C) Other (Specify)		
DING PHYSICIA After this certil death with the marked, or	ву РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending E Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		ME OF JURY WO 1 Y	URY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW II	NJURY OCCURE	0
CTOR: A after d	ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term,	street, factory, office	•	28t. LOCATION (Street e City or Town, State)	and Number or R	ural Route Number,
Z Z Z E	COMPL	one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowle R: On the basis of examination						use(s) and manner se stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	80	NO.	~~	D-34	525	29d DATE SIG	NED (Month, Day, Year)
		S. J. KAO, MD	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	hel vi	le Roo	10,#2	20/8	oure-Ma
		31. DATE FILED (Month, Day, Year) OCT 2, 2, 199	6 Tale Daile	BioKardall					

State of Maryland / Department of Health and Mental Hygiene 96 3 1 7 4 3

					Cen	tificat	e of	Death			Reg. No.			
30 31		1. Dacedent's Neme (First, Middla, La								2. Data of Dec	eth		3. Tima o	of Death
Physi		Leonore	6-0	tes						Month	Dey	A ear	2:	5-5 Am
/Med Exam		4e. Fecility Nama (If not institution, giv		-1-3				4b. City, To	wn, or L	ocation of Deeth		ounty of Deat		
		Suburban Hospita	1					Beth	aeda		M	lon toom	OWIE	
Funera	1	5. Social Security Number 6. S		In yrs. last bi	irthdey)	if Undar		If Under	24 Hrs.	8. Date of Birt (Month, De	th .	lontgom	nptece (Stete untry)	or Foreign
Directo		479-14-2103 Usual Residence of Decedent	□ M 2ਊF	89	Yrs.	Months	Deys	Hours	Min.	Oct.22,		Iow		
of the		10e. Stete 10b. County	1	Oc. City, Tow	vn or Loc	ation							10d. Insida C	City Limits
the Man 28a-f sh sottfled	Director	Maryland Montgom	ery	Rockvi	ille	404 70	0.1							s 2□No
n with 23a or all be r		10301 Grosvenor P	lace Apt. 3	06		10f. Zip	208	52			_	n of What Co	untry?	
de de	Funeral	11. Marital Status	12. Wes Decedant Eve		13. W	as Dece			gin? (Sp	ecify Yes or No- Rican, etc.)		. Reca - Ama		_
72 hours after death with the Marylar naturals, or items 23a or 28a-f show digal Examines must be notified at	by Fu	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorcad	Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give Yaar or Detes:			Yas, spe∈				Hican, etc.)		Bieck, White becify:		
d within 72 hours at glene, or then "netural, or the Medical Exam		. 15. Decadent's Ed		16e	Decede	ent's Usua	ai Occur	netion			16h Kind	Wh of Business/	ite	
E P	Completed	(Specify only highest gre	de completed)		(Give k	ind of wo	rk done	during mos d)	t of work	ring	TOD. TRING	OI DUSINGSS/	ilidustry	
within with the Men	E	Elementery/Secondary (0-12)	College (1-4or 5+)	0.1				-/			D 1	1 0		
D BEEF		17. Fether's Neme (First, Middle, Last)			Lerk			18. Mothe	er's Nam	e (First, Middle,		al Gov	ernmen	t
Maryiand d2 should be ille lith and Mental Hy 7 is marked othe traumetic event.	Be										Worden of	,,,,,,,,,		
should b nd Menta marked marked	2	Joseph V. Helt 19e. informant's Neme/Reletionship (Euro Dieni	400			10.	Ma	y Ke	egan				
d2 shc d2 shc h and f is me traum				10	0. Melling	Gros	Ven	or Pl	er or Hui ace	Ant 30	6 Ro	ckwill	e Mary	land
		Marilyn L. Markm. 20e. Method of Disposition		20b. Piece o	of Dienoei	ition /Alou	no of	01 11.		Apt. 30	0 100	2085	2,1141 y	Land
wemit. Pages 1 a Appartment of Hea Important: if Item. Iny Injury or other		1 X Burlel 2 Cremetion 3		cemete	ery, creme	etory or o	ther ple	ce)	İ	Dete	20c. Loca	tlon - City or	I own, Stete	
Physician /Medica	_	23e. Pert1. Enter the disease, or community shock, or heart feilure. List only	one ceuse on each line.		500 not enter	Uni	Lver la of dylr	sity ng, such as	B1vd cardiac	Funeral .,W. Si or raspiratory ar	1.Spr	.,Mary	Approxima tntervel Be Onsat and	ite otween Deeth
Examine	_	disaase or condition resulting in death)	e. Bro	nch	0p	neu	ma	Ma					da	/3
	ē		b. Ceresr	e to (or as a	consequ	enca of):	\wedge	.,	1			- 1		les
ored ansit	Examiner		b. Ceresr	·Vas	cula	1	tec	iden	/			-	wee	
and and	Exa	Sequentielly tist conditions, if eny, leeding to immediate cause. Eniar Underlying Ceuse (Disease or Injury	Du	e to (or es e	conseque	ence or):						1		
certificate be executed ding physician and less the burial-transit		Ceuse (Diseese or Injury that initiated events	c									į		
Phys the	Medical	resulting in deeth) Lest	Due	e to (or as e	conseque	ence of):						i		
Seath certificates the estate of for use estates			d											
	cia													
the de	Physician	Pert il. Other significant conditions co	ontributing to death but n	ot resulting i	in the und	derlying c	ause giv	en in Pert i		23b. Dld t	obacco us	e contribute	to the causs	of death?
s that to	by Ph									1 🗆 1	Yss 2	No 3□Pr	obably 4	Unknown
3 _ 11 0	Completed									24a. Was perfo	en eutopsy med?	6	Vere autopsy valleble prior completion of death?	to
The law ate has page 2	E									101	res 2년	No.	☐ Yas 2☐	1 No
ician: The certificate rector, pag		25. Was case referred to medical						eo D:				40	100 2	140
Physician: this certific ral director,	Be	examiner?	Hospital:				Oth	or.		h (Check only o				
Phys ral di	- T	27. Manrier of Deeth	1 tnpatient	2 ER/O	Time of		'A	4 LI NU	rsing Ho	me 5 Rasid			rify)	
After funer	20	1 ☑ Naturet 5 ☐ Pending	28e. Dete of Injury (Month, Dey Ye	ear) 200.	injury	M	8c. Injur Wor	k? Yes 2□	No	200. Describe ii	iow injury c	occurred		
or Attan	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined		- At home, fa	arm, stree			165 20	140	28f. Location (S City or Tow		Vumber or Ru	rai Route Nur	mber,
To the Hospital within 24 hours of To the Funeral completely filled	edical C	29a. Certifier (Check only one) 1 Certifying Phy	vsician: To the best of milner: On the basis of ex	aminetion an	e, deeth o	occurred stigation,	at the tin	ne, dete en ptnton, dea	d piace,	end due to the o	cause(s) er	nd manner as eca, and due	stated. to the cause(s)
the the	Med	29b. Signeture end title of certifiar	end menner steted	l.		200	Llanna	a aumhar			and Date		Day Vass	
N N N		250. Significate end title of certifier	tu Mush	da in:	~	290	. Licans	a number	2 1-	2	290. Dete 5	signed (Month	, Day, Year)	
1		fer foral	m / 1 / us -	- m	m)		1-	, , , , ,	-)	macrac	1	16/1		
1		30. Name and address of person who o	completed cause of deeti	n (item 23e)	(Type, Pr	rint)							Bethe.	sola
ч		Lee Jona	Than Mi	ishe.	~ h	10	6	320	122-1	macrac	7 /3	hd	MD 2	08/1
St	ate	31. Dete filed (Month, Day, Year)	oz. Hogistiai ş	orginotare							1			



REG. NO.

2. DATE OF DEATH

October I,

FOR STATE REGISTRAR

Irma K.

4. SOCIAL SECURITY NUMBER

1, DECEDENT'S NAME (First, Middle, Last)

Goodger

5. SEX

BALTIMORE, MARYLAND 21215-0020	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	The second secon
	hours after death.	
	57	-
8	Hub	
VISION OF VITAL RECORDS, P.O. BOX 68760	executed w	
6	8	
8	ficati	
0	certi	1
0	eath	
DS	the d	
H	that	
ECC	equires	
1	J ME	
L	The	
5	AN:	
P	YSICI	
7	F	
ō	DING	
S	TEN	-
-	100	1

P		555-32-430		1 🗌 M 2 💢 F	81	YRS.	монднв	DAXS	HOURS	MIN.	ept. 22,	1915	North	Carolina
3 should	H.	9a. FACILITY NAME (II not in						town e	or Locatio	ON OF DEAT	Н		TY OF DEAT	
1, 2,	5	RESIDENCE OF DEC	CEDENT									Mo	ntgon	lery
Pages	DIRECTOR	Maryland	Mont	gomery			v, rown o		TION					Id. INSIDE CITY
ermit.		10e. STREET AND NUMBER		gomery		Д	ethes		f. ZIP CODE			10a CITIZ		T COUNTRY?
n. ansit p	FUNERAL	9200 East Pa	arkhil	l Drive)814		log. Ciria	US	
	ВУ	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X			1 yes, sp	CENDENT OF Secify Cuben	i, Mexican, I	ORIGIN? (Specify Y Puarto Rican, etc.)	bs or No—	Bleck, W	American Indian, This, etc. White
or attending r use as the	COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	(Gi	ve kind of a	USUAL Of	CCUPATIO	ON ost of working	,	16b. KIND OF B	USINESS/INDI	JSTRY	
spital o	PLE	Elementary/Secondary (0	0-12)	College (1-4 or 5+)		omem.					Own Ho	me		
the hospital detached to once.	NO.	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTH	ER'S NAME	(First, Middle, Maide			
# 8 6 E	BE (Thomas Koon								Will:				
retained to 5 should notified	5	Kermit E. Go		, Jr.							te Number, City or Ro			0814
6 may be ector, page must be		20e, METHOD OF DISPOSITI	ION on 3 - Reme		20b, PLACE	NDDATE	OF DISPOS	ITION (Na	ame of		DATE 20c.1	OCATION — C	aty or Town,	State
		4 Donation 5 Other 21. SIGNATURE OF FUNERA	-	ENSEE	Arlin	gton	22.	NAME AL	ND ADDRES	Cemetery Arlington, Virginia				
0 = 0		Steve	uD&	Touch			I	Fran	cis J	. Co.	llins Fu	neral . Sil.	Home,	Inc. MD 20901
n by rem		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Interval Between												
15 Pile 154		IMMEDIATE CAUSE (Fir												Onset and Death
ted within 24 completely fille ial, cremation, event, the		resulting in death)	→	Carcino	ma of t			es						Years
n certificate be executed nding physician and con Hygiene prior to burial, or other traumatic en	ERTIFICATION	Sequentially list condition in any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injusted initiated events resulting in death) LAS	diete ING Iry	DUE TO (C	OR AS A CONSECUTIVE AS	UENCE O	F):							
the death y the atten of Mental P	S	PART II. Other significa	nt condition	s contribution to d	eath but not r	aultina i	in the sen	dodulos		luan In Da	11 1 1 1 1 1 1 1 1 1			
that the and the and I	DICAL	Malnutrit					III tile uii	derrying	y couse gi	IVOII III PEI		N AUTOPSY PRMED? 2 NO	AM CO	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
w requires been sign x, of Heal	ME	DID TORACCO II	CE CONT	VIBLITE TO CALL	CE OF DEA	PI A NOT					_		1 (YES 2 NO
13 ge 8 g	SICIAN:	DID TOBACCO U 25. WAS CASE REFERRED TO		GBUTE TO CAU			H (Check o		UNCE	RTAIN				
AN:		EXAMINER? 1 YES 2 NO	ĺ	HOSPITAL: 1 Inpatient 2 I	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Res	idence 6	Other (Specify)			
오 골 돌 명 [PHY	27, MANNER OF DEATH 1 🔯 Natural 5	Dandina	26a. OATE OF III (Month, Day)		26b. TIM	-	28c. INJ			d. DESCRIBE HOW	INJURY OCC	UREO	
Wher this clearth with marked	ВУ	2 Accident	Pending Investigation	20 DI ACE OF	IAL II IPW A. b		М		YES 2					
L OR ATTENDING PHYSICI DIRECTOR: After this cer hours after death with th	TED		Could not be determined	building, et	INJURY — At hor ic. (Specify)	ne, ramn, s	treet, lecto	ory, office	•	26	If. LOCATION (Street City or Town, State		r Rurel Route	Number,
TAL OR AL DIR 72 hour	COMPLET			CIAN: To the best of m										
HOSPITAL FUNERAL WITHIN 72 I		29b, SIONATURE AND TITLE		R: On the basis of exa	- Indicate and the second	rvestigatio	n, in my of	pinion, a						
TO THE HOSPI TO THE FUNER be fied within	O BE	Davi	da.	Hass	Mo				D239	11	R			3, 1996
2	2	30. NAME AND AODRESS OF												3, 1770
20		Dr. David A.	Blass	9410 (Old Geo	rget	own R	load	, Bet	hesda	, Maryla	and 20	814	

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

OCT 0 7 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

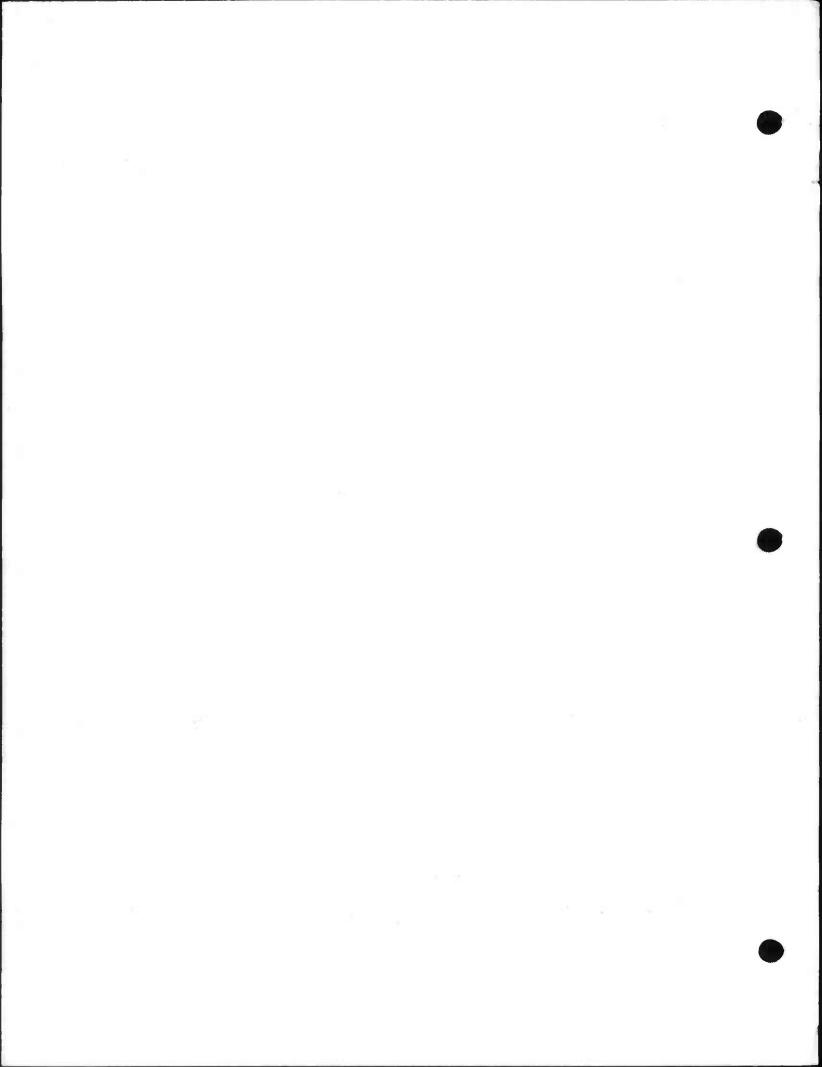
31744

3. TIME OF DEATH

Рм

2:28

8. BIRTHPLACE (State or Foreign Country) 1915 North Carolina



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

31765

1	M	ed	iar Ica ne	ı
_	_	_		ı

Funeral Director

28a-f show traumatic event, the Medical Examiner must be notified at ò 238 Herne filed within 72 hours after Hygiene. ther then "natural", or ite permit. Pages 1 and 2 should be filed.
Department of Health and Mental Hyrizan any Injury or other. marked other

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

Examiner physician end the burial-transit that the death certificate be executed Box 68760. Physician/Medical signed by the at the detached for P.O. Division of Vital Records, þ Completed page 2 or Attending Physician: funeral director, Be Certification: To this After To the Hospital or Attendi within 24 hours efter deeth. To the Funeral Director: A the filled in by Medical

1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey JOSEPHINE PATRICIA GREEN OCTOBER 2, 1996 6:45 AM 4e. Feclity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | 10/17/1911 5. Sociel Security Number 7. Age (In yrs, last birthday) Birthplece (State or Foreign Country)
 POLAND Deys Months 1 M 2 F Yrs 84 048-05-6104 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No MARYLAND MONTGOMERY GAITHERSBURG 10e. Sfreet and Number 10f. Zip Code 10g, Citizen of Whef Country? 19108 RHODES WAY 20879 UNITED STATES Funeral 12. Was Decedenf Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yes 2 🕅 No If Yes, Give Year or Detes: 1 Never Merried 2 Married 1 ☐ Yes 2 🗓 No Specify: þ Specify: 3 ♥ Widowed 4 Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) **JOSEPH** RZEPNIEWSKI EMELIA MALACIEWSKI 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) PATRICIA CILIMBERG, DAUGHTER 19108 RHODES WAY, GAITHERSBURG, MD 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Dis OCT. 3, 20c. Location - City or Town, Stete 1 D Burial 3 DRemoval 4 Donati Other 55000 METROPOLITAN CREMATORY 1996 ALEXANDRIA, VIRGINIA 21. Signatury of Fu eral Service Licens 22. Name end Address of Fecility DE VOL FUNERAL HOME 10 EAST DEER PARK DR., GAITHERSBURG, MD 20877 mad complications to it caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, only one cause on each line. for the disease, of heart failure. List Immediate Cause (Final disease or condition resulting in deeth) ACUTE PULMONARY EMBOLISM Due to (or es e consequenca of) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Irijury that initiated events resulting in deeth) Lesf Due to (or es e consequenca of) Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? RIGHT HIP 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings eveileble prior fo completion of cause of deeth? 24e. Wes en eutopsy performed' 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 1 X Yes 2 □ No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 ☐ Residenca 8 ☐ Other (Specify) 28e. Dete of Injury (Month, Day Year) 28b. Time of Injury 27. Menner of Death 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural SEFT 25 96 PM 1 1 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 1 Yes 2 No FELL 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner es steted. (Check only one) 2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29b. Signeture end fitle of certifie 29d. Dete signed (Month, Day, Year) OCTOBER 3, 1996 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar

OCT 0 8 1996

31. Dete filed (Month, Day, Year)

FRANCIS C. MAYLE, M.D., 10215 FERNWOOD RD., #301 32. Registrer's Signeture

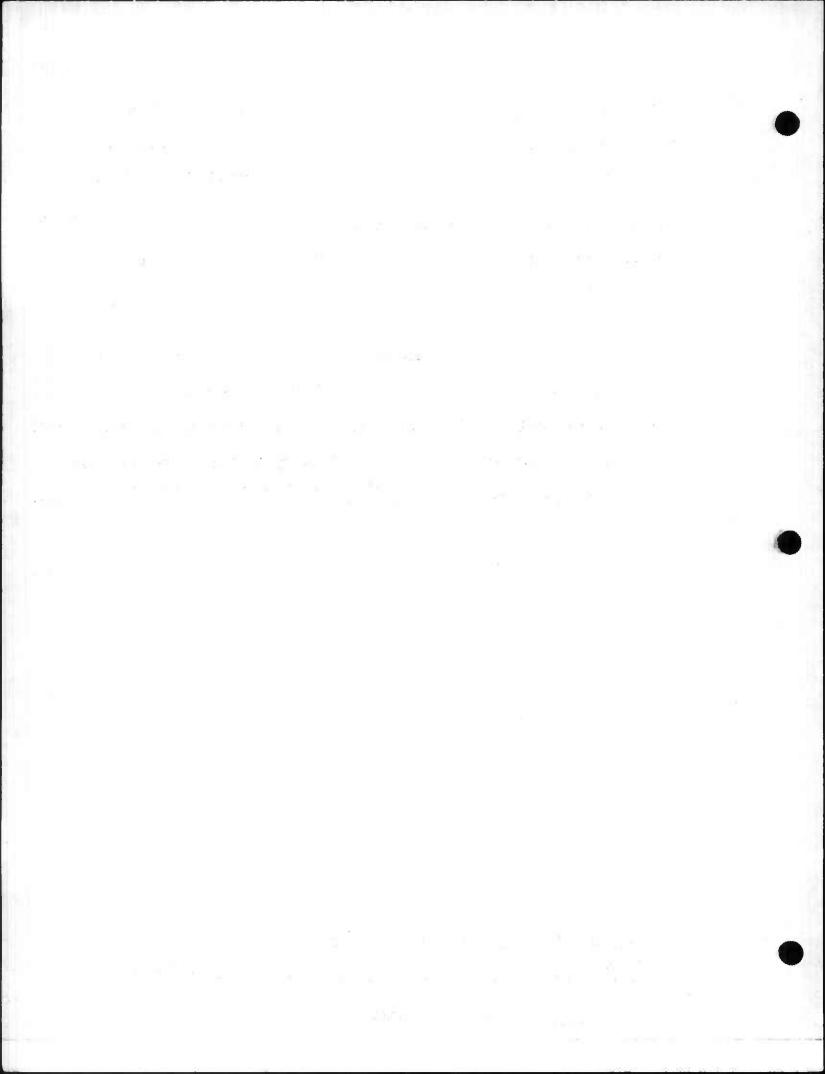
BETHESDA, MARYLAND

20817-1106



				State of N		Department of F Certificate of		Mental Hy	ygiene Reg. No.	6 3	1746
	Physici /Medic		1. Decedent's Name (First, Middle, La MARIANNA S. GILI	OTTI				2. Date of D Month OCTOBE	ER 6, 199	Yeer	3. Time of Death 7:00 AM
F	Examir uneral irector	ner		Road	ge (In yrs. last bir		4b. City, Town, or L Silver SI If Under 24 Hrs. Hours Min.		Mont	gomery	e (State or Foreign
land	MO TE		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town	or Location		1000.5			Inside City Limits
the Men	a or 28a-f show be notified at	Director	Maryland Montgon	nery	Silve	r Spring					1 ☐ Yes 2 ☑ No
h with	23a or		1301 Forest Glen	Road		10f. Zip Code	901		10g. Citizen of V		?
5-0020 72 hours efter deeth with the Meryland	or items	by Funeral	11. Merilel Status 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. Wes Decadent Armed Forces' 1 ☐ Yes 2 ☑ If Yes, Give Year or Dales:	?	13. Was Decedent of H		pecify Yes or N Rican, etc.)		a - American ck, While, etc.	
d 21215-0 filed within 72 ho Hygiene.	than "nature of the Medical	Completed	15. Decedent's E (Specify only highest gra Elementary/Secondary (0-12)	ducation ade com <i>pleted)</i> College (1-4or	5+)	Decedent's Usual Occup (Give kind of work done life. DO NOT use retired od Server	pation during most of worl d)	king	16b. Kind of Bu	usiness/Indus	itry
		BeC	17. Father's Name (First, Middle, Last)	10	od Server	18. Mother's Nam	ne (First, Middle	Food Se B. Maiden Sumam		
Maryland d 2 should be file th end Mental Hy	7 is marked other traumatic event, 1	70	Giulio Giliotti 19a. Informant's Name/Relationship (106	Meiling Address (Street	Vittori		0	Ctate Tin Co	
Baltim permit. Pa	important: if it any injury or o		20e. Method of Disposition Burial 2 Cremation 3 4 Donation 5 Other (Specification of Specification y)Entombmer	of the death, Don	Francis J. 500 Univer	emetery 1 ss of Facility Collins	0/09/96 Funeral	Silver	Spring Inc. Marylar	g, Maryland nd 20901 pproximate lerval Between	
/Me Exa	sician edicai miner	ner	Immediate Cause (Finel disease or condition resulting in death)	a. cor	Due to (or, as a c	a sculure onsequence of): 1 C dif	collaj	se		1	4 MUP
4	ding physician end se es the buriel-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	0.	Due to (or as a co	onsequence of):	the or			6	ques.
O. Box	he attending hed for use ex	Physician/M	Part II. Other significant conditions o	ontributing to death b	ut not resulting In	the underlying cause giv	en in Part f.	23b. Dfd	tobacco use con	atribute to the	e cause of death?
O F	signed by the a	by Phy	Carci um	a ut	Buth	Rouasi	5	10	Yee 2 No	3 Probabl	ly 4 Unknown
ecor aw requ	2 shoul	Completed b							s an autopsy omed?	avallat	autopsy findings bie prior to letion of cause th?
tal R	Da a	a	25. Was case referred to medical				` 00 Dl (D	10		1 □ Ye	es 2□ No
of Vita	0 0	TOB	exeminer?	Hospital:	ent 2 ER/Out	petient 3 DOA Oth	26. Place of Deal er: 4 Nursing Ho		one) idenca 6 □Othe	er (Specify)	
Division of a Attending Prefer deeth.	After th		27. Menner of Death 1 Naturat 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be		y Year) In	jury Wor	yat k? Yes 2□No		how Injury occurre		outo Mumbar
Div A leal or A	al Dire	Cert	4 Homicide determined	building, et	c. (Specify)	in, street, rectory, offica		City or To	wn, State)	yr or riurar ric	Aute / Vulliper,
the Hospital	the Funer	edical	29e. Certifying Ph (Check only 2 Medical Exam	ysician: To the best niner: On the basts of end manner st	l examinetion and	deeth occurred at the tin for investigation, in my o	ne, date end piaca, ptnion, death occur	and due to the red et the time,	cause(s) and ma dete end placa, a	nner as stated and due to the	d. cause(s)
To the	Com	M	29b. Signature and title of certifier M. H.	folia		, -	10101		29d. Dete signed	96	, Year)
-)		30. Name and address of person who is			Type, Print) EORGIA ATC.	SILVERS	PRING	4d. 20	902	
F	Stat Registra	r.C.	31. Date filed (Month, Day, Year) OCT 0 9 199	F 0.	ar's Signature Davidson-V	andelle					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 31717

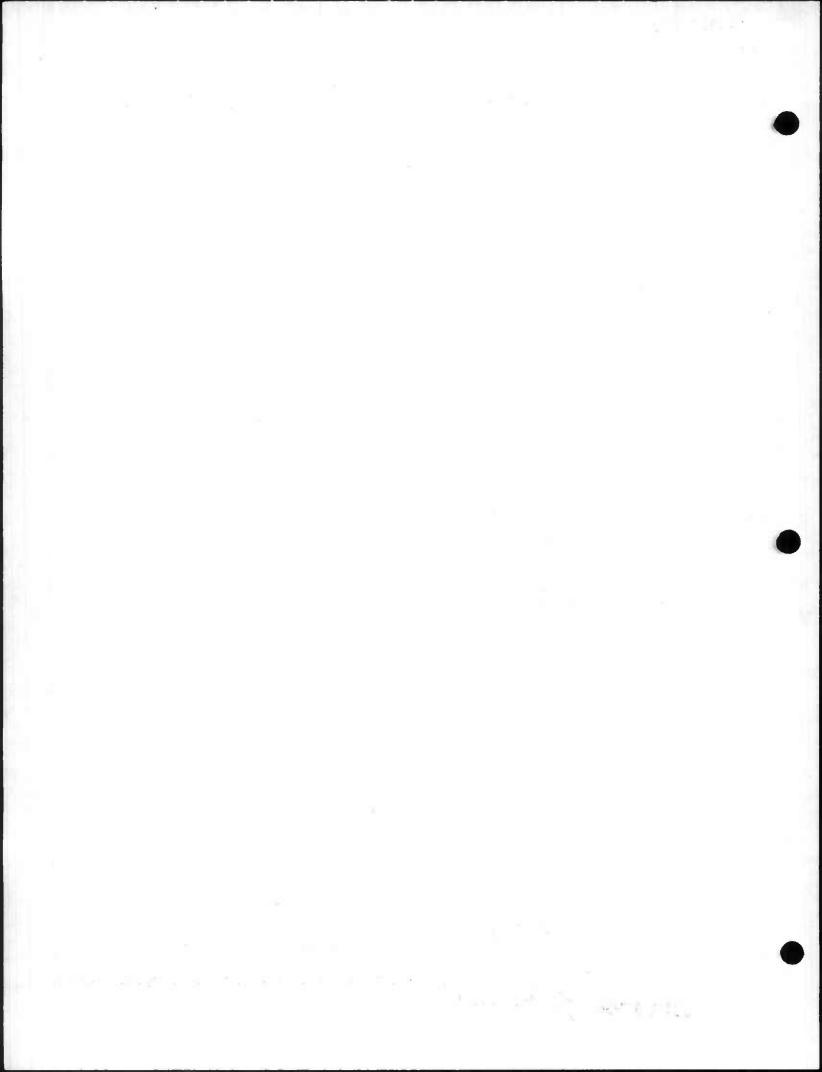
_						Ce	rtificate	e of	Death			Reg. No.	. 0	
	Physic /Medi		Decedant's Nama (First, Middle, La NELSON PAGE	GRIFFI	ТН						OCT.	6 Pay 1	996	3. Time of Deeth 0910 AM
7	Exami		4a. Facility Name (If not institution, giv C & O Canal Tow		r)				b. City, Tov		cation of Das		y of Death	CRY
	, Funerai Director		5. Social Sacurity Number 6. S	-	Age (In yrs. last	birthday) Yrs.	If Under Months		If Under 2 Hours		8. Data of B (Month, D	irth lay, Year) 28, 1933	9. Birthp Coun Vir	lece (Stata or Foreign try) ginia
	Maryland -f ehow	tor	Usual Residence of Dacedant 10a. Stata 10b. County Virginia Page		10c. City, T	own or Lo							1	0d. Inside City Limits 1 ☑ Yes 2 ☐ No
	th with the 23a or 28a	Funeral Director	10e. Street end Number 9 Oak Crest Drive				10f. Zip	Coda 2283	35		1	10g. Citizan of		of Americ
020	s 1 end 2 should be filed within 72 hours effer death with the Maryland I Health end Mental Hygiene. The marked other than "natural", or ferms 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by	11. Marital Status 1 Never Marriad XXMarrled 3 Widowed 4 Divorced	12. Was Decedan Armad Forcas 1XX/es 2 If Yes, Giva Yaar or Datas]No 2-11	-54	Was Daced If Yas, spec 1 ☐ Yas 2		ispanic Origin, Maxican, Specify:	in? (Spe Puerto I	cify Yes or N Rican, etc.)	o- 14. Re BI	ce - Amaric ack, Whita, fy: Wh	
21215-0020	ed within 72 h giene. er then *natu	Completed	15. Decedent's Ec (Specify only highest gra Elementery/Secondery (0-12) 1.2	fucation da <i>complatad)</i> College (1-4or		lita.	dent's Usua kind of wor DO NOT us linten	a ratired	0	of worki	ng	U.S. H		ervice
Maryland	ould be file Mental Hy arkad oth	To Be	17. Fathar's Nama (First, Middla, Last, Harper G. Griff	ith		W.					(First, Middle Mae	a, <i>Maid</i> an Suma E lli s	ma)	
	permit. Peges 1 end 2 sh Department of Health end Important: If Item 27 ie m any Injury or other traum once.		19e. Informant's Name/Raiationship (Shirley Ann Gri 20e. Method of Disposition			9 0		est				Virginia 20c. Location	228	35
Baltimore,			1	r)	e cem	ata <i>ry, cre</i> i green	matory or of Memo	nerpied rial	l Gard		10/10	96 I	uray,	Virginia
Ba	Depa Impo any I		Jaien 1	D. W	tol		187	E. N	Main S	Stree	t Lui	Funeral ray, Vir		
)	Physician /Medical Examiner	er	Immediate Cause (Final disease, or compared to the second	aM U			_			cardiac o	raspiratory	arrest,	-	Approximate thitarval Batween Onsat and Deeth
,00	tificete be executed ig physician end es the buriel-transit	edical Examiner	Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated avants	b	Dua to (or as	a consec	quance of):						1	
ox 68760,	5 00	1000	that initieled avants resulting in death) Lest	d	Dua to (or as	e conseq	uance of):							
, P.O. Box	v requires that the death cer been signed by the attendir should be detached for use	by Physician/N	Pert II. Other significant conditions or	ontributing to death	but not rasultin	g in the u	ndarlying ce	use give	en in Pert I.			tobacco use c		the cause of death?
Records,		Completed b										s an autopsy ormed?	COT	ore autopsy findings allable prior to appletion of causa death?
Vital	sician: The law certificate has b lirector, page 2 s		25. Was casa rafarred to medical									Yas 2□No	15	Yes 2□ No
5	Physician: this certific trai director,	o Be	exeminar?	Hospital: 1 ☐ Inpat	ient 2□ER	Outpatier	nt 300 DO	Oth	ar:		(Check only	one)	har (Specifi	d
sion or	ding Ph. After thi funeral	ation: T	27. Mannar of Death 1 Natural 5 Panding 25 Accidant Invastigation	28a. Data of Inj (Month, Di	ury ay Year) 28	b. Time of Injury	28	c. tnjun Worl		2	8d. Dascribe	how injury occu	rred T	see boll
DIVISION		Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	building, a	Nahono	M	Park				City or To	unal	Town	ock son
	o the Hospital or rithin 24 hours after to the Funeral Dir pmpletely filled in	edical	29a. Certifiar 1☐ Cartifying Phyone) 1☐ Cartifying Phyone 2☒ Medical Exam	vsician: To the best liner: On the basis of and menner s	of examinetion	dga, daath and/or inv	occurred a vastigation,	t tha tim	e, data and pinion, deeth	place, a n occurre	nd due to the d at the tima	causa(s) end n date and place	anner as st and due to	ated. the cause(s)
	To the H within 24 To the F complete	Me	29b. Signatura and title-of certifier	0/1			29c.	License	number			29d. Deta sign	ed (Month, I	Dey, Year)
1	/,)		P 8	1 27			(o.c	.M.E			OCT.	7, 1	996

30. Name and eddress of person who completed cause of deeth (Itam 23a) (Type, Print)

Will R Funcer 111 Penn Street, Baltimore, Maryland 21201

Registrar

31. Date filed (Month, Day, Year) OCT 1 0 1996



State of Maryland / Department of Health and Mental Hygiene

ne	9	6	3	1	7	13	8

				Ce	rtificate o	f Death		Reg. No.	0) 140	
- I		1. Decedent'a Nama (First, Middle, La	st)				2. Data of D	eath	Vana	3. Time of Death	
Physicia /Medic		Lucy	Graves				Octobe	r 7, 1	996	2:15 AM	
Examin		4a. Facility Nama (If not institution, giv				4b. City, Town, or Lo		th 4c. County	of Death		
		Friends Nursing H				Sandy Spri			gomer	У	
Funeral Director		5. Social Security Number 6. S 188-16-6123 Usuel Residence of Decedent	ex 7. Aga (In) □ M 2XXF 102	rrs. last birthday) Yrs.	If Under 1 Yes Months Day	ar If Under 24 Hrs. Hours Min.	8. Data of Bi (Month, D June 2	3,1894	9. Birthp Cour Penn	place (State or Foreign ntry) sylvania	
a w		10a. State 10b. County	10c.	City, Town or Lo	ocation				1	Od. Inside City Limits	
th with the Marylan 23s or 28s-f ehow ust be notified at	ector	Maryland Prince (George's B	owie	10f. Zip Code			10g. Citizen of	What Cour	Yes 2□No	
ath with 23a or nust be	Funeral Director	12743 Holiday Lar			20716	5		United	Stat	es	
filed within 72 hours after death with the Maryland thygiene. there then "natural", or items 23a or 28a-f show ent, the Medical Examiner must be notified at a Completed by Funeral Director.	þ	11. Marital Status 1 □ Nevar Married 2 □ Married 31XWidowed 4 □ Divorced	12. Was Decedent Ever in Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Datas:		Was Decedent of If Yes, specify Cu 1 ☐ Yas 2 ☐ N	f Hispanic Origin? (Spi uban, Maxican, Puarto lo <i>Specity:</i> NO	ecify Yes or N Rican, atc.)	o- 14. Rai Bia Specii	ck, White,	en Indian, etc. ite	
72 hours natural,	Be Completed	15. Decedent's Ed (Specify only highest gra		16a. Dece (Giva	dent's Usuai Occ kind of work don	cupation ne during most of worki ired)	ing	16b. Kind of B	usiness/in	dustry	
within ene. then	dE	Elementary/Secondary (0-12)	College (1-4or 5+)			ired)		Common	+ Man	nufacturing	
Hygie ther t	ပိ	12 17. Father's Name (First, Middle, Last)		Seam	stress	18. Mother's Name	/First Middle	1		uracturing	
2 2 2 2	To Be	Charles John	Polly				Hurlow				
		19a. Informant's Name/Relationship (Type, Print) Gordon G. Sillars/Grandson 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stet 2745 29th Street NW Washington, D.C. 2							Stete, Zic 200	Code) 08	
Pages 1 and 2 nent of Health a nnt: If Nem 27 is ury or other tra		20a. Mathod of Disposition 1 □ Burial 24©Cremation 3 □ 4 □ Donation 5 □ Other (Specify	Removal from Stata	o. Place of Dispo cematary, cres etropoli	osition (Name of matory or other p Ltan Cre	matory 1	Data 0/9/96	20c. Location Alexand	_	own, Stata Virginia	
permit. Pages 1 ar Department of Hea Important: If Nem? eny Injury or other once.		21. Signature of Funaral Service Licer	rass of Facility Evans Fundapolis Roa	eral H	ome, P.	A.					
		23a. Part1. Enter the disaase, or com shock, or heart fellure. List only	olications that caused the d	aath. Do not ent	ter the mode of d	lapolis Roa lying, such as cardiac	or respiratory	wie, MD	20/1	Approximate	
Physician	1	snock, or near fellure. List only	ona causa on each line.						į	Interval Between Onset and Death	
/Medical		Immediate Cause (Final disease or condition	PHE	MONI	A					1 WEEK	
Examiner		resulting in death)	Due to	o (or as a consec	quence of):						
R #	ine		b						1		
cate be asscuted physician and s the burial-transit	Examiner	Sequentially list conditions,	Due to	o (or as a consec	quence of):						
g physician s as the burial		Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury	c								
requires that the death certificate be axecut een signed by the attending physician and hould be detached for use as the burial-tran	Medical	that initiated events resulting in death) Last	Due to	(or as a conseq	uence of):				1		
death certific a attending pl d for use as t	Physician/	Part II. Other significant conditions o	patributing to death but not	resulting in the u	nderfulna ceuse	given in Part I	23h Did	I tohacco use co	intelligite to	o the cause of death?	
t the d	hys			resulting in the ti	ilderlying cause i	given in Fait i.		Yes 25 No		bably 4 Unknown	
es that	by P	JENICE BE	EMENTIA								
law require as been sign	Completed						24a. Wa	s an autopsy ormed?	av	ere autopsy findings allable prior to impletion of causa death?	
The law ate has page 2	E O						10	Yes 2 No	10	☐Yes 2☐No	
yaiclan: The	Be	25. Was case referred to medical axaminer?				26. Place of Deati	(Check only	one)			
0 0	To	1 Yes 2 No	Hospital: 1 ☐ inpatient 2	ER/Outpatier	nt 3 DOA	Other: 4 Nursing Ho	me 5 Res	idence 8 🗆 Ott	ner (Specii	'y)	
an an an an an an an an an an an an an a	Certification:	27. Manner of Death 1 ☐ Naturel 5 ☐ Pending 2 ☐ Accident investigation		28b. Time of Injury	W			how injury occur			
al or Attending Physician: The law requires the death. I Director: After this certificate has been signed in by the funeral director, page 2 should be contained.	Sertific	3 Suicide 4 Homicide Could not be determined 28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rundling) City or Town, Stefe)								il Route Number,	
Hospi 24 hou Funer etely fill	edical	29a. Certifier (Check only one)	velcian: To the best of my interest of the basis of examinant manner stated.	knowledge, death Ination and/or in	n occurred at the vestigation, in my	tima, date and placa, y opinion, death occurr	and due to the ed at the time	cause(s) and m , date and place,	anner as s and due to	tated. o tha cause(s)	
	M	29b. Signature and title of certifier	· VILL	77.		nsa number	10)	29d. Data signe	Month,	Day, Year)	
0		30. Name and address of person who is ROBERT FIELDS	completed cause of death (I		Delet	IP DR, T-			MA	20832	
Stat		31. Date filed (Month, Day, Year)	32. Registrar's Sig	gnature))	1)			
Registra	ir	WI 11 1996 Ju	in altworkers	ell							

State of Maryland / Department of Health and Mental Hygiene

31749

Physician
/Medical
Examiner

permit. Pages 1 end 2 should be filed within 72 hours effer death with the Meryland Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or Itema 23s or 28s-f show

Dire

Physi /Mec

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Exam To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after deeth.

To the Funeral Director: After this certificate has been signed by the ettending physician and

						(Certi	ficate of	of E	eath			Reg. N	0.	9	V / / ·	
		1. Decedant's Nam	a (First, Midd	la, Last)								2. Data of De	ath			3. Tima of Deeth	1
sici		Emeld	a		Greave	S					¢	octobe	r8	1996	Yaar)	8:00 PM	i
edic				n, giva streat and n	ımber)				46	. City, Tov		cation of Deat		c. County o	_		
imin	CI			1					D	OCKI	TTT	T.				227	
		5. Social Security N		ADVENTI:	7. Aga (In yrs.			If Undar 1 Ya		OCKV If Undar 2			th	ONTG	9 Birtho	iaca (Stata or Fore	ion
eral etor				1□ M 2□XF	81		rs.	Vionths Da	iys	Hours	Min.	8. Data of Bir Month, Da Sept	y Ygar	1915	Goun	Inidad,	WI
LOI		UNKNOWN 81 15. Sept 27, 1915 Usuai Rasidance of Dacedant															
		10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limit										its					
	ō	MD Prince Georges Adelphi									Y□ Yas 2□!	No					
	Director	10e. Street and Nu		ce deorg	CS AC	10f. Zip Coda						10a C	itizan of Wi	hat Cour	itn/2		
	Ö			oga Driv	7.0			201		2			_	JSA	iat oour	My !	
Funeral	era	11. Marital Status	Salaci			6	10 14/0				lad (Cae	olf. Van ar Ne			Amaria	an Indian,	
	Ľ,	11. Marital Status 1 □ Navar Married 1 □ Navar Married 1 □ Navar Married 1 □ Yas 2 □ No					S. 13. Was Dacedant of Hispanic Origin? (Specify Yas or No- If Yas, specify Cuban, Maxican, Puerto Rican, atc.)						Black	, Whita,	atc.		
	by F						1[Yas 210	No	Specify:				Specify:	Bla	ck	
		3 Ll Wildowed		1,000	Jatas:												
	Completed	(Spec	15. Decedar cify only higha	nt's Education ist grada co <i>mplated</i> ,)	16a. L	Giva kir	nt's Usual Oc ad of work do NOT usa ra	cupa ona di	tion I <i>ning most</i>	of work!	ng	16b. I	Kind of Bus	inass/Ind	dustry	
	d E	Elamantary/Seco	ondary (0-12)	Collaga	(1-4or 5+)	i			tirea)					I/A			
		8th	4000	OF THE		но	use	wife				uma a as i s ut		.,			
	Be	17. Fathar'a Nama (First, Middla, Last)											iddla, Maidan Sumama)				
	2	Victor				1	Josephine Joseph										
		19a. Informant's Name/Raiationship (Type, Print) Austin Greaves - Son 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Sta 1934 Saratoga Drive, Adelphi, MI									20783						
										City or To	wn Stata						
OUCE.		20e. Mathod of Disposition 1 Burial 2 Cramation 3 Ramovai from Stata 4 Donation 5 Othar (Spacify) 20b. Piece of Disposition (Name of cematary, crametory or othar place) George Washington Cem 10-11 Adelphi, MD															
9		21. Signatura of Funaral Sarvica Licensaa 22. Name and Address of Facility uneral Home, Inc.															
8		4217 9th St. N.W. Wash, DC 20011															
	23a. Rapt. Enter I	ha disaasa, o	r complications thet t only ona causa on	causad tha daat	h. Do no	1									Approximata	_	
n	7	shock, or has	irt failure. List	only ona causa on	aach iina.	Λ										Intarval Batween Onset and Death	
al		Immediate Causa (Final									2. 1						
er		Immediate Causa (Final disaasa or condition rasulting In daath) a. Respiratory threst - Respiratory Failure Dua to (Gras a consequence of): 6. Gall bladder Weno Carcinoma									٤	JA 4 2	•				
	e				Dua to (rasaco	onseque	nca of):		1		1			1	1 1100	
	든			b. 0	Allbia	dde		MEI	10	CHIC	71/10	SIRCO			//	Months	
П	Examiner	Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Causa. Entar Underlying c.															
1		Causa (Disaasa or	arlying Injury	c													-
	Medical	thet initieted event rasulting in daath)	3	1	Dua to (c	rasaco	nsaqua	nce of):									
	/Me			d													
	Physician														i		
	ysic	Part II. Other signif	ulting in						23b. Dld	Did tobacco use contribute to the cause of death?			th?				
		Change Lung Disonse						i>					Yes 2 No 3 Probably 4 Unknown			own	
	by	- To office Lung or bear															
	Completed	Hypertensive Heart Disease								performad? availab				ara autopsy finding ailabla prior to	S		
	pie	1.0	Clar	nseuse								of	mplation of causa daath?				
	E	0.										10	Yas 2	2 3 8No	10]Yas 2□ No	
	BeC	25. Was casa rafai	rad to medica	ıl						26 Placa	of Death	(Check only		21	-		
П	0	axaminar?	No	Hospitel:	Inpatient 2	ER/Out	nationt	3□ DOA	Othe			ma 5□ Ras		& COthe	r (Specif	w)	
		27. Mannar of Deat		28a. Data	of Injury	28b. Ti		28c. I	njury	at		28d. Dascribe				//	
	tio	Natural	5 Pendir	'y	nth, Day Year)	Inj	jury	,	Work	? as 2□N	ło						
	lica	2 Accident 3 Suicide 6 Could not be									I Routa Number.						
	Certification:	4 Homicide determined determined building, atc. (Specify)															
		29a. Certifier	1 Secondario	og Physiolen. To th	a boot of my kno	udodeo	dooth a	anurrad at th	n time	data and	l min on a	and due to the		s) and man		Inted	
	edicai	(Check only one)	2 Medical	ng Physician: To the Examinar: On the t and mai	e best of my kno basis of exemina nnar stated.	tion and/	or inves	stigetion, in n	ny opi	nion, deet	n occurr	ed et the time,	dete er	nd piece, a	nd due to	the ceuse(s)	
	M	29b. Signatura and	titia of cartifia		mar stated.			29c. Lin	ansa	number			29d D	ata signed	(Month	Dav. Year	
		Day and and	A 1	41	1. 1		1	-			, ,		(10		/	
)			unn	Jun	mor	VI	11	10	/ (080	1 4		76	tobe	- 8	11996	,
/		30. Neme and add	ass of person	who complated cau	- 4	1		1	1	SUR	E 20	10					
		HIANS	chulm	an MD	10076		m es	town	Ka	. *	Zoc	Kuille	, 1	NO	20	850	
Sta	-346	31. Date thed (Mos	th, Day Year)	Jal 34	Registrar's Signa	itura											
jistr	ar		-	0	ANDI. VAV												

State Registrar

State of Maryland / Department of Health and Mental Hygiene

Facility Name (If not institution, Prince George Social Security Number 578-14-8640 Jual Residence of Decedent 10b. County 10	give street end number) ges Medical 6. Sex 1 M 2 F 7. Age 12. Was Decedent E Armed Forces? 1 Yes, 2 N 1 K Yes, Give Year or Dates: Education grede completed) College (1-4or 5+ ast) Unknown p (Type, Print)	(In yrs. lest birthdox 73 Yrs 10c. City, Town or Washin ver in U.S. 1 16e. De (Giffe (Giffe (Fife 19b. Me 154]	4b. C C	O18 O18 O18 O18 Oily: Oil	Birth Ac. County Prince Birth Dey, Year) ber 31,192 10g. Chizen of W U.S.A No. 14. Race Black Specify: 16b. Kind of Bur Met	e Georges 9. Binthplece (State or Foreig Country) 22 Garysburg, N 10d. Inside City Limits 1 N Yes 2 No What Country? A. e - American Indian, kk, White, etc. 7. Black	
Facility Name (If not institution, Prince Georg Social Security Number 578-14-8640 usal Residence of Decedent a. State 10b. County 10b. County 10b. Street and Number 1541 Douglas SMarital Status 1 Never Married 2 Married 3 Widowed 4 Divorcad 15. Decedent's (Specify only highest (Specify only highest Stementary/Secondary (0-12) 12 Father's Name (First, Middle, Late Informent's Name/Relationship Louise Ghee Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Specify Part 1)	Give street end number) Ges Medical 6. Sax 1 M 2 F 7. Age 12. Was Decedent E Armed Forces? 12. Yes 2 No 14. Yes, Give Year or Dates: Education Grede completed) College (1-4or 5+ Unknown p (Type, Print)	Center (In yrs. lest birthold 73 Yrs 10c. City, Town or Washin ver in U.S. 1 Grap 19b. Me 1541	4b. C C	City, Town, or Location of D heverly Under 24 Hrs. lours Min. 8. Date of (Month.) Octo 018 nic Origin? (Specify Yea or lexican, Puerto Rican, etc.) Decify: In g most of working ecialist Mother's Neme (First, Mid-Unknown	BBER 9, 19 4c. County 6 Prince Birth Dey, Year) ber 31,192 10g. Chizen of W U.S.A No. 14. Race Black Specify: 16b. Kind of Bur Met	of Death e Georges 9. Birthplece (State or Foreig Country) 22 Garysburg, N 10d. Inside City Limit: 1 Yes 2 New Yes 2 New Yes 2 New Yes 2 New Yes 2 New Yes 2 New Yes 2 New Yes 2 New Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	
Prince George Social Security Number 578–14–8640 ual Residence of Decedent 10b. County 10b. County 10b. County 10b. Street and Number 1541 Douglas Security Number 1541 Douglas Security Number 1550 Decedent's 10b. County 11b. Decedent's 10b. County 11b. Decedent's 10b. County 11b. Decedent's 10b. County 11b. Decedent's 10b. County 11b. Decedent's 10b. Decedent's 1	Street, N.E. 12. Was Decedent Ender Forces? 13. Yes 2 No. 14.	(In yrs. lest birthdox 73 Yrs 10c. City, Town or Washin ver in U.S. 1 16e. De (Giffe (Giffe (Fife 19b. Me 154]	Down the second of the second	heverly Under 24 Hrs. of Month Octo 018 nic Origin? (Specify Yea or lexican, Puerto Rican, etc.) pecify: ng most of working ecialist Mother's Neme (First, Mid- Unknown	Prince Birth Dey, Year) ber 31,192 10g. Chizen of W U.S.A No 14. Race Black Specify: 16b. Kind of Bur Met	e Georges 9. Binthplece (State or Foreig Country) 22 Garysburg, N 10d. Inside City Limits 1 N Yes 2 No What Country? A. e - American Indian, kk, White, etc. 7. Black	
Social Security Number 578-14-8640 ual Residence of Decedent a. State 10b. County D. Street and Number 1541 Douglas S Marital Status 1 Married Married 3 Married 3 Married 15. Decedent's (Specify only highest (Specify only highest 12 Louise Ghee Method of Disposition 1 Buriai 2 Cremation 3 4 Donetion 5 Other (Specify Pontage of Disposition 1 Buriai 2 Cremation 3 4 Donetion 5 Other (Specify Pontage of Disposition 1 Donetion 5 Other (Specify Pontage of Disposition 1 Donetion 5 Other (Specify Pontage of Disposition 1 Donetion 5 Other (Specify Pontage of Disposi	5. Sax 1 M 2 F 7. Age 1 M 2 F 7. Age 8. Called a constant a	(In yrs. lest birthdox 73 Yrs 10c. City, Town or Washin ver in U.S. 1 16e. De (Giffe (Giffe (Fife 19b. Me 154]	Location 10f. Zip Code 20f. 3. Was Decedent of Hispan If Yes, specify Cuban, M 1 Yes, specify Cuban, M 1 Yes 2 No Specified of work done during the companient of the com	Under 24 Hrs. 8. Date of (Month.) Octo 018 nic Origin? (Specify Yea or lexican, Puerto Rican, etc.) oecify: g most of working ecialist Mother's Neme (First, Mid-Unknown	Birth Dey, Year) ber 31,192 10g. Chizen of W U.S.A No- 14. Race Black Specify: 16b. Kind of Bur	9. Birthplece (Stete or Foreig Country) 22 Garysburg, N 10d. Inside City Limits 1 N Yes 2 No What Country? A. e - American Indian, sk, White, etc. g Black Islness/Industry	
ual Residence of Decedent a. State 10b. County b. Street and Number 1541 Douglas S Marital Status 1 Never Married Married 3 Widowed 4 Divorcad 15. Decedent's (Specify only highest status) Elementary/Secondary (0-12) 12 Father's Name (First, Middle, Lata) a. Informent's Name/Relationship Louise Ghee Method of Disposition 1 Buriai 2 Cremation 3 4 Donetion 5 Other (Specify only highest status)	Street, N.E. 12. Was Decedent E Armed Forces? 1 Tyes 2 No. 1 Yes, Give Year or Dates: Education grede completed) College (1-4or 5+ Unknown p (Type, Print)	73 Yrs 10c. City, Town or Washin ver in U,S. 1 16e. De (G) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Months Days H Location ngton, D.C. 10f. Zip Code 200 3. Was Decedent of Hispar If Yes, specify Cuban, M 1 Yes 2 No Sp cadent's Usuel Occupation ve kind of work done durin. DONOT use retired) phic Arts Specialing Address (Street and I	O18 O18 Oic Origin? (Specify Yea or lexican, Puerto Rican, etc.) opecify: og most of working ecialist Mother's Neme (First, Mid-Unknown	Birth Dey, Year) ber 31,192 10g. Chizen of W U.S.A No- 14. Race Black Specify: 16b. Kind of Bur	9. Birthplece (Stete or Foreig Country) 22 Garysburg, N 10d. Inside City Limits 1 N Yes 2 No What Country? A. e - American Indian, sk, White, etc. g Black Islness/Industry	
ual Residence of Decedent a. State 10b. County b. Street and Number 1541 Douglas S Marital Status 1 Never Married Married 3 Widowed 4 Divorcad 15. Decedent's (Specify only highest status) Elementary/Secondary (0-12) 12 Father's Name (First, Middle, Lata) a. Informent's Name/Relationship Louise Ghee Method of Disposition 1 Buriai 2 Cremation 3 4 Donetion 5 Other (Specify only highest status)	Street, N.E. 12. Was Decedent E Armed Forces? 1 Tyes 2 No. 1 Yes, Give Year or Dates: Education grede completed) College (1-4or 5+ Unknown p (Type, Print)	10c. City, Town or Washin ver in U.S. 1 16e. De (Gille) Grap 19b. Me 1541	Location Ington, D.C. 10f. Zip Code 20f. 3. Was Decedent of Hispar If Yes, specify Cuban, M 1 Yes 2 No Specific Cuban, M 1 Yes 2 No Specific Cuban, M 1 No NOT use retired) Dhic Arts Specific Code Specific Cuban, M 18.	Octo O18 nic Origin? (Specify Yea or lexican, Puerto Rican, etc.) pecify: g most of working ecialist Mother's Neme (First, Mid Unknown	10g. Chizen of W U.S.A No 14. Race Black Specify: 16b. Kind of Bur	22 Garysburg, No. 10d. Inside City Limits 1 Yes 2 No. 10d. No. 10	
a. State 10b. County b. Street and Number 1541 Douglas S Marital Status 1 Never Married Married 3 Married 3 Widowed 4 Divorcad 15. Decedent's (Specify only highest stementary/Secondary (0-12) 12 Father's Name (First, Middle, Late informent's Name/Relationship Louise Ghee Method of Disposition 1 Buriai 2 Cremation 3 4 Donetion 5 Other (Specify December 1)	Street, N.E. 12. Was Decedent E Armed Forces? 1. Types 2 No. HYes, Give Year or Dates: Education grede completed) College (1-4or 5+ Unknown p (Type, Print)	Washin verin U,S. 1 16e. De (G) (f) (F) Grap 19b. Me 1541	10f. Zlp Code 200 3. Was Decedent of Hispar If Yes, specify Cuban, M 1 Yes 2 No Specific Spec	nic Origin? (Specify Yea or lexican, Puerto Rican, etc.) pecify: Ig most of working ecialist Mother's Neme (First, Mid Unknown	U.S.A No- 14. Race Black Specify: 16b. Kind of But Met	What Country? A. e - American Indian, kk, White, etc. r: Black	
Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorcad 15. Decedent's (Specify only highest at 1)	12. Was Decedent E Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: Education grede completed) College (1-4or 5+ Unknown p (Type, Print)	16e. De (G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	10f. Zlp Code 200 3. Was Decedent of Hispan If Yes, specify Cuban, M 1 Yes 2 No Sp cadent's Usuei Occupation ve kind of work done durin DO NOT use retired) 18. alliing Address (Street end in	nic Origin? (Specify Yea or lexican, Puerto Rican, etc.) pecify: Ig most of working ecialist Mother's Neme (First, Mid Unknown	U.S.A No- 14. Race Black Specify: 16b. Kind of But Met	1 ⊠ Yes 2 □ No What Country? A. e - American Indian, sk, White, etc. r: Black usiness/Industry	
Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorcad 15. Decedent's (Specify only highest at 1)	12. Was Decedent E Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: Education grede completed) College (1-4or 5+ Unknown p (Type, Print)	16e. De (G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	10f. Zlp Code 200 3. Was Decedent of Hispan If Yes, specify Cuban, M 1 Yes 2 No Sp cadent's Usuei Occupation ve kind of work done durin DO NOT use retired) 18. alliing Address (Street end in	nic Origin? (Specify Yea or lexican, Puerto Rican, etc.) pecify: Ig most of working ecialist Mother's Neme (First, Mid Unknown	U.S.A No- 14. Race Black Specify: 16b. Kind of But Met	A. e - American Indian, sk, White, etc. Black	
Marital Status 1 Never Married Married 3 Widowed 4 Divorcad 15. Decedent's (Specify only highest of the secondary (0-12) 12 Father's Name (First, Middle, Later) a. informent's Name/Relationship Louise Ghee Method of Disposition 1 Buriai 2 Cremation 3 4 Donetion 5 Other (Specific or the secondary (Specific or t	12. Was Decedent E Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: Education grede completed) College (1-4or 5+ Unknown p (Type, Print)	168. De (() () () () () () () () () () () () ()	3. Was Decedent of Hispar If Yes, specify Cuban, M 1 Yes 2 No Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Do NOT use retired) 18. It is a specific No. Specific No.	nic Origin? (Specify Yea or lexican, Puerto Rican, etc.) pecify: Ig most of working ecialist Mother's Neme (First, Mid Unknown	U.S.A No- 14. Race Black Specify: 16b. Kind of But Met	A. e - American Indian, sk, White, etc. Black	
1 Never Married 2 Married 3 Widowed 4 Divorcad 15. Decedent's (Specify only highest of Diementary/Secondary (0-12) 12 Father's Name (First, Middle, Later's Name/Relationship Louise Ghee Method of Disposition 1 Buriai 2 Cremation 3 4 Donetion 5 Other (Specifications)	Armed Forces? 1 Yes 2 No 1 Yes, Give Year or Dates: Education grede completed) College (1-4or 5+ Unknown p (Type, Print)	168. De (() () () () () () () () () () () () ()	addent's Usuei Occupation ve kind of work done durin b. DO NOT use retired) hic Arts Spe 18.	ng most of working ecialist Mother's Neme (First, Mid Unknown	Specify: 16b. Kind of Bur Met	sk, White, etc. Black usiness/Industry	
3 Widowed 4 Divorcad 15. Decedent's (Specify only highest of the control of the	d 1. Yes 2 No No No No No No No No No No No No No	168. De (() () () () () () () () () () () () ()	addent's Usuei Occupation ve kind of work done durin b. DO NOT use retired) hic Arts Spe 18.	ng most of working ecialist Mother's Neme (First, Mid Unknown	Specify: 16b. Kind of Bur Met	Black usiness/Industry	
15. Decedent's (Specify only highest stementary/Secondary (0-12) 12 Father's Name (First, Middle, Lata, informent's Name/Relationship Louise Ghee Method of Disposition 1 Buriai 2** Cremation 3 4 Donetion 5 Other (Specific Procedure)	Year or Dates: Education grede completed) College (1-4or 5+ unknown p (Type, Print)	16e. De (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	cadent's Usuel Occupation ve kind of work done durin b. DO NOT use retired) phic Arts Spe 18.	g most of working ecialist Mother's Neme (First, Mid Unknown	16b. Kind of Bu	usiness/Industry	
(Specify only highest of lementary/Secondary (0-12) 12 Father's Name (First, Middle, Lata. Informent's Name/Relationship Louise Ghee Method of Disposition 1 Buriai 2 Cremation 3 4 Donetion 5 Other (Special Contro	grede completed) College (1-4or 5+ ast) Unknown p (Type, Print)	(Giffe (Frag 19b. Me 1541 20b. Plece of Dis	ve kind of work done during. DO NOT use retired) hic Arts Spe	g most of working ecialist Mother's Neme (First, Mid Unknown	Met		
Elementary/Secondary (0-12) 12 Father's Name (First, Middle, La a. Informent's Name/Relationship Louise Ghee . Method of Disposition 1 □ Buriai 2*© Cremation 3 4 □ Donetion 5 □ Other (Spec	College (1-4or 5+ unknown p (Type, Print)	19b. Me 1541 20b. Plece of Dis	Phic Arts Spenish 18.	ecialist Mother's Neme <i>(First, Mid</i> Unknown		ro	
A. informent's Name/Relationship Louise Ghee Method of Disposition 1 □ Buriai 2 ℃ Cremation 3 4 □ Donetion 5 □ Other (Special Control Cont	Unknown p (Type, Print)	19b. Me 1541 20b. Plece of Dis	18.	Mother's Neme (First, Mid Unknown	ldie, Meiden Surneme		
a. informent's Name/Relationship Louise Ghee . Method of Disposition 1 □ Buriai 2 ♣ Cremation 3 4 □ Donetion 5 □ Other (Spec	Unknown p (Type, Print)	1541 20b. Plece of Dis	ailing Address (Street end i	Unknown	ldle, Meiden Surneme		
Louise Ghee Method of Disposition 1□ Buriai 2粒 Cremation 3 4□ Donetion 5□ Other (Special Control of Control	p (Type, Print)	1541 20b. Plece of Dis				Sumeme)	
Louise Ghee Method of Disposition 1□ Buriai 2粒 Cremation 3 4□ Donetion 5□ Other (Special Control of Control	□ Removal from State	1541 20b. Plece of Dis		Number or Rural Route Nu			
Method of Disposition 1 ☐ Buriai 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spec		20b. Plece of Dis	Douglas C+		mber, City or Town,	Stete, Zip Code)	
1 ☐ Buriai 2 ♣ Cremation 3 4 ☐ Donetion 5 ☐ Other (Special)		20b. Plece of Dis	Douglas St.	.,N.E., Wash			
4 Donetion 5 Other (Spe			remetory or other piece)	Date	20c. Location - (City or Town, State	
Signature of Funeral Service Lic		Norther	n Va.Cremato	ory 10/10/9	96 Arline	oton. Va.	
10 1/	oenseey / /		22. Name and Address of	Facility Frazier	's Funeral	l Home, Inc.	
NY.	Jeffe	22 3	89 Rhode Isl	land Av., NW,	Washington	n, D.C.,20001	
a. Part1. Enter the disease, or co shock, or heart failure. List on	perplications that caused to	he death. Do not e	enter the mode of dying, su	ich es cardiac or respiretor	y arrest,	Approximate intervel Between	
						Onset and Death	
nediate Cause (Final ease or condition	SEP	TICE	MIA			>7 days	
ulting in death)	D.	ue to (or es a cons					
	. A Cut	i ob	donne	√ .		>7-day	
quentially list conditions,	D	ue to (or es a cons	equenca of):		- 1	0	
quentially list conditions, ny, leading to immediate ise. Enter Underlying use (Disease or injury	Post tt	0-0	ARCINO	MA OF	Cohon	1 >6 wan	
Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of):							
	a Kas	mala	Lory A	ailure.			
	0.		9				
ii. Other significant conditions	s contributing to death but	not resulting in the	underlying cause given In	Part I. 23b. D	lid tobacco use con	tribute to the cause of death?	
insent	Q.			1	Yes 2 No	3 Probably 4 Stonknow	
				117		00.14	
				24a. W	as an autopsy enformed?	24b. Were autopsy findings available prior to completion of cause	
						of death?	
				11	□ Yes 2 000	1 ☐ Yes 2 ☐ No	
Was case referred to medical examiner?	Hespital I o			Place of Deeth (Check on	ly one)		
	1 2 Inpetient		ent 3L DOA 4	☐ Nursing Home 5☐ Re	esidenca 6 Othe	r (Specify)	
1 Yes 2000	(Month, Dey				be how injury occurre	ed	
Manner of Death							
Manner of Death Matural 5 Pending Accident investigati	be	/ - At home, farm.	street, factory, offica	28f. Location	n (Street end Numbe Town, Stete)	er or Rural Route Number,	
Manner of Death Matural 5 Pending Accident Investigati	be 28e. Place of injury	(Specify)					
Manner of Death Matural 5 Pending investigati Calcident Getermine	28e. Place of injury building, etc.	(Specity)			he ceuse(s) and men ne, date and piece. er	nner as steted. and due to the cause(s)	
Manner of Death Selection Sulcide Accident Sulcide Homicide Certifier Check only Medical Exe	28e. Place of injury building, etc. Physician: To the best of aminer: On the basis of examiners.	(Specify) my knowledge, dea kaminetion and/or	ath occurred at the time, de investigation, in my opinion	ate and placa, and due to the firm.			
Manner of Death Selection Sulcide Sulcide Homicide	28e. Place of injury building, etc. Physician: To the best of aminer: On the basis of examiners.	(Specify) my knowledge, dea kaminetion and/or	investigetion, in my opinion	n, death occurred at the time	0015	(Month, Dey, Year)	
Manner of Death Selection Sulcide Accident Sulcide Homicide Certifier Check only Medical Exe	28e. Place of injury building, etc. Physician: To the best of aminer: On the basis of examiners.	(Specify) my knowledge, dea kaminetion and/or	investigetion, in my opinion	n, death occurred at the time	29d. Date signed		
Manner of Death Selection Sulcide Sulcide Homicide	28e. Place of injury building, etc. Physician: To the best of aminer: On the basis of eyand manner state	my knowledge, deckaminetion and/or	29c. License num 29c. License num	n, death occurred at the time	10-00	1, 40,	
θ	xaminer? Yes 2 XYo Anner of Death	Anner of Death Anner of Death Accident Suicide Could not be	Anner of Death Accident Suicide Could not be Suicide Could not be Coul	Accident Accident	Vas case referred to medical partitiving Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to to the manning referred to medical partitive refer	Vas case referred to medical (xaminer?) Yes 2 Yes	

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

9	9	6	31	7	5	
	-					

29d. Date signed (Month, Dey, Year)

10-6-96

1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3 Time of Death **Physician** VERITY INGRAM HANNAWAY OCTOBER 5,1996 6:14AM /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** THE DIXON HOUSE 108 N. HIGGINS STREET EASTON TALBOT if Under 1 Year Months Days If Under 24 Hrs. Nov. 14, 1934 9. Birthplece (State or Foreign WASH., D. C. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (Stete or Foreign **Funeral** Months 1 ☐ M 2 🔀 F Director 217-32-4354 Usual Residence of Decedant the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. tnside City Limits r than "natural", or items 23s or 28s-f sho the Medical Examiner must be notified at 1X Yes 2□No Directo TALBOT OXFORD MARYLAND 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? death with 308 S. MORRIS STREET 21654 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or item any injury or other traumatic event, its Medical Francis 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No If Yes, Give X Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: 3 ☐ Widowed 4 🎖 Divorced WHITE 15. Decedent's Educetion (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 OWN HOME 0 HOMEMAKER 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) RALPH LINDSAY INGRAM LUCILLE HEARN 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. tntormant's Name/Reletionship (Type, Print) GEORGE R. HANNAWAY/EXECUTOR 4 WASHINGTON ST., BERLIN, MD 21811 20e. Method of Disposition 20b. Place of Disposition (Neme of Dete 20c. Location - City or Town, State CHESAPEAKE CREMATION 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetton 5 ☐ Other (Specify) CHESTER, MARYLAND CENTER, LLC
22. Neme and Address of Fecility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME FELLOWS, HELFENBEIN & NEWNAM FUNERAL F 200 S. HARRISON ST., EASTON, MD 21601 Approximate shock, or haart tailure. List only one ceuse on each line. Approximate Interval Betwoonset and D **Physiclan** /Medical Immediate Ceusa (Final diseese or condition resulting in deeth) Examiner Examiner the bunal-transit the deeth certificeta be executed Sequentially list conditions, if eny, leading to immedieta cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Dua to (or es a consequence ot): attending physician and P.O. Box 68760 Physician/Medical Due to (or es e consequence of): 98 980 ò ed by the s Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Dtd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 8 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an eutopsy hes Hospital or Attending Physician: The 24 hours effer deeth.
 Funeral Director: Affer this certificate I 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical axaminer? Be 28. Place of Death (Check only one) DIXON HOUSE Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Sother (Specify) (trem with 1 Yes 2 No 2 Home for 27. Menner of Deeth 28b. Time of Certification: 28d. Describe how Injury occurred 28c. Injury et Work? WOMEN 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datemined 3 ☐ Suicide Pieca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. 29e. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only

State Registrar 29b. Signature and title of certifier

ROBERT B.

30. Neme and addrass of person who completed cause of daeth (Itam 23e) (Type, Print)

SANCHEZ, M.D., 508 IDLEWILD AVE., EASTON, MD 21601 31. Date tiled (Month, Day, Year) 32. Ragistrer's Signetura

Lelia Savidson-Randell

29c. License number

DHMH 16 Rev 6/95

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death HALL WILLIAM October 4, 1996

Ition of Death | 4c. County of Death 4a. Facility Name (If not institution, give street and number) 2:25P 4b. City. Town, or Location of Death Doctors Community Hospital Lanham Prince Georges 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Data of Birth Months Days Hours Min, (Month, Day, Year) 5. Social Security Number Birthplaca (Stata or Foreign Country) 1□**X**M 2□ F Months Days Hours Yrs. 09/01/1929 216 22 0900 Maryland Usuai Residence of Decedent 10a State 10h County 10c, City, Town or Location 10d. insida City Limits Prince Georges Oxon Hill 1 ☐ Yes 2 No 10e, Street and Number 10f. Zip Code 10g. Citizan of What Country? 20745 5804 Livingston Road USA Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian. Biack, White, etc. 1 XYas 2 No if Yes, Give Never Married 2 Married Korean 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced War 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Coilege (1-4or 5+) Construction Industry 12 Equipment Operator 18. Mothar's Name (First, Middle, Maiden Sumama) 17. Fathar's Nama (First, Middla, Last) William Jennings Hall, Sr. Marianna Tippett 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straet and Number or Rural Route Number, City or Town, State, Zip Coda) Clara M. Moore 4111 Melwood Rd/Upper Marlboro MD 20772 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlat 2 ☐ Cremation 3 ☐ Ramovai from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 10/9 Alexandria VA 21. Signature of Funeral Servica Ligensea 22. Name and Addrass of Facility Advent Funeral & Cremation Services Vagorier 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only ona cause on each lina. Approximate interval Between Onset and Death Immediate Cause (Finai Day disaase or condition rasulting in death) neumotherax Due to (or as a consequence of) 10-15 Days neumonia Dua to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

Physician /Medical **Examiner**

and

physician

the

98 for use es

s been signed by the should be detech

cate has

certificate

Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica etely filled in by the funeral director, I

within 24 hours eff To the Funeral Di completely filled in

To the

Medical

Box 68760

P.O.

Records,

Division of Vital

Physician

/Medical

Examiner

Funeral

Director

28a-f show must be notified at

6

or items 23e

"natural",

filed within 7 Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: If Nem 27 is marked othe eny Injury or other trauments

MD

Director

à

Completed

the Meryland

72 hours after

Baltimore, Maryland 21215-0020

Examiner Physician/Medical þ Completed Be 2 Certification:

Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last 25. Was casa referred to medical 1 Yes 2 No 27. Manner of Death 5 Pending Investigation Naturai

Hospitals 2 ER/Outpatient 3 DOA

28a. Placa of injury - At home, farm, street, factory, offica building, etc. (Specify)

28b. Tima of

28a. Date of Injury (Month, Day Year)

23b. Did tobacco use contribute to the causa of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Únknown 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yes 2 No t ☐ Yes 2☐ No 26. Piace of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 281. Location (Street and Number or Rural Routa Number, City or Town, State)

29a, Cartifier

2 Accidant

3 ☐ Suicide

4 I Homicida

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

28c. injury at Work?

1 ☐ Yes 2 ☐ No

29b. Signatura and titia of certifie

6 Couid not be determined

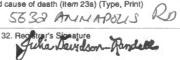
29c. License number

29d. Data signed (Month, Day, Year) 10-4-96

30. Nama and addrass of person who complated cause of death (item 23a) (Type, Print) AUTCH MID 5632 AMMAPOLIS 31. Date filed (Month, D

BUADEN BRUNG NO 20710

State Registrar



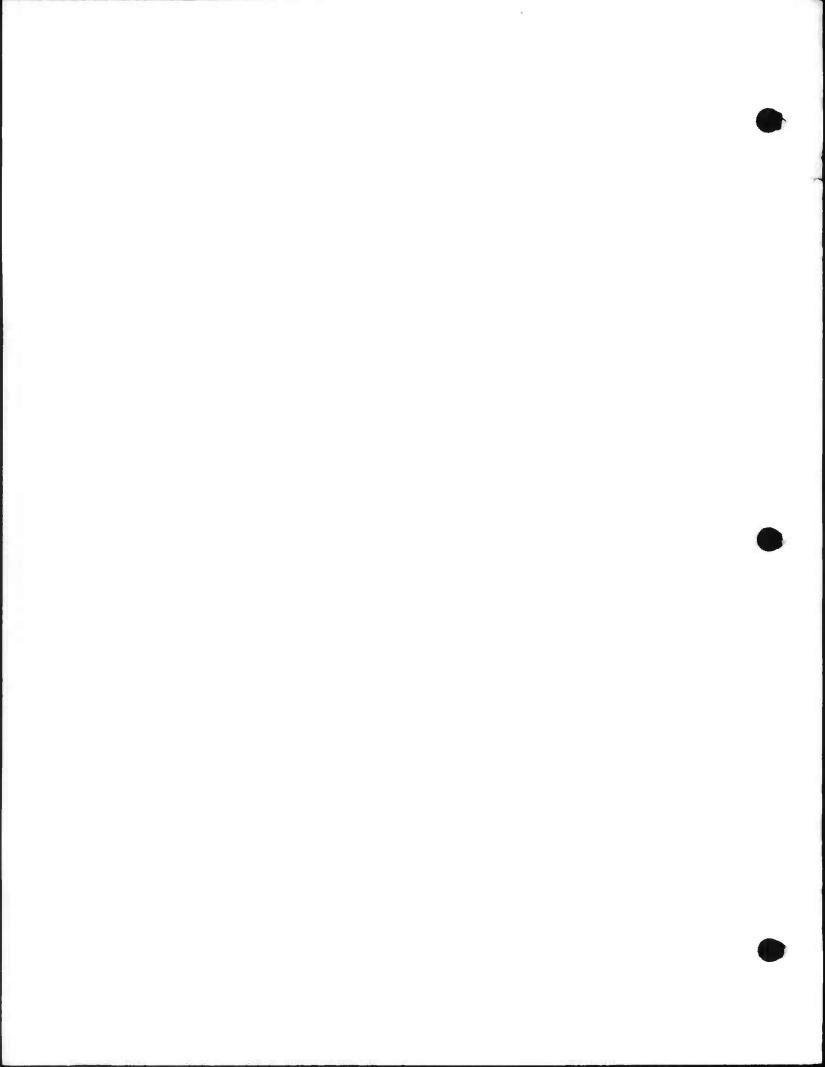
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

K 68760
. BO)
, P.O
RECORDS,
OF VITAL
DIVISION

	1. DECEDENT'S NAME (First,	Middle, Last)	EC	LI o	RRIE	_			MONT			YEAR	. TIME OF	
	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE	ober 6			3:01	
	577-32-4908		1 DM XXF	200	69 YRS.	MONTHS	DAYS	HOURS MIN,	Jul	y 1, 1		Washi	ngtan,	D.C.
TOR	Edw.W. McCr	eady l		Hosp	ital			ield	PEATH			erse		
DIRECTOR	Maryland	10b. COUNT				ry, town or risfi		TION					IOd. INSIDE	?
FUNERAL	100. STREET AND NUMBER 201 Hall H	ighway	у				101	21817				ted	AT COUNT	RY?
BY	11. MARITAL STATUS 1 Never Merried 2		12. WAS DECEDEN FORCES7 1 IF YES, GIVE W	YES	2XXNO	H.	yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 XNO Speci	an, Puerto	N? (Specify Yes Rican, etc.)	or No-		Americar White, atc. Whi	
ETED		EDENT'S EDU y highest grade		_	16e. DECEDENT'S (Give kind of life. Do NOT u	work done do	CUPATIO	ON st of working	16t	. KIND OF BUS	SINESS/IND	USTRY		
COMPL	12		outings (1-4 of 5)	'	Housew	ife		40 MOTHERIO N	ME (FILE)	privat	е	7		
BE C	Orcesino	Pe	ixoto					18. MOTHER'S NA Antoni				_	ie	
2	Robert E. H	arrie	(husban	ıd)	513	South	Br	nd Number or Rural OOKS AVE	Route Num	ber, City or Town DeLand	n, State, Zip F10	orida	3272	20
	20a. METHOD OF DISPOSITI 1	n 3 🗆 Rem (Specify) _			tropoli			atory 10	0/9/1	996 A1	exand	dria,	Vir	ginia
	P NOW C	SERVICE LIE	FronWa	HON		22.N 44	ma1 00	d V. Bor Powder M	gwar 1i11	dt Fun Road B	eral eltsv	Home /ille	, P.1	2070
CERTIFICATION	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY!	ions, diate	DUE TO	ORASA	EUM CONSEQUENCE O	PF):		E CORD+	57R				Onsel	al Between
CENTILL	CAUSE (Disease or Inju that initiated events resulting in death) LAS	l	đ		CONSEQUENCE O									
N: MEDICAL	PART II. Other significa	EREI	NTIATE	0	SCH	112	OP	HREN	1A	24s. WAS AN PERFOR	MED?	0	VERE AUTOP VAILABLE P OMPLETION OF DEATH?	OF CAUSE
PHYSICIAN:	DID TOBACCO U: 25. WAS CASE REFERRED TO EXAMINER?		RIBUTE TO CA		DEATH YI	TH (Check or	nly one)	UNCERTAI	и□					1.0
IXSI	1 TYES 2 NO		1 Dinpatient 2				ng Hom	e 5 🗆 Residence	_					
BY Pt	1 Natural 5 1 2 Accident	Pending investigation	28a. DATE OF (Month, Da	sy, Year)		JURY M	1 🗆 Y	RK? 'ES 2'NO NO	28d. DES	SCRIBE HOW II	NJURY OCC	UREO		
ETED		Could not be determined	28a. PLACE Of building,	F INJURY - atc. (Specif)	At home, farm,	street, factor	ry, office		281. LOC City	ATION (Street a or Town, State)	nd Number	or Rural Rou	ite Number,	
COMPL			CIAN: To the best of ER: On the bests of ax										nd manner	as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE		m	٥			29c. LICENSE NUI		2	29d. DATE	SIGNED (fonth, Day,	Year) G. G.
10	30. NAME AND ADDRESS OF		O COMPLETED CAUS					04 14					5.5	MD.
	31. DATE FILED (Month, Day, 1	Year)	32. REGISTRA	R'S SIGNAT		1666	H	דע דע	USP	() Pt		KIS	FIE	40
	001119	IAAP	Tura vai	MdSon.	-yandeed			 					DHA	MH-16 Rev 1/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



State of Maryland / Department of Health and Mental Hygiene 96

						(en	incate o)I	Death			Reg. No.		
	Discontinu		1. Decedent's Neme (First, Middle	e, Last)								2. Dete of De Month	eth Dey	Yeer	3. Time of Death
	Physic /Medi		Esther	- 6	JEST	500		Ha	4	Nas		00	6	1.00	1 3:29pm
9	Exami		4e. Fecility Name (If not institution	n, give street end n	umber)				J.	4b. City, To	wn, or Lo	cation of Deet	h 4c. C	ounty of Deeth	
			8412 Barron St	reet						Takon	na Pa	ark	M	ontgome	ery
	Funeral		5. Social Security Number	6. Sex	7. Age (In y	rs. lest birthe	dey)	If Under 1 You	ear eys	If Under :	24 Hrs. Min.	8. Dete of Bir (Month, De	th Veer	9. Birth	plece (Stete or Foreign ntry)
	Director	Н	346-36-9366	1□ M 2♀F	(54 Yr	\$.	WOULD	sys	Hours	WIII I.	Oct. 6	, 193	2 Mis	sissippi
	p ,		Usuel Residence of Decedent		- 10	O									
	anyla show		10e. Stete 10b. County		100.	City, Town	or Loca	ation							10d. Inside City Limits
	Part s	cto	Maryland Montg	omery	1	akoma	Pa	rk							ty∑ Yes 2 No
	or 2	Director	10e. Street and Number					10f. Zip Cod	de				10g. Citize	on of What Cou	ntry?
	23e	a	8412 Barron St	reet				209	12	2			US	A	
	2 should be filed within 72 hours efter death with the Maryland and Mental Hygiene. Is marked other than "natural", or items 23s or 28s-f show raumatic event, or Medical Evandher must be notified at	Funeral	11. Maritel Stetus	12. Was De Armed F	cedent Ever in	u,S.	13. W	as Decedent	of H	lispenic Orig	gin? (Spo	ecify Yes or No Rican, etc.)	- 14	Rece - Ameri Bieck, White,	
0	or h		1 Never Merried 2 Man		2 🔯 No			☐ Yes 2☑			, , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, 610,
21215-0020	ral',	1 by	3 XWidowed 4 ☐ Divorced	Yeer or			- 11	_ 163	140	Specify.			3	pecify: B	lack
5-	72 h natu	Completed	15. Deceden (Specify only higher	t's Education	f)	16e. D	ecede Give k	ent's Usuel Od	cup	etion during most	of work	ina	16b. Kind	d of Business/Ir	ndustry
21	ithin	Idu	Elementery/Secondery (0-12)	T	(1-4or 5+)	1	ife. Di	O NOT use re	tire	d)					
	Pod w	S	12	3		Comn	un:	ity He	a1						County Gov
2	d off	Be	17. Fether's Neme (First, Middle,	•								(First, Middle		u <i>m</i> eme)	
$\frac{8}{2}$	Men Men arke	P	Dirk Weston, S	r.						Ser	etha	Perry	man		
Maryland	s 1 and 2 should f Health and Mer item 27 is marks other traumatic		19a. Informent's Name/Reletions			19b. N	Neiling	Address (St	reet	end Numbe	r or Run	al Route Numb	er, City or	Town, Stete, Zi	o Code)
	ロモトロ		Frederick Doug	las, Jr./						an Spr	ing	Drive,	Silv	er Spri	ng, MD 2090
920	of H		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion	2 Domesial from		 Pleca of D cemetery, 	isposi crema	ition (Neme o atory or other	ple	ce)		Date	20c. Loca	ation - City or T	own, State
Ĕ	Pag neni int: h		4 Donetion 5 Dother (S		A	rling	ton	Natio	na	al Cem	. 1	0/11/9	6 Arli	ngton.	Virginia
Baltimore,	permit. Pages 1 en Department of Heal Important: If item 2 any injury or other once.		21. Signature of Junesal Service	Licenson //	100	0								Funera	
n	88558		XXIII C	1. 40	Ula.	6/		11800	Ne	ew Han	npsh:	ire Ave	nue	,	
			284 Fart 1 Enter the disease, of shock, or heart feilure. List	complications that	caused the d	eeth. Do no	t enter	the mode of	dyir	ng, such es	cardiac (aryland		4	Approximete
X.	Physician		shock, or heart feilure. List	only one ceuse on	eech line.									,	Intervel Between Onset and Deeth
J	/Medical		Immediate Cause (Final		0 . U		۸.			0]	17-	6	dosts	10 MINS
	Examiner		diseese or condition resulting in deeth)	a	a cut			4000	LV	beca		10			
	C 300 H	ē			Due	o (or es e co	nsequ	erice orj:							
	certificate be executed nding physician and use es the bunal-transit	Examiner	Sequentially list conditions,	b	Due to	o (or es e co	nseau	ence of):						1	
'n	exection and inal-transfer		if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury		500 (J (01 00 0 00)	iooqu	Grida Ory.							
68/60,	cerificate be exacuted ding physician and ise es the bunal-transit	n/Medical	thet initieted events	C	Due to	or as e cor	1SACIU	ence of):	-						
	g ph	Pa	resulting in deeth) Lest			(0. 000 0.00								i	
ŏ	andin use			d	_										
0	The law requires that the death ate hes been signed by the etter page 2 should be detached for a	Physicia	Pert II. Other significent condition	ons contributing to	death but not	resuiting In t	he unc	leriving cause	o oiv	en in Pert I		23b. Did	tobacco u	se contribute 1	to the cause of deeth?
5	by th	hy											Yes 28		bably 4 Unknown
7	igned be del	by P													
Hecords,	n sig	B										24e. Wes	en eutops	y 24b. W	ere autopsy findings
္ပ	w require	let										pend	ormed?	C	vailable prior to empletion of cause deeth?
T C	The lav	Completed										4 m	. A	_	
			OF 14/00 0000 00/00 14 00 00 1/00									10		No 1	Yes 2 No
VITAI	ysiclan: s certific director,	o Be	25. Was case referred to medical examiner?	Hospitel:					Oth			(Check only			
ō	5 5	-	1 Yes 2 No 27. Menner of Death	28e. Dete		ER/Outp				4 LI NU		me 5 ZQResi 28d. Describe		Other (Speci	(fy)
	Attending Physician: or death. ector: After this certific by the funeral director,	lon	Naturel 5 Pendin	g (Mo	nth, Dey Year			28c. I		k? Yes 2∐1		200. Describe	now injury	occarred	
S	death.	cal	3 ☐ Sulcide 6 ☐ Could I	not be	o of Injune - A	t home form	ctro			160 201		28f Location /	Street and	Number or Bur	el Route Number,
DIVISION OF	or Attending lefter death. Director: After din by the funer	Certification:	4 ☐ Homicide determ	build build	e of Injury - A ding, etc. <i>(Spe</i>	ecify)	1, 31100	BI, IACIOIY, OII	ica			City or To		TYUINDER OF THUI	er rioute ryamber,
	pital ours eral filled		29a. Certifier 1□ Cartifvin	o Physician: To th	e best of my l	rpowledge o	loath c	noguered at th	o tio	no doto one	d place	and due to the	201120(2) 2	nd mannar as a	stated
	Fun Fun	edical		g Phyelcian: To th Examiner: On the l	basis of exem nner steted.	Inetion end/	or inve	estigation, in n	ny o	pinion, deat	h occurr	ed et the time,	date end p	lece, end due t	to the ceuse(s)
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	Mec	29b. Signeture end title of certified		or states.			29c. Lic	ens	e number			29d. Date	signed (Month,	Dev, Year)
	⊢ ≯ ⊢ ŏ		· De-	1	_Qu	- w	\$			230	4			75	1991
	10		7 00 0							0					1. 0.
	10		30. Name and address of person	wno completed cau	use of deeth (i					2,6	0-	SILI	ALR	73	The
			31. Dete filed (Month, Day, Year)	1000	Bonietron's Ci	natura) 2	1 8)	0	, , ,		-2-0	140	(-	- wore
	Sta Registr		OCT 1 1	1996	Registrar's Si	avidson	Par	dell							
	Registi	aı	00111	. 1330	7/										

State of Maryland / Department of Health and Mental Hygiene 3 | 755 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth October 8, 1996 **Physician** Dordi M. Harraway 3:15 P.M. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Manor Care-Potomac Potomac Montgomery 5. Sociel Security Number 6. Sax If Under 1 Yeer If Under 24 Hrs. 7. Age (In vrs. lest birthday) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funeral** Months Deys Hours Min 1□M 25 F Yrs Director 196-26-3001 85 May 13, 1911 Finland Usual Residence of Decedent the Maryland 10e. Stete 10b. County r than "naturel", or items 23s or 28s-f show the Medical Exempler must be notified at 10c. City, Town or Location 10d. Inside City Limits 1 Tyes 2₺ No Director Maryland Montgomery Potomac 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 10714 Potomac Tennis Lane 20854 United States Funerai death 11. Maritel Status 12. Wes Decedent Ever in U,S. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. filed within 72 hours after Armed Forces?
1 ☐ Yes 2 ☑ No
If Yes, Give
Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: White by 3 ₩ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry marked other than Eiementery/Secondery (0-12) Coilege (1-4or 5+) Own Home 12 Homemaker permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flem 27 is marked other any injury or other traumatic event 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Wilhelm Mattsson Aina (not available) 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Carolita U. Kallaur/Niece 1808 24th Street, NW, Washington, D.C. 20b. Place of Disposition (Name of cemetery, cremetory or other place) Oct. 9, 1996 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 Caremetion 3 ☐ Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland Robert A. Pumphrey Funeral Home/ /557 Wisconsin Avenue Bethesda, Maryland 20814-3501 effor Funeral Service I Bethesda-Chevy Chase, Inc. M00198 23a. Pert1. Enter the issess, or compilications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or hear failure. List only one cause on each line. Approximete Interval Between Onset end Death Physician /Medical Immediate Cause (Finel Atherosclerotic Cardio Vascular Disease disease or condition resulting in deeth) Examiner Due to (or as a consequence of) Examiner physician and s the burial-transit that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es a consequence of): 88 for usa as signed by the a P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records. þ The law requires been si Completed 24b. Were autopsy findings avellable prior to completion of cause of death? 24e. Wes an autopsy performed? s certificate has b director, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☒ No Division of Vital Attending Physician: director. Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitei: 1 ☐ Inpatient Other: 4 X Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 No 2 ER/Outpetient 3 DOA this funeral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury et Work? After 5 Pending investigation 1 XNeturei death. 1 ☐ Yes 2 ☐ No 2 Accident hours after dea 6 Could not be determined 3 ☐ Sulcide Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in 24 hou. the Funeral Dire. 3 4 Homicide 6 Hospitai 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier completaly (Check only one) within 2 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D38781 October 8, 1996 5 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 4910 Massachusetts Ave., NW Washington, D.C. Michael J. Grady, M.D. 31. Dete filed (Month, Dey, Year)

32. Registrer's Signeture

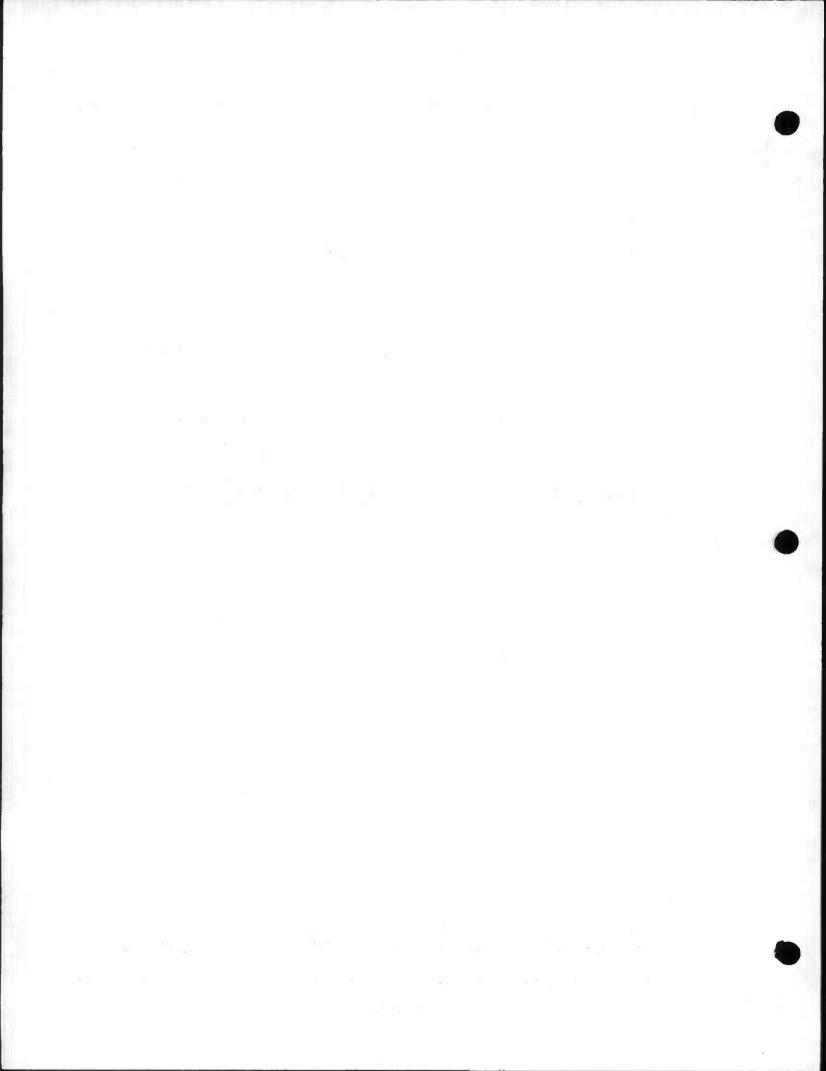
ha Davidson-Randelle

OCT 1 1 1996

DHMH 16 Rev 6/95

State

Registrar

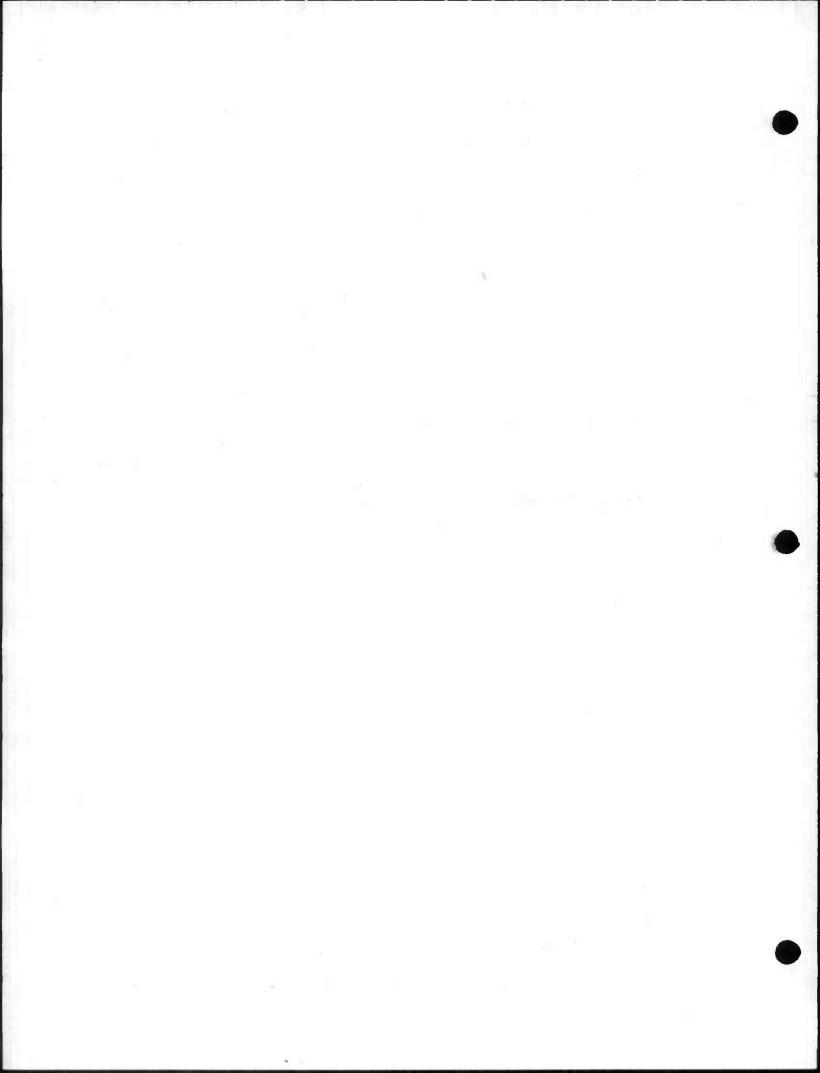


State of Maryland / Department of Health and Mental Hygiene 96 3 1 7 5 6

					Certific	cate of	f Death		Reg. No.		
Diameter!		1. Decedent's Neme (First, Middle,	Last)					2. Data of De		Year	3. Time of Deeth
Physici /Medic		Howard Hayı	nes, Jr.					Octobe			0205 AM
Examin		4e. Facility Neme (If not Institution,					4b. City, Town, or				
		Anne Arundel Me					Annapol	Ls	Anne	Arunde	21
Funeral		5. Social Security Number 6	Sax 7. Age	e (In yrs. la	Mor	Inder 1 Yae			rth ay, Year)	9. Birthplac	a (Stata or Foreign
Director		577-05-7983	I SAG IN ZELI	82	Yrs.				4, 1914		
B		Usuel Residence of Decedent 10a. Steta 10b. County		10c. City.	Town or Location					104	. Inaide City Limits
the Maryla 28a-f shor notified at	5									100.	1 ☐ Yes 2 ☐ No
with the Marylan a or 28a-f show be notified at	Director	Maryland Montgo	omery	Si	lver Spr	ing f. Zip Code			10g. Citizan of	LARD DA COLUMNO	46
1 2	급		,		10						1
18 23a must 2	Funeral	100 Eastmoor Dr:	LV e 12. Was Decedent E	Ever in II C	12 Was F	209		Coorie Van as Na	U.S.A	A . ce - American	Indian
thems inerms	F	1 Nevar Married 2 Married	Armed Forces?	,-	If Yes,	specify Cu	Hispenic Origin? (ban, Mexicen, Pue	rto Rican, etc.)	Bie	ck, White, etc	
0,0	by	3 ☑ Widowed 4 □ Divorced	if Yes, Give Yeer or Detes:	•0	1 □ Y	es 2 ☑ N	o Specify:		Specif		
fical Ex		15. Decedant's	Education	1	16a. Decedent's	Usuel Occ	upetion		16b. Kind of B	Whit	
2.8	Completed	(Specify only highest Elementary/Secondery (0-12)			(Giva kind o	of work don OT use retir	e during most of wo	orking			7
r than	E	12	Coilege (1-4or 5	1+)	Preside	nt			Tariff	Rureau	
othe ont,	Be C	17. Father's Neme (First, Middle, La	st)		2200240		18. Mother's Ne	me (First, Middle			1
ranked marked matic ev	To B	Howard Haynes,	Sr.				Mary (Catherin	e Guthri		
N ME	_	19e. Informent's Neme/Reletionship			19b. Meiling Add	dress (Stree	et and Number or F				ode)
425		Sallie Ann Hayne	o q		3/17/1 5011	th Di	ver Terra	oo Edge	ratar Ma		21027
of Health Item 27 r other to		20a. Method of Disposition		20b. Pl€	ece of Disposition	//veme or		Date	20c. Location	- City or Town	i, Stata
3 - 2 0		1 Burlal 2 □ Cramation 3 4 □ Donetion 5 □ Other (Spe						0/10/06	041	0	36 . 7
artman ortant: injury		21. Signeture of Funeral Sarvice Lig		Gat	22. Nam	a and Add	emetery]				, Mary Lar
D T T T T T T T T T T T T T T T T T T T		1/1/	1 (1)		Franc	is J.	Collins				
	-	200 Digit Enter the Street of	millering the sound	the death	500	Unive	rsity Blv	rd.,W. S:	il.Spr.,		
Name to to m	1	2012. Part 1. Enter the state and, of co	ly ona causa on each lin	18.	DO NOT SINGI (III	mode or d	yang, such es carcie	o or respiratory a	111031,	in	pproximete iterval Between Inset and Deeth
Physician /Medical	-	Immediate Cause (Finel									
Examiner		disease or condition resulting in deeth)	a GARD	nre	MUUS.	T,	6022113	US ST	regul t		
	ē			Dua to (or	as a consequence	of):	-0.0				
physician and the burial-transit	Examiner	0	b. CA	Dunkalar	es e consequence	15	7715			i	
ing physician and as the burishtrar	Еха	if any, laeding to immediate		Due to (or	es e consequence	01):				1	
sicia e bur	edical	Sequentielly list conditions, if any, laeding to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events	C	Due to for	as a consequence	of):					
ng phy a as th	8	resulting In death) Lest		Due to (or a	as a consequence	or):					
	2		d								
y the attendi	Cia	Day II. Other elections and discuss		VIII I TOTAL	Mar 1. Mar 2. Tab	en den sede		1 000 011			
ed by the atte	Physician/	Part II. Other algniffcant conditions	contributing to death bu	it not rasul	ting in the underly	ing cause g	given in Pert I.				ne cause of death?
00	by P	SEVENT /	HNOMIA					10	Yss 2 No	3 Probet	bly 43 Uriknow
gis bi								24a. Wes	an autopsy	24b. Ware	sutopsy findings
been sign should be	Completed							perio	ormed?	comp	ble prior to eletion of ceuse
certificate has b rector, page 2 s	E C									of dea	
ficate h		OF Manager referred to modical						1 🗆	2	1 U Y	/as 2□ No
this certificate he rail director, page	Be	25. Was cesa referred to medicel examiner?	Hospitel:				ther	eth (Check only			
this raid di	P.	1 ☐ Yas 2 No 27. Menner of Death	1.25 Inpatier		RVOutpatient 3[28b. Time of	I NOO!	4 U Nursing	Homa 5 Resi	denca 8 □Oth how injury occur	1.1 27	
r death. ector: After by the fune	5	1 Neturai 5 ☐ Panding	28e. Dete of Injury (Month, Dey	Year)	Injury	28c. fnj W	ork? □ Yas 2 □ No	200. Describe	now injury occur	160	
after death. Director: After 3 in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not	be One Diese of fair	ini - At hom				28f Location /	Street and Numi	her or Rural D	Inute Number
Direction by	E	4 Homicide datarmine	building, etc	(Specify)	ne, ferm, street, fe	ctory, onic	9	City or To		o nuiai n	oute Number,
within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral		29e. Certifier The Cartifying I	Ohundalan Tarka base	f many language	ladaa daabbaasii		Name of the standard standard				- 4
within 24 hours To the Funeral completely filled	edicai		Physician: To the best of aminer: On the basis of	examination	neage, aeeth occu on end/or Investige	tion, in my	time, dete and piec opinion, daath occ	e, end due to tha urred at the time,	date and place,	anner as state and due to th	e cause(s)
the	Me	29b. Signature and titla of certifier	end mannar sta	(0 0.		29c Lica	nse number		29d. Dete signe	rd (Month De	v Vaerl
¥ + 8	-	202. Organization and the or continer									
10		1 5/				DY	1698 Anns		10	8-91	6
10		30. Neme and addrass of person wh	o complated cause of de	eth (Item 2	23e) (Type, Print)	4	Λ				
		2. Home or	IN, MD 2	205	140000	DY	PANNS	pous,	MD 2	1401	
Stat	te	31. Date filed (Month, Day, Year)	32. Registre	r's Signetu	Ire Brode	2_	•	•			

State of Maryland / Department of Health and Mental Hygiene 96 3 | 75

December Frame (Prise, Months (1974) The Child T						Certifica	ate of	Death		P	leg. No.			
Examiner Examin	Dhuni	-1	1. Decedant's Nama (First, Middla, Li	ast)					2			Vaar	3. Tima of D	eath
County C			E	thel France	s Hurd	le			C				2:20 A	M
Special Security Number 190 10 10 10 10 10 10 1			4a. Facility Nama (If not institution, gi	va street and number)		-		4b. City, Tow			1			
Special Security Number 190 10 10 10 10 10 10 1			Collingswood Nur	sing Center				Rockv	ille		Mon	tgome	rv	
Jan. 31, 1908 Washington, DC Jan. 31, 1908 Washington, DC	Funera	1	5. Social Security Number 6.	Sex 7. Aga					24 Hrs. 8	Date of Birth				Foreign
Description of the control of the	Directo	r 🕒	577-18-0576	1LIM 2021F	88	Yrs.	is Days	riours	J	an. 31	, 1908	Wash	ington.	DC
Elementary/Secondary (0-12) Secondary (0-12) S	pu ,													
Elementary/Secondary (0-12) Secondary (0-12) S	anyla ahov		1		10c. City, Tow	n or Location						1		
Elementary/Secondary (0-12) Secondary (0-12) S	Ba-1	cto	Maryland Carrol	.1	Mt	. Airy							1∐ Yas 2	! EX No
Elementary/Secondary (0-12) Secondary (0-12) S	th th	-i-e	10e. Straet and Number			10f. 2	Zip Code			1	0g. Citizan of	What Cour	ntry?	
Elementary/Secondary (0-12) Codego (1-4or 6+) Dental Assistant Dental 19. Mother's Name (First, Medde, Macken Summans) Mabel Ridde	gh w		6050 Ridge Road				2177	1			United	Stat	es	
Elementary/Secondary (0-12) Secondary (0-12) S	dee and	ne.	11. Marital Status	12. Was Dacedant Ev	var in U,S.	13. Was Da	cedant of	Hispanic Orig	In? (Specia	y Yes or No-				
Elementary/Secondary (0-12) Secondary (0-12) S	or th		1 Naver Married 2 Marriad	1 Yas 2 No					, i danto i in	ouri, aic.,			etc.	
Elementary/Secondary (0-12) Secondary (0-12) S	ref.	D Q	3 ☑ Widowed 4 ☐ Divorcad			TE Tas	5 00 IAC	эрвину.			Specii		nite	
Elementary/Secondary (0-12) Secondary (0-12) S	72 h natu) je			16a.	Decedant's U:	sual Occu	pation	of working		16b. Kind of B	usinass/in	dustry	
Physician Modelcal Examiner The part of t	the state	호)				Or WORKING					
Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Physician Moderate Physician Physician Physician Moderate Physician Physi	or th	Ö	9		De	ental A	ssis	tant			Dent	al		
Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Phy	New Cath		17. Fathar's Name (First, Middla, Last	")				18. Mothar	r's Nama (/	First, Middla,	Maidan Sumar	na)		
Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Phy	Vient Vient riked	2	Forest Gooding					Mabe:	l Rid	sley				
Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Physician Moderate Physician Physician Moderate Physician	shoot s		19a. informant's Name/Ralationship	(Type, Print)	19b	. Mailing Addre	ass (Strae	t and Number	r or Rural F	Routa Numba	r, City or Town	, Stata, Zip	Coda)	
Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Phy	alth 27 i		Lois W. Dufief/Da	aughter	41	7 Chris	toph	er Ave	nue #	31. Ga	ithers	burg.	MD 208	79
Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Phy	of He item oth				20h Diago of	Dienocition /A	lama of			D-4-				
Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Physician Moderate Physician Physician Moderate Physician	Pege ent c				Park1	awn Men	oria	1 Park	14,		ookeri 1	1 o M	a 1 a 3	,
Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Moderate Physician Physician Moderate Physician Physician Moderate Physician	artm orta	1		•										
22. Part. Enart highsease, or complications that caused the dash. Do not arriat the mode of dying, such as cardiac or respiratory arrest, inches a process of the process o	Dep Imp	9	1	/	00100	Robert	t A.	Pumphr	ey Fu	neral	Home/R	ockvi	ille, Ir	nc.
Physician (Medical Examiner Physician Medical Examiner Physician Phy			Mary Jan			Rock	VIIIe	Mary	Vland	Aynas	5-2805			
Timediate Cause (Final resulting in death) Timediate Cause (Fi			shock, or haar failura. List only	ona causa on aach iina	ha daath. Do r	not antar tha m	oda of dy	ing, such as c	cardiac or r	aspiratory arr	est,		intarval Betwe	
Due to (or as a consequence of): Sequentially list conditions in death) Sequentially list conditions, any leading to immediate cause of death of the sequence of conditions in the se			Lucia Para de Carros		- ^									
Due to (or as a consequence of): Infected Ulcer Leg Due to (or as a consequence of): Infected Ulcer		_	disaasa or condition	a.	SET	515							400	my.
The state of the second property of the secon			resolving in dealth)	D	ua to (or as a o	consequanca c	of):							
The state of the second property of the secon	pe žis	la la		h Infect	ted Ulc	er Leg						1		
The state of the second property of the secon	and -tran	хап	Sequentially list conditions,	Di	ue to (or as a c	consequance o	f):							
Description of the cause of death of the cau	oe ex		causa. Entar Undarlying	•								- !		
Description of the cause of death of the cau	hysic the b	dica	that initiated evants	Dı.	ua to (or as a c	consequanca o	f):							
Part iii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobsecce use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknow 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No 3 Probably 4 Unknow 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No 3 Probably 4 Unknow 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 Yes 2 N	ing p	N N		4										
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobsecco use contribute to the cause of death 1 yes 2 No 3 Probably 4 Unknow 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 yes 2 No				0.										
24a. Was an autopsy performed? 25. Was case referred to medical aximinar? 26. Place of Death (Check only one) 27. Manner of Death 1	he ed fo	Sic	Part ii. Other significant conditions of	contributing to death but	not rasulting In	tha underlying	g causa g	ivan in Part I.		23b. Dld to	bacco uea co	entribute to	the cause of o	death!
24a. Was an autopsy performed? 25. Was case referred to medical aximinar? 26. Place of Death (Check only one) 27. Manner of Death 1	by the	P,								1 🗆 Y	●● 2 No	3 Prof	bably 4 Un	nknow
24a. Was an autopsy performed? 25. Was case referred to medical aximinar? 26. Place of Death (Check only one) 27. Manner of Death 1	gned be de								_					
25. Was case refarred to medical axaminar? 1	quire an sig									24a. Was a	n autopsy	24b. Wo	ere autopsy find	sgnit
25. Was case refarred to medical axaminar? 1	¥ re Sho	olet								perion	ned r	COI	mplation of caus	sa
25. Was case refarred to medical axaminar? 1	e he le	E								4 D V	n Mar			
29a. Certifiar (Check only one) 29a. Certifiar (Check only one) 29b. Signature and title of certifiar 29c. License number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) Gul Chablani, M.D. 11119 Rockville Pike, #316, Rockville, MD 20852 31. Data filed (Month, Day, Year) 32. Registrar's Signature	ficat or, pe		25 Was asso referred to medical						-			1	」Yas 2∐ No)
Dunding, aic. (spaciny) 29a. Certifiar (Check only one) 29b. Signature and title of certifiar 29c. License number 29c. License number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who compiated causa of daath (Itam 23a) (Type, Print) Gul Chablani, M.D. 11119 Rockville Pike, #316, Rockville, MD 20852 State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	centi		axaminar?	Hospital:			Ot							
29a. Certifiar (Check only one) 29a. Signature and title of certifiar 29b. Signature and datass of person who complated causa of daath (Itam 23a) (Type, Print) Gul Chablani, M.D. 11119 Rockville Pike, #316, Rockville, MD 20852 31. Data filed (Month, Day, Year) 32. Registrar's Signature	Phys ral di			1 LJ Inpatiant			DUA	4 LZX-NUR					y)	
29a. Certifiar (Check only one) 29a. Signature and title of certifiar 29b. Signature and datass of person who complated causa of daath (Itam 23a) (Type, Print) Gul Chablani, M.D. 11119 Rockville Pike, #316, Rockville, MD 20852 31. Data filed (Month, Day, Year) 32. Registrar's Signature	After fune	lon	1 XNatural 5 ☐ Panding		rear) Ir	njury				J. Dascribe III	ow injury occur	160		
29a. Certifiar (Check only one) 29a. Signature and title of certifiar 29b. Signature and datass of person who complated causa of daath (Itam 23a) (Type, Print) Gul Chablani, M.D. 11119 Rockville Pike, #316, Rockville, MD 20852 31. Data filed (Month, Day, Year) 32. Registrar's Signature	deet tor:	cal	3 ☐ Suicide 6 ☐ Could not b	e non Plans of Indian	. At home for					Logation /Cr	traat and Alumb	har as Buss	I Davita Alventa	
29a. Certifiar (Check only one) 29a. Certifiar (Check only one) 29a. Certifiar (Check only one) 29b. Signature and title of certifiar 29c. License number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) Gul Chablani, M.D. 11119 Rockville Pike, #316, Rockville, MD 20852 31. Data filed (Month, Day, Year) 32. Registrar's Signature	X = = c	I	4 Homicida datarmined	building, atc.	(Spacity)	rm, straat, racto	ory, office		201			Jer or Hura	ii nouta rumbei	Ψ,
D42518 October 11, 1996 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print) Gul Chablani, M.D. 11119 Rockville Pike, #316, Rockville, MD 20852 State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	pital prail	1 - 1	200 Coddies 4000 attal - Pt	Color - Lorenza										
D42518 October 11, 1996 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print) Gul Chablani, M.D. 11119 Rockville Pike, #316, Rockville, MD 20852 State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	Hos Fun Fun	lica	(Check only 2 Medical Exam	niner: On tha basis of a	xamination and	, daath occurre Vor invastigation	on, in my	ima, data and opinion, daath	place, and hoccurred	l dua to tha ci at tha tima, d	ause(s) and ma ata and piace,	annar as st and dua to	tated. the causa(s)	
D42518 October 11, 1996 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print) Gul Chablani, M.D. 11119 Rockville Pike, #316, Rockville, MD 20852 State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	the the	20		and mannar state	d.		0. 15				Od Data star	1.00.4	D. W	
30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) Gul Chablani, M.D. 11119 Rockville Pike, #316, Rockville, MD 20852 State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	0 × 0			TALLO 9 09		. 2	SC. LICON	100mber		2	ed. Data signe	a (Month, i	Day, Year)	
30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) Gul Chablani, M.D. 11119 Rockville Pike, #316, Rockville, MD 20852 State 31. Data filed (Month, Day, Year) 32. Registrar's Signature			P KI. COOL	arana n	N/s		D	42518			Octobe:	r 11,	1996	
State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	12		30. Nama and addrass of person who	complated causa of daa	th (Itam 23a) (Type, Print)								
State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	E.			D. 11119 I	Rockvil	le Pik	e, #3	316, Ro	ckvi.	lle, M	2085	2		
	St	ate	0.00	32. Registrar's	s Signature									



State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate	of Death	R	eg. No.	U	1130
Dharalai		1. Decedant's Nama (First, Middla,	Last)					2. Data of Deat		Voor	3. Tima of Death
Physicia /Medic		MARJORIE	W.		HAMP'	TON		OCT	5 1996	Year	7:52 A:M
Examin		4a. Facility Nama (If not Institution,	giva street and number	er)			4b. City, Town, or t	ocation of Death	4c. County	of Death	
		PHYSICIANS MEMO	RIAL HOSP	ITAL			LAPLATA			HARLE	S
Funeral		Social Security Number	. Sax 7 1 ☐ M 2 ☑ F	Aga (In yrs. la	st birthday)	If Undar 1 Y		6. Data of Birth (Month, Day,			aca (Stata or Foreign
Director		577-28-8255	ILIM ZEJF	83	Yrs.		,	March 8	,1913	Iowa	
pom *_		Ususi Rasidance of Dacedant 10a. Stata 10b. County		10c. City	Town or Le	ocation				10	Od. Insida City Limits
Aaryle	or			Too. Oity,						10	12 Yas 2 No
the N	Director	Maryland Charl 10e. Street and Number	es		Bry	antown 10f. Zip Co	de		0g. Citizen of 1	10 C	
W WE						75.55		'			луг
ns 23	Funeral	6135 Olivers Sh	OP KOAd 12. Was Deceda	nt Evar in U.S.	13		of Hispanic Orlgin? (S.	necify Yes or No-	U.S.	A. e - Amarica	an Indian
fter of the special sp	Fun	1 Navar Marriad 2 Married	Armed Forca	s?	Į.		of Hispanic Orlgin? (S Cuban, Maxican, Puart	Rican, atc.)		ck, Whita, a	
020 urs s	by	3 DWidowed 4 □ Divorced	If Yas, Giva Yaar or Data			1□Yas 2⊠	No Specify:		Specify		t-0
15-002	Completed	15. Decedant'a			16a. Dece	dant's Usual O	ccupation		16b. Kind of B	Whi usinass/ind	
215 Prin 7	ple	(Specify only highast (Elemantary/Secondary (0-12)	grada complated) Collega (1-4c	or 5+)	(Giva lifa.	kind of work di DO NOT use re	ona during most of wor atired)	king			
22 Page 1	000		2		Hom	emaker			Own I	lome	
D # F F F F F F F F F F F F F F F F F F	Be (17. Fathar's Nama (First, Middla, La	st)				16. Mothar's Nam	na (First, Middla, A	Maidan Suman	na)	
laryland 212 2 should be filed with and Mental Hygiene is marked other that aumsitic event, the	10	Frank Weise					Hazel	Lindsey			
far and and aum		19a. Informant's Name/Relationship	(Type, Print)		19b. Malli	ng Addrass (St	reet and Number or Ru	ral Routa Number	City or Town,	Stata, Zip	Code)
re, Maryland 21215-0 s 1 and 2 should be filed within 72 hd f Health and Mental Appiene. fem 27 is marked other than "natur other traumetic event, the Medical		Marjorie Jill F	uller				Shop Road				
Ore of H r iter		20a. Mathod of Disposition 1 ☑ Burlai 2 ☐ Cramation 3	□Ramovai from Sta	COL	ce of Dispo natary, cra	osition (Nama o matory or other	place)	Data	20c. Location -	City or Tov	wn, State
Lim Pag ment ant: l		4 ☐ Donstion 5 ☐ Other (Spe			ar Hi	11 Ceme	etery 1	0/08/96	Suitlan	nd, Man	ryland
Baltimore, Maryland 2121 permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiens. Important: If them 27 is marked other than "eny injury or other traumetic event, the Menando."		21. Signatura of Funaral Sarviou Lie	ensee				ddrass of Facility J. Collins				
m go = a		Mouter B	The V				versity Blv				20901
		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List on	mplications that caus	ed tha daath.	Do not an	tar tha moda of	dying, such as cardiac	or respiratory arra	ast,	-	Approximata Intarval Between
Physician											Onset and Death
/Medicai Examiner		Immediata Causa (Final diseasa or condition	. KE	SPI	KA	TOR	1 FAIL	URE			1 DAY
	J	rasulting in death)		Dua to (or	ss a consa	quance of):					
pg is	line		EN		A-9	E CH	RONIC	0/35	TRUC	2T14E	YRS
i Records, P.O. Box 68760, The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Aedical Examiner	Sequentially list conditions, if any leading to immediate		Dua to (or s	s s conse	quanca of):	Lug 7	mes	e		
60, be e burle	a E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	С.								
68760, ificate be exe physician as the burial-	<u>g</u>	that initiated evants rasulting in death) Last		Dua to (or a	is a consec	juanca of):	O				
ox 6 certific ding p			d								
Box eath cer attendir for use	clar										
P.O. that the de detached detached	Physician/	Part II. Other eignificant conditions				ndarlying caus	a given in Part i.	3.17			the cause of deeth?
S, P es that igned b	ā	Arable	Mil	CAU	2			1 50 Y	●● 2□ No	3 Prob	ebly 4 ☐ Unknown
Division of Vital Records, or Attending Physicien: The law requires the deer death. Office death. Office death. Office death. In by the funeral director, page 2 should be or in by the funeral director, page 2 should be	d by							24a. Was a	n autopsy	24b. Wai	ra autopsy findings
cord v require been si	lete							perform	ned?	CON	ra autopsy findings illable prior to npletion of causa
The law	Completed								W		daath?
Vital Independent The Certificate rector, page		05 Mar and a females and fine						1 □ Y8		10	Yas 2 No
of Vita Physicien: this certificated director,	Be	25. Was casa rafarred to medical axaminar?	Hospital:				Other	th (Check only on	1		
Phys raiding of	- To	1 Yas 20 No 27. Mannar of Death	1 LiNopa		R/Outpatie 8b. Tima o		4 Li Nursing n	oma 5 Rasida 28d. Dascribe ho)
Vision Attending For death. ector: After by the funer	Certification:	Natural 5 Panding	28a. Data of In (Month, L	Day Year)	Injury		Injury st Work? 1 Yas 2 No	200. 5000100 110	w injury coods		
Attender death	fica	3 ☐ Suicide 6 ☐ Could not	ha	Injury - At hom	a farm, str			28f. Location (St.	reet and Numb	er or Rural	Routa Number,
Div after din b	ert	4 Homicida	building,	atc. (Specify)		aat, factory, off —		City or Town			
Division To the Hospital or Attending within 24 hours after Geath. To the Funeral Director. After completely filled in by the fun	alC	29a. Cartifiar Certifying F	Physician: To the bes	st of my knowle	edga, daat	n occurred at th	a tima, data and placa	and dua to the ca	ausa(s) and ma	nnar as sta	ated.
P Fu	edical	(Check only and Madical Expone)	aminer: On the basis and manner	of axaminatio	n and/or in	vastigation, in r	ny opinion, death occur	red st tha tima, da	ata and place,	and due to	tha cause(s)
Vithir To th	X	29b. Signature and titla of certifler	1		^	29c. Lic	cansa number	2	9d. Data signe	d (Month, D	Jay, Year)
		Man	At	FEM	2096	j n	-44436	1	Ctal	2 28	5 96
8		30. Nilve and addrass of person wh	o complated causa of	f daath (Itam 2	3a) (Type.	Print)			CIUR	~ ~	- 10
		ASH INKUMAR PATE	L MD 603	POST O	FFICE	RD. St	JITE 207 WA	LDORF, M	ID 2060	2	
Stat	e	31. Data filed (Month, Day, Year)		trar's Signatu	ra						
Registra	ar	OCT 0 8	1996	wha Davi	doon-1	appelle					

State of Maryland / Department of Health and Mental Hygiene

31759

							Cei	rtificate	of	Death			Reg. No.		0170.
sician		I. Decedent's Nama	(First, Middle, L	ast)							2	2. Date of De		Year	3. Tima of Death
sician edical	1	TRENE	S. HY	att							i i	Sept	30°	96	14.46 .P.
miner		a. Facility Name (If St. Agne			um <i>ber)</i>					4b. City, Town	or Loca				
al	5	i. Social Sacurity Nu		Sex	7. Age	e (In yrs. last	birthday)	If Undar 1		If Undar 24	Hrs. 8	Date of Bir	th	9. Birtho	iace (State or Foreign
ara.	1	219-14-8 Usual Residence of D	,505	1□M 2XDF		71	Yrs.	Months	Days	Hours	Min.	Dec.	5, 1924		lace (State or Foreign stry) ryland
	_		10b. County			10c. City, T	own or Lo	cation						1	0d. Insida City Limits
j		MD	Howar	d		E1	lico	tt Cit	у						Yas 2□ No
- S	1	0e. Street and Num	ber					10f. Zip (-				10g. Citizen of	What Cour	itry?
by Funeral Director		3004 N.	Ridge R	oad					21	1043			United	Stat	96
Der	1	1. Marital Status		12. Was Dec	cedent E	Ever In U,S.	13. V	Vas Decede		fispanic Origin an, Mexican, P	? (Speci	fy Yes or No	- 14. Ra	ca - Amaric	an Indian,
þ		1 ☐ Never Married 3 ☑ Widowed 4		Armed F 1 ☐ Yas If Yes, G Year or I	2 A	ło		Tes, speci			uerto Hi	can, etc.)	Specif	ick, White,	etc. hite
ted		/Specific	15. Dacadent's E	ducation	3	10	Ba. Daced	lent's Usuai	Occup	pation			16b. Kind of B	usinass/Inc	dustry
Completed		Eiamentary/Second	y only highest gr dary (0-12)	Coilege (+)				during most of d)	wurking				
100		12			0		Sec	cretar	У	1			Bank	ing I	ndustry
To Be	1	7. Fathar's Name (F Charles		()								First, Middle chter	, Maiden Sumer Stup	ne)	
		19a. Informant's Nan	ne/Relationship	(Type, Print)		1							er, City or Town	, State, Zip	Code)
		Myrlene	н. о	tt			1540)5 Ma1	aya	Place	, La	urel,	MD 207	707	
	2	0a. Method of Dispo 1X Burial 2 □		Domoval from	State	ceme	tery, crem	sition (Name	er ple	ca)	1	Date	20c. Location		
		4 Donation 5			Stata	Ar1:	ingto	n Nat	ion	al Cem.	. 10	/8/96	Arling	ton,	VA
OUCe	2	1. Signature of Fund	ral Servica Lica	inse@ /	1	. 0	/32	Name and	Addra	ass of Facility				-	
once.		Kry	· V	X	00	Unn				aldi Fu					
	1	Part1. Enter the shock, or heart	disease, or con	nplications that	caused	the death. D	o not ante	1800 er the mode	New of dvir	Hampsh	nire	Ave S	Silver S	pring	MD 20904 Approximate
an	1	shock, or heart	failura. List only	one causa on	aach lin	0.				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		copilatory a	,,,		Interval Batween Onset and Death
al	Ь	mmediate Causa (Fi	inai			BOWEL	Our	RFORF	april 1	anl					
r	r	disease or condition esulting In death)		a			1 C		7776	DIA					24 hrs.
ě						Due to (or as				i k				i	12
Examiner	1,	Cognoptiaths tiet acad	distant C	b		MULTIP Due to (or as		MYEL	07	A					12 years
	ifi	Sequentially list cond any, leading to Imm ause. Enter Underly ause (Disease or In	nadiate Ving		,	- 40 to (oi as	w correct	sonot UI).						1	
cai	1 0	nat mitiated events		c	Г	Due to (or as	a consecu	ance of):						-	
/Medical	1	esufting in death) La	51			- (5: 20								1	
lan				d											
Physician	P	art II. Other significa	ant conditione	contributing to d	leath bu	t not resulting	in tha un	derlying cau	sa giv	ven in Part I.		23b. Did	tobacco uee co	ntribute to	the cause of death?
Phy												10	Y00 2000	3 Prot	ably 4 Unknown
5	-										_				
Completed												24a. Was	an autopsy	ava	ra eutopsy findings illable prior to
ple	-										_			001	npletion of causa leath?
COL												10	res 2 No	10	Yes 2□ No
Be	2	5. Was case referred	d to medical							26. Place of I	Death (C		/ \		
To E		axaminer? 1 ☐ Yes 2 No	0	Hospital:	Inpatien	t 2 ER/0	Dutpatient	3□ DOA	Oth	or:			dance 6 Oth	er (Specifi	")
	27	7. Manner of Death	5 D D "	28a. Date		/ 28b	. Time of		. Injur				now Injury occur		
atio		1 Natural 2 Accident	5 Pending Investigation		, Doy	, oai)	injury	М		Yes 2□No					
ertification:			6 Could not b	20a. Place	of Inju	ry - At home,	farm, stre	et, factory,	office		28f		Street and Numb	per or Rura	Route Number,
Cent		- I nomicide		buildi	ing, etc.	(Specify)						City or Tov	vn, Stete)		
edical (2	9a. Certifiar 1) (Check only 2(one)	Certifying Ph	yalclan: To the ninar: On the ba	asis of e	examination a	ga, death and/or inve	occurred at estigation, in	the tin	ne, data and plo pinion, death o	aca, and	due to that at the time,	cause(s) and ma data and place,	annar as st and due to	ated. the cause(s)
Me	25	9b. Signature and titi	le of certifier					29c. l	icens	e number			29d. Date signe	d (Month, I	Day, Year)
		9b. Signature and titi	Chron B. F.	SIDENT				P	20	125.			9/30/		
					na at 1.	ath /lt-= 25	\ (T:== =		V 0	100			11301	10	
	130	Name and address							HIL	212	2.0				
tate	3	I. Date filed (Month,		NUE,					1441) ~10	V -V -1				
strar		111-11-11	0 8 199	6 4	hie L	s Signatura	Bondo	20							
		001	0 0 100	0 17											

.

State of Maryland / Department of Health and Mental Hygiene 96 3 | 760

		Decedent's Neme (First, Middle, La.	st)					Death	2. Date of De	Reg. No.	0 0	3. Time of Deeth
Physici /Medic	al	Ludmilla Leah H 4a. Facility Name (If not institution, give	eintze	. al				th City Town	Month Octobe	Day r 4, 19		6:30 AM
Examin	er	9415 Kingsley A	venue]	Bethesda		Mont	y of Death	у
Funeral Director		5. Sociel Security Number 6. S 579-14-7464 Usuai Residence of Decedent	ex 7.7 □M 2ਊF	Age (In yrs	: last birthday) Yrs.	If Under Months		If Under 24 H Hours Mi	in. (Month, Da	th y, Year) 2,1916	9. Birthpie Counti Aust	ace (State or Foreig ry) ria
h the Maryland r 28a-f show	o	10a. State 10b. County			ity, Town or Loc	cation					10	d. Inside City Limit
with the hard or 28a-	Direct	Maryland Montgo		В	ethesda	10f. Zip				10g. Citizen of		
72 hours after death with the Maryland neturel; or Items 23s or 28s-f show ical Examiner must be notified at	by Funeral Director	9415 Kingsley Av. 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deceder Armed Force: 1 Yes 2 If Yes, Give Year or Dates	3 No					(Specify Yes or No erto Ricen, etc.)	Austr - 14. Ra Bla Specia	ce - America ick, Whita, a	tc.
e 2	Completed	15. Decedent's Ed (Specify only highest gra Elementary/Sacondary (0-12) Unknown	de completed) College (1-4o	r 5+)	16a. Deced (Give I life. D					16b. Kind of B	usiness/Indu	ite ustry
should be filed within nd Mental Hygiene. marked other than umatic event, the M	To Be	17. Fathar's Name (First, Middle, Last) Alexander Breier							ame (First, Middle, Weiss	Maiden Sumar	me)	
1 and 2 sho Haalth end em 27 is mo		19a Informant's Name/Relationship (1 Steve Heintze	Type, Print)					and Numberor	Rural Route Number			
6 O h		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from Stat	е	Place of Dispos cometery, crem beck Me	atory or o	ne of ther plac	pe)	Date 10/07/96	20c. Location	- City or Tow	m, State
permit. Pag Department Important: If eny Injury o		21. Signature of Funeral Service Licen	J Col	2	22. Fr. 50	Name an ancis O Uni	d Addres	ss of Feculity Colling Sity Bly	s Funeral	Home,	Inc.	
Physician /Medical Examiner	ner	23a. Part - Enter the disease, or comp shock, or heart failure. List only of Immediate Causa (Final disease or condition resulting in death)	Lui	4	Can or as a consequ	ce						Approximate Interval Between Onset end Death
ling physician and e es the bunal-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	· ·	or as a consequ							3 y-
the daath cer by the ettendir tached for use	Physician/	Pert II. Other significant conditions co		but not res	sulting In the un	derlying ca	ause give	en in Part I.	23b. Dld t	obacco use co	entribute to 1	the cause of deat
es that the	by Phy								1100	res 2□ No	3 Probe	ably 4 ☐ Unknow
The law requires that the death certificets be executed to the best been signed by the ettending physician and page 2 should be detached for use es the burial-transit	Completed					_	-		24a. Wes perfo	an autopsy med?	com	e autopsy findings lable prior to pletion of ceuse aath?
	Be Con	25. Was case referred to medical						26 Dinos of D	1 D		10	Yes 2□ No
this aidi	2	examiner?	1 Inpat		ER/Outpatient 28b. Time of Injury		Bc. Injury Work	ar: 4 Nursing	eath (Check only of Home 5 Residue) 28d. Describe to	lance 6 Oth		
to the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completaly filled in by the funer	Certification:	3 Suicide 6 Could not be datamined	28e. Place of Ir building, e	ijury - At h tc. <i>(Speci</i>	oma, farm, stre (y)	et, factory			28f. Location (5 City or Tow	Streat and Numi n, State)	ber or Rural i	Route Number,
vithin 24 hours after To the Funeral Directory completely filled in	edical	29a. Cartifier (Check only one) 1 Certifying Phy 2 Medical Exam	sician: To the best iner: On the basis of and mannar s	of examina	wiedga, death ition and/or inve	occurred a estigation,	t tha tim In my op	e, date and place pinion, daath occ	ce, and due to the courred at tha tima, o	cause(s) and madate and placa,	anner as states	tad. he cause(s)
within 2 To the comple	We	29b. Signeture and title of certifier	00.0	L	. N	290.	License	number		29d. Dete signe		
0	-	30. Name and address of person who co	omplated cause of	death (Itar	n 23a) (Type, P	rint)	12	1 2 1		711	1	1896
Stat	P	31. Date filed (Month, Day, Year)	32. Regist	rar's Signa	S415	W.	(6)	MALL	N 156	(H./	N) 5	0814

8 . . .

						Cer	tificat	e of l	Death			Reg. No.				
	Street.		1. Decedent'e Neme (First, Middle, I	ast)					4		2. Date of D		Vaar		na of Death	_
	Physic /Medi		Marie Isa	belle H	Holmes						Oct	Dey 6 . 1	996		45 P	7
1	Exami		4a. Facility Neme (If not Institution, g	ive street end numbe	r)			4	b. City, To	wn, or L	ocation of Dee	th 4c. C	County of Dea	ath		h -L
			Washington Ad	lventist	Hospi	tal		- 1	Hau		rark	Pri	nce (leora	019	
	Funeral				Age (In yrs. les	t birthday)	If Under Months	1 Yeer Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bi	rth		-	ete or Foreig	n
н	Director		029-36-5889	1 M X F	88	Yrs.		50,0	110010		1 1 / 8 /	07	Wa	sh.,	D.C.	
	pur		Usual Residence of Decedent 10a. Stete 10b. County		10c. City. T	Town or Lo	nation							404 5 - 1	. Oh 11 1	
	aho	5	D.C. N/A	1		shin									le City Limits Yes 2 ☐ No	
	the N	Director	10e. Street and Number				10f. Zip	Code				10- Chi-	() () - ()			
	with post			rk Rd.,N	I . W .		1	200	10			Tog. Chize	on of What C			
	ter death with the Marylen Hems 23a or 28a-f show Inst. Inst. be notified a	Funerai	11. Maritel Stetus	12. Wes Deceden		13 V				ioln? (Sn	ecify Yes or N	D- 14	I. Reca - Am		n	
	flor of the state	F	1 ☐ Never Merried 2 ☐ Merried	Armed Forces	5?						ecify Yes or N Rican, etc.)		Black, Wh		.,	
21215-0020	d within 72 hours after death with the Marylend jiene. r than "natural", or itema 23a or 28a-f ahow the Medical Examinat rivat be notified at	þ	3 Nidowed 4 Divorced	If Yes, Give Yeer or Detes		1	☐ Yes 2	№ No	Specify:			S	ipecity:	Blac	k	
9	n 72 hours "natural", ed cal Exa	Completed	15. Decedent's	Education	1	6a. Deced	ent's Usue	I Occupa	ation		WILL	16b. Kind	d of Business	/Industry		-
218	323	ple	(Specify only highest g	rade completed) College (1-4o	r 5+)	life. E	OO NOT us	k done d se retired	during mos	it of work	ring					
2	e filed within al Hygiene. other than '	5		4 yrs.	,	T	each	er_	_			Ed	ucati	on		
pu	Net He	Be	17. Father's Neme (First, Middle, Las	st)					18. Mothe	er's Nem	e (First, Middle	, Maiden S	umeme)			
yla	should be nd Mental marked o	2	Aaron Dixon							Не	len Co	ok				
Maryland	2 sho		19e. Informant's Neme/Reletionship	1 21 1							ral Route Numi					
	ges 1 and 2 should be filed to fleath and Mental Hyg if item 27 is marked othe or other traumatic avent,		Colleen Y. Tho	rpe/Niec					Oak	s Di	r.,Cha					
Or	Pages 1 and neut of Heamint: If item		20e. Method of Disposition	☐Removel from Stete	e cem	e of Dispos etery, crem	etory or o	ther plec		i	Dete	20c. Loca	ation - City or	r Town, Stet	0	
Ë	tmen tant:		4 ☐ Donetion 5 ☐ Other (Spec		Fore	est I					12/96		ton,	Mass	•	
Baltimore,	permit. Pages Department of Important: If it any injury or once.		21. Signeture of Funeral Service Lic	ensee		22.	Name an	. Was	ss of Fecilit Shin	gtor	n & So	ns,i	nc.			
	00280		Yarry	wen	au		492	5 Bı	urro	ūghs	s Ave.	,N.E				
H			23e. Part 1. Enter the disease or co shock, or heart feilure. List on	mpilcetions thet cause ly one ceuse on eech	ed the deeth. I line.	Do not ente	r the mod	e of dyin	g, such es	cardiec	or respiretory	arrest,		Approx	Between	
Ď.	Physician /Medical		Immediate Course (Charle											Unset i	and Death	
ı	Examiner	Р.	Immediate Cause (Final disease or condition resulting in deeth)	· Ca	rrdio re	s piro	tory		AY	res	t			Few	minu	Å
Ш		<u></u>	Treatment of the county		Due to (or es	s a consequ	Jence d		0		,			Com	days	
	petr I	E		1 b. 2n	Due to (or es	rebr	nl		hen	w	hage			700	ornes	
	n and	Examiner	Sequentially list conditions, if any, leeding to immediate		Due to (or es	s a consequ	uenca of):				0				,	
68760,	ficate be assouts physician and is the burial-fran	edicai	cause. Enter Underlying Cause (Diseese or Injury that Initiated events	C.	Due to (or es	neenon e	ience of):									
	25 OF 16	be	resulting in deeth) Lest		200 10 (0) 03	o consequ	iorico oij.									
Box	6 2 2	an/M		d										i I		
0.	10 th N	Physician	Pert II. Other significant conditions	contributing to death	but not resulting	ng in the un	derlying ca	ause give	en in Pert I	l.	23b. Did	tobacco u	se contribut	s to the cau	iss of death	?
ď.	that the sed by th detache	Phy	Persistan	F 1/20	(- A		01	-+			1□	Yes 2	No 3 F	Probably	4 Onknov	vn
ls,	2 00	by	Persistan	Vee	jetav	COL	21									-
Records,	pen sign should be	Completed			′						24e. We: perf	an eutops ormed?	y 24b.	Were sutor aveilable procompletion	rior to	
3ec	量 姓似	npl												of death?	OI Cause	
=	4 48	Cor									1 🗆	Yes 2	No	1 🗆 Yes	2□ No	
Vital	Physician: The this certificate rat director, pag	Be	25. Wes case referred to medical exeminer?	Hospitei:				Othe		e of Deet	h (Check only	one)				
ō	10	. To	1 ☐ Yes 2 ☐ No 27. Menner of Deeth	28a. Dete of In		Outpetient b. Time of		Bc. Injury	4 L N	ursing Ho	ome 5 Res			ecify)		-
5	Alto out	lon	1 ☐Naturei 5 ☐ Pending	(Month, D	lay Year)	Injury	M	Work	k?` Yes 2□	No	200 Describe	now injury	bocurred			
S	Attending or death. ector: Aho by the fund	Ical	3 Sulcide 6 Could not	be and Disco of In	niuny - At home	form stre			103 2		28f. Location	Street and	Number or F	Rural Route	Number	-
Division	무섭용도	Certification:	4 ☐ Homicide determine	building, e	etc. (Specify)	, 10111, 3110	ot, loctory	, omco				wn, Stete)	1011001011	iai Er i i oato i	varrisor,	
7	apital or hours afte neral Dir y Illed in		29e. Certifier 1 Cartifying P	hysician: To the best	t of my knowle	dge, deeth	occurred (et the tim	ne, dete en	d place,	end due to the	ceuse(s) e	nd menner s	s steted.		-
1	To the Hospital within 24 hours To the Funeral completely filled	edical	(Check only 2 Madical Exe	miner: On the basis and menner s	of examinetion	end/or inv	estigetion,	In my or	oinion, dee	ith occur	red at the time	date and p	lace, and du	e to the cau	se(s)	
	To the Total	Σ	29b. Signeture end title of certifier				29c	License	number			29d. Date	signed (Mon	th, Day, Yes	11)	
			· G. Grupta	, mp				MD	46	39	8	Octo	ber	61	996	
			30. Neme end eddress of person who	completed ceuse of	deeth (Item 23	Be) (Type, F	Print)				0			1		-
				21 congr	deeth (Item 23	al	lan	٤, =	# 40	79,	Kock	ville,	mo	20	852	
	Sta		31. Dete filed (Month, Dey, Year) OCT 1 1 1000	32. Plogle	trar's Signeture	9		1				,				
	Registr		ANI TO MAP &	elu devolucion	Rentall											_
DH	MH 16 Rev 6/9	5														

April 1

State of Maryland / Department of Health and Mental Hygiene

					OCITINO	ate of D	ealli	F	leg. No.		
Physic	ion	1. Decedant's Nama (First, Middla, Las	st)					2. Data of Dea Month	th Day	3. Tir	ma of Death
Physici /Medio		NETTIE R.	HERBER'	T				October			45 a.m.
Examir	5.0	4a. Facility Nama (If not institution, give	a straat and number)			4b	. City, Town, or L	ocation of Death	4c. County		
10 E C		3215 SWANN ROAD					uitland			ce Georg	e's
Funeral Director		5. Social Security Number 6. St 578-26-0661 Usual Rasidance of Dacadant	ax 7. Age (In ▼ M 2□ F 76	n yrs. last bir	Yrs. Month		If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day June 1	, Year) 6, 1920	9. Birthplaca (Si Country) Atlanta	ata or Foraign GA
8 m		10a. Stata 10b. County	10	c. City, Town	n or Location					10d. Insid	da City Limits
a or 28a-f show	to	Maryland Prince G	eorge's	Sui	tland					110	Yas 2□No
or 28	Director	10e. Street and Number				Zip Code		1	0g. Citizan of V	What Country?	
238		3215 Swann Road	, #204		20	0476-1	322		Unite	d States	
natural", or itams 23a or 28a-f show	by Funeral	11. Marital Status 1 □ Navar Married 2 ☑ Married 3 □ Widowad 4 □ Divorced	12. Was Decedant Evar Armed Forcas? 1 ☐ Yes 2 ☑No if Yas, Giva Yaar or Datas:	r in U,S.		cedent of His becify Cuban 2 XNo	penic Orlgin? (Sp , Mexican, Puarto Specify:	ecify Yas or No- Rican, atc.)	Specify		
"natural", edical Exa		15. Decadant's Ed		16a.	Decedant's Us	suei Occupat	ion			can Amer	ican
- 16	Completed	(Spacify only highast grade Elementary/Secondary (0-12)	da com <i>platad)</i> Collega (1-4or 5+)		(Giva kind of v lifa. DO NOT	work dona du usa ratired)	ring most of work	ring	Governm		
-	Con	12	00110ga (1 401 01)	Ret	cired M	icro Fi	lm Operato	r	Nationa	1 Archiv	res
= 0 5	Be	17. Fathar's Nama (First, Middle, Last)				1	8. Mothar's Nam	a (First, Middla,	Maldan Surnam	18)	
	2	Mike Stroman, Sr	•				Mamie .	Johnson			
8 8 8		19a. Informant's Name/Ratationship (7								State, Zip Coda)	
f Health Itam 27 i		Charles Herbert,								yland 20	
t: H H		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify.	nemoval irom Stata		Disposition (A y, crama <i>tory o</i> Ln Memo		1			City or Town, Stalland, MD	
Departmen Important; any injury once.		21. Signatura of Funaral Service Licens			22. Nama	and Address	of Facility				
6 4 2 0.		John !	Tournst	777			NERAL HO			ton, D.C	
nysician Medical							such as cardiac				Between
	niner	Immediata Cause (Finel disease or condition rasulting in daath)	b. Hyp	to (or as a c	consequence o		WAR	-y	APR	Onsat EST	and Death
	xaminer	diseasa or condition rasulting in daath)	b. Hyp	to (or as a co	consequanca o		NAR	-9	APR	Onsat EST	and Death
	cal Examiner	diseasa or condition rasulting in daath) Sequantially list conditions, if any, leading to immadiate causa. Enter Undarlying Causa (Diseasa or injury	b. Hype c. REA	to (or as a co) EP to (or as a co VAL	consequance of consequence of conseq	_M) (): VS ((NAR	NCET	APR	EST	and Death
ysician and he buńal-transit	edicai	diseasa or condition rasulting in daath)	b. Hypothesis of the control of the	to (or as a co	consequance of consequence of conseq	_M) (): VS ((NAR	-9	APR	EST?	and Death
ng physician and sas the bunal-transit	Medical	diseasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immadiate causa. Enter Undarlying Causa (Diseasa or Injury that Initiated avants	b. Hypothesis of the control of the	to (or as a co) EP to (or as a co VAL	consequance of consequence of conseq	_M) (): VS ((NAR	-9	APR	EST.	and Death
attending physician and for use as the bunal-transit	Medical	diseasa or condition rasulting in daath) Sequantially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Diseasa or injury that initiated avants rasulting in daath) Last	b. Hyp Que c. REN Dua d. END ON	to (or as a control of the control o	consequence of conseq	(): VS (() f): ELL	NAP JN CA	NCER	APR	EST.	and Death
by the attending physician and iached for use as the bunal-transit	Physician/Medical	diseasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immadiate causa. Enter Undarlying Causa (Diseasa or Injury that Initiated avants	b. Hyp Que c. REN Dua d. END ON	to (or as a control of the control o	consequence of conseq	(): VS (() f): ELL	NAP JN CA	NCE P	APR	Onset	and Death
been signed by the attending physician and should be detached for use as the burial-transit	by Physician/Medical	diseasa or condition rasulting in daath) Sequantially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Diseasa or injury that initiated avants rasulting in daath) Last	b. Hyp Que c. REN Dua d. END ON	to (or as a control of the control o	consequence of conseq	(): VS (() f): ELL	NAP JN CA	NCE P	obacco use cor	Consat :	use of death? 4 🖾 Unknown psy findings for to
ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	by Physician/Medical	diseasa or condition rasulting in daath) Sequantially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Diseasa or injury that initiated avants rasulting in daath) Last	b. Hyp Que c. REN Dua d. END ON	to (or as a control of the control o	consequence of conseq	(): VS (() f): ELL	NAP JN CA	23b. Did to	obacco use cor	onsat	use of death? 4 2 Unknown psy findings rior to of causa
artificate hes been signed by the attending physician and octor, page 2 should be detached for use as the bunial-transit	Be Completed by Physician/Medical	diseasa or condition rasulting in daath) Sequantially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last Part II. Other significant conditions co	b. Hype Due C. Dua d. END 0 w	to (or as a control of the control o	consequence of conseq	f): S (() f): ELL g causa givan	NAP JN CA	23b. Did to 1 y	obacco use con es 2 No n autopsy med?	Onsat : CTT Intributa to the car I Probably 24b. Were auto available p complettor of death?	use of death? 4 2 Unknown psy findings rior to of causa
his certificate hes been signed by the attending physician and al director, page 2 should be detached for use as the bunal-transit	To Be Completed by Physician/Medical	diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Diseasa or injury that initiated avants rasulting in death) Last Part II. Other significant conditions co	b. Hypopue c. REM Dua d. END DW Intributing to death but no	to (or as a control of the control o	consequence of conseq	f): (f): (g): (CAW in Pert I. 26. Place of Deat 4 Nursing Ho	23b. Did to 1 y	obacco use con es 2 No n autopsy ned?	Onsat : Ons	use of death? 4 2 Unknown psy findings rior to of causa
his certificate has been signed by the attending physician and il director, page 2 should be detached for use as the bunal-transit	To Be Completed by Physician/Medical	diseasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immadiate causa. Enter Underlying Causa (Diseasa or Injury that Initiated avants rasulting in daath) Last Part II. Other significant conditions co	b. Hypothesis	to (or as a control of the control o	consequence of conseq	f): Causa givar causa givar causa givar causa givar causa givar causa givar	In Pert I.	23b. Did to 1 Y 24a. Was a perior	obacco use con es 2 No n autopsy med? Since 8 Other	Onsat : Ons	use of death? 4 2 Unknown psy findings rior to of causa
if reactor. After this certificate hes been signed by the attending physician and by the funeral director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	diseasa or condition rasulting in daath) Sequantially list conditions, if any, leading to immadiate causa. Enter Undarlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last Part II. Other significant conditions co	b. Hyper C. Due C. Due d. EVD Dw. Markibuting to death but no	to (or as a control of the control o	consequence of conseq	f): VS ((f): Causa givar causa givar causa givar 28c. Injury s Work? 1 Ys	CAW in Pert I. 26. Place of Deat 4 Nursing Ho	23b. Did to 1 Y 24a. Was a perform 1 Y h (Check only on ma 5 Peside 28d. Dascribe ho	obacco use core s 2 No n autopsy med? as 2 No since 8 Other ow injury occurr	Onsat : Ons	use of death? 4 2 Unknown psy findings rior to causa 2 No
r death. ector: After this certificate hes been signed by the attending physician and by the funeral director, page 2 should be detached for use as the burial-transit	Certification: To Be Completed by Physician/Medical	diseasa or condition rasulting in daath) Sequantially list conditions, if any, leading to immadiate causa. Enter Undarlying Causa (Diseasa or Injury that initiated avants rasulting in death) Last Part II. Other significant conditions co	b. Due C. Dua d. EVD Dw ntributing to death but no Hospitai: 1 Inpatiant 28a. Data of Injury (Month, Day Yea 28a. Placa of Injury building, atc. (Scheiclan: To the best of my Inar: On the best of my Inar: On the best of my	to (or as a control of the control o	consequence of conseq	f): (f): (f): (g): (CA CA In Pert I. 26. Piace of Deat 4 Nursing Ho It Is 2 No data and place.	23b. Did to 1 Y 24a. Was a perior 1 Y 1 (Check only on ma 5 (Leside 28d. Dascribe ho 28f. Location (Si City or Town	obacco use cores 2 No n autopsymed? as 2 No ne) enca 8 Other ow injury occurr rael and Numb n, Stata)	Onsat : Ons	use of death? 4 2 Unknown psy findings rior to of causa 2 No
r death. ector: After this certificate hes been signed by the attending physician and by the funeral director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Diseasa or Injury that Initiated avants rasulting in death) Last Part II. Other significant conditions co	b. Due C. Dua d. EVD 0 W Intributing to death but no Hospitai: 1 Inpatient 28a. Data of Injury (Month, Day Yea 28a. Placa of Injury - building, atc. (Sp.	to (or as a control of the control o	tonsequance of consequance of consequance of the undarlying the undarlying Mem, streat, factor dath occurre for invastigation	f): (f): (f): (g): (CA CA In Pert I. 26. Piace of Deat 4 Nursing Ho It is 2 No data and place, ilon, daath occurrence.	23b. Did to 1 Y 24a. Was a perform 1 Y 1 Check only on the Check only on Town 28f. Location (St. City or Town and dua to the cored et the time, do	obacco use cores 2 No n autopsymed? as 2 No ne) onca 8 Other ow injury occurr raet and Numb n, Stata) ausa(s) and ma ata and place, a	Onsat : Ons	use of death? 4 2 Unknown psy findings rior to of causa 2 No
after death. Director: After this certificate hes been signed by the attending physician and d in by the funeral director, page 2 should be detached for use as the bunal-transit.	edical Certification: To Be Completed by Physician/Medical	disease or condition rasulting in death) Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Cause (Disease or Injury that Initiated avants rasulting in death) Last Part II. Other significant conditions co	b. Due C. Dua d. EVD Dw ntributing to death but no Hospitai: 1 Inpatiant 28a. Data of Injury (Month, Day Yea 28a. Placa of Injury building, atc. (Scheiclan: To the best of my Inar: On the best of my Inar: On the best of my	to (or as a control of the control o	tonsequance of consequance of consequance of the undarlying the undarlying Mem, streat, factor dath occurre for invastigation	d): (i): (i): (i): (causa givar (causa	CA CA In Pert I. 26. Piace of Deat 4 Nursing Ho It is 2 No data and place, ilon, daath occurrence.	23b. Did to 1 Y 24a. Was a perform 1 Y 1 Check only on the Check only on Town 28f. Location (St. City or Town and dua to the cored et the time, do	obacco use cores 2 No n autopsymed? as 2 No ne) onca 8 Other ow injury occurr raet and Numb n, Stata) ausa(s) and ma ata and place, a	Onsat : Ons	use of death? 4 2 Unknown psy findings rior to of causa 2 No
or death. ector: After this certificate hes been signed by the attending by the funeral director, page 2 should be detached for use a	Medical Certification: To Be Completed by Physician/Medical	disease or condition rasulting in death) Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Cause (Disease or Injury that Initiated avants rasulting in death) Last Part II. Other significant conditions co	b. Due C. Dua d. EVD Dw ntributing to death but no ntributing to death but no 28a. Data of Injury (Month, Day Yea 28a. Placa of Injury building, atc. (Sc.	to (or as a control of the control o	tonsequance of consequance of the undarlying the undarlying Mrm, straat, factor daath occurred for Invastigation 2	d): (i): (i): (i): (causa givar (causa	in Pert I. 26. Piace of Deat 4 Nursing Hot ts 2 No data and place, ion, death occur number 43.44	23b. Did to 1 Y 24a. Was a perform 1 Y 1 Check only on the Check only on Town 28f. Location (St. City or Town and dua to the cored et the time, do	obacco use cores 2 No n autopsymed? as 2 No ne) onca 8 Other ow injury occurr raet and Numb n, Stata) ausa(s) and ma ata and place, a	Onsat : Ons	use of death? 4 2 Unknown psy findings rior to of causa 2 No

Control of the Contro 01 L 9 HS

MAN THE RESERVE OF THE PARTY OF

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 31763

				Otate of W	iai yiailu /		tificate of	Death	,	Reg. No.	0 3	1163
	Physic /Medi		1. Decedant's Name (First, Middle, L	~×~	Hyg	ns			2. Data of Dea Month Octobe	Day r 6, 19		3. Time of Death 11:45 a.1
A	Exami	ner	4a. Facility Name (If not institution, gi		00)		4b. City, Town, or L	ocation of Death	4c. County	of Death	
	R B		HOLY CROSS				Milladas 4 Vans	Silver :			gomer	
N.	Funeral Director			Sax 7. A 1 □ M 2 🗓 F	ga (In yrs. last b	Yrs.	If Undar 1 Yeer Months Days		(Month, Day	, Year) , 1931	9. Birthple Count Lowne	ace (Stata or Foraign ry) S Cty.Miss
	fand wo		10e. Stata 10b. County		10c. City, To	wn or Loc	cation				10	Od. Insida City Limits
	Many Feed	to	District of Co.	lumbia	W	ashi	ngton					1⊠Yas 2□No
	r 28s	<u>re</u> c	10e. Street and Number				10f. Zip Coda			10g. Citizan of \	Whet Count	ry?
	h with	0	4612 Hanna Plac	ce, S. E.			20	0019		Uni	ted S	tates
215-0020	hours after death with the Maryland uraf, or Items 23a or 28a-f show at Examiner must be notified at	by Funeral Director	11. Marital Status 1 Nevar Mamed 2X Married 3 Widowed 4 Divorcad	12. Wes Dacedant Armed Forces' 1 ☐ Yas 2 ☑ If Yas, Giva Year or Datas:	? No		Vas Decadant of I Yes, specify Cub □ Yas 2 1 No	Hispanic Origin? (Span, Mexican, Puerto Specify:	pecify Yes or No- pecify Yes or No- pecify Yes or No-	14. Rad Blad Specify	ce - Amarica ck, Whita, a	
0	72 hours natural',	ted	15. Decedant's E	ducation	18	a. Deced	ent's Usuai Occup	pation		16b. Kind of B		
215	- A	Completed	(Specify only highest gr Elemantary/Secondary (0-12)	eda complatad) Coilega (1-4or	54)	(Giva I lifa. D	kind of work dona OO NOT usa retire	during most of word	king			
2	filed withir Hygiene. ther than ent, the M	E O	12	Collega (1°401	JT)	Re	tired Po	stal Cle	rk	Gov	ernme	nt
pu	should be filed and Mental Hygie marked other i	Bec	17. Father's Neme (First, Middle, Las	t)				18. Mothar's Nam	na (First, Middle,	Maiden Suman	na)	
Maryland	should be and Mental I s marked of turnetic even	ToE	John H. Jo	hnson				Carrie	Sanders			
an	2 sho and h		19a. informant's Name/Ralationship	(Type, Print)	19	b. Mailin	g Addrass (Street	and Number or Ru	ral Routa Numbe	r, City or Town,	Stata, Zip (Code)
	(/		Albert W. Huggir	ns, Jr	Husband	461	2 Hanna	Place, S.	E. Wasl	hington	. D. (C. 20019
Baltimore,	permit, Pages 1 and Department of Health Important: if Nem 27 any Injury or other tr		20a. Mathod of Disposition		20b. Piace	of Dispos	sition (Nama of natory or other pla		Data	20c. Location -		
E	permit, Pages Department of I Important: if he any injury or o		1 ☑ Buriai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Speci				11 Cemet		10/14/96	Suitlan	d Ma	ruland
3 E	permit. Departm Importa any inju		21. Signuture of Funeral Sarvice Lice		ocua		Nama and Addre	3	10/14/90	Sultial.	iu, na	Tylanu
m	Depa Impor		DOD TO	A A	TIT			UNERAL HO				
-		Н	23a Pat 1. Enter the disease, or con	LEWTUU	d the death Do	4	001 Benn	ing Road	N. E.	Washing	ton,	D. C. Approximata
ш	Dhuriaire		23n 11. Entar tha diseasa, or con ock, or haart failura. List only	ona causa on aach l	ina.	riocarite	ii iiia iiioda oi dyi	ng, such as cardiac	or raspiratory an	193(,		intarvsi Between Onset and Death
X	Physician /Medical		immediata Causa (Final									5,100(5)10 500(1)
1	Examiner		diseese or condition rasulting in deeth)	a Har	ox-emi-	i					2	under hour
		- a		- 1		consequ	uence of):					
	ted nsit	Examiner		b. Chr		0		hu Py	lovery	Ascar	1	en years
	al-tra	хаг	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury		Dua to (or as a	consequ	uance of):		J			0
68760,	ificate be executed g physician and as the butal-transit		Causa (Diseese or injury that initiated avents	· Puto	20547		Hape	-terror			7	الماسول ال
587	ificate g phys	edical	rasulting in death) Last		Dua to (or as	consequ	ance of				i	0
_				d								
Box	death cert e attendin	clan										
o.	the d	Physician/M	Part li. Other algnificant conditions	contributing to death t	out not rasulting	in tha un	darlying causa gi	ven in Pert I.	23b. Did to	obacco use co	ntribute to	the cause of death?
0	that the ed by detac								1 (1)	4 2 □ No	3 Prob	ably 4 Unknown
of Vital Records,	law requires that as been signed b 2 should be deta	d by									Tour Was	an audaman dia dia -a
Ö	been si should	Completed							24a. Was a		avai	ra autopsy findings ilable prior to apletion of cause
ec	has b	idu									of di	eath?
	E SE	S							1□ Y	es 2 No	10	Yas 2□ No
/ita	ysician: The s certificate director, pay	Be	25. Wes casa refarred to medical examinar?					26. Place of Dea	th (Check only or	na)		
2	0 0	2	1 Yas 2 No	Hospitai:	ent 2 ER/C	utpatient	3□ DOA Ott	har: 4 Nursing H	oma 5 Rasid	anca 8 🗆 Oth	ar (Specify))
0	D 0 2		27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of inju (Month, Da		Time of Injury	28c. Inju Wo	ry at	28d. Dascribe h	ow injury occur	red	12
.0	5 4 5 6	atle	2 Accident invastigatio	n	7. 131.7	,,		Yaa 2□No				
Division	after death. Director: Af	Certification:	3 Suicide 6 Could not be detarmined	28a. Placa of in	jury - At homa, f c. (Specify)	arm, stre	at, factory, office		28f. Location (S City or Tow	treet and Numb	er or Rural	Routa Number,
	rs after al Direction	Cer			(0.0, 0.00	, orara,		
	To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the	edical	29a. Certifiar 1 Certifying Pt	nyaician: To tha best miner: On the basis o	of my knowledg	a, daath	occurred at tha til	ma, data and piace,	and dua to tha c	ausa(s) and ma	anner as sta	ited.
	the H in 24 the F	B	Giej	and manner st	ated.	TIOOT IIIV	astigation, in my c	Aprillori, death occur	red at tita titia, d	rata and place,	and dua to	ina cause(s)
	To the within To the comple	Σ	29b. Signature end titla of certifiar				29c, Licens	se number	2	29d. Data signe	d (Month, D	ay, Year)
	~		B. File	- m	iD.		DY	5/2/	1	10101	96	
/	2)		30. Nama and addrass of person with	complated causa of o	death (itam 23a)	(Type, P						
(0)	-	Brig F. Rea	agan m	D: 1	011	N. Capi	le/ SL	Washin	a L	C. 2	-000 >
	Sta	te	31. Data filed (Month, Dey, Year)		rar's Signatura			/	()		
	Registr	ar	OCT 1 0 199	5 general	welsonle	white						

& Smith more of the second and a

State of Maryland / Department of Health and Mental Hygiene

31764

						C	ertii	ficate of	Dear	th		Reg. No).		
Dh	cicle		Decedent's Neme (First, Middle	, Last)							2. Dete of D		v V-	000	3. Time of Deeth
	siciar edica	_	Amy Elizabeth	Hugel							Octobe	er 8.	1996	er	4:40 PM
	mine		Facility Neme (If not institution,		umber)				4b. City,	Town, or L	ocation of Dee	-	. County of C	Deeth	7.40 11
			Regency Nursi	ne & Reh	abili	tation	Cen	ter	For	estvi	110	P	rince	Ger	rae's
Fune	rat	5. 9		6. Sex	T	yrs. lest birthda	ay) I	f Under 1 Year	r If Und	ler 24 Hrs.	8. Dete of B				
Direc			577-01-8207	1 □ M 2)(1)(F	83	Yrs.	. N	lonths Deys	Hour	s Min.	9-25-	ay, Year) _12			ece (Stete or Foreigi ry) Land
D		Us	uei Residence of Decedent								1 7 23	13	110	ıı yı	tanu
ylan	4	100	9. State 10b. County		100	c. City, Town or	Locati	ion					-	10	d. inside City Limits
the Marylar 28s-f show	1	<u>Ma</u>	ryland St. M	lary's		Mechan	ics	ville							1XYes 2 □ No
1 the		100	e. Street end Number					10f. Zip Code				10g. Cit	izen of Whe	t Count	trv?
3a o			29943 Oak Roa	d				2	0659				USA		
after deeth w or items 23a	1000	11.	Marital Status	12. Wes Dec	cedent Ever	in U,S. 1:	3. Wes	Decedent of	Hispenic	Origin? (Sr	pecify Yes or N	0-	14. Rece - /	America	in Indien.
r ite	i i	2	1 Never Married 2 Marrie		2XXNo		If Ye	es, specify Cul	ben, Mexi	can, Puerto	Rican, etc.)		Bieck, V	Vhite, e	itc.
72 hours after deeth with the Maryland naturel*, or items 23a or 28a-f show	1 3		3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yeer or I	ive		1 🗆	Yes ANN	Spec	ity:			Specify: V	√hit	e
72 hours "naturef",		3	15. Decedent'			16e. De	cedent	t's Usuel Occu	petion			16b. K	ind of Busine	ess/Ind	ustry
C * 4	- Complete		(Specify only highest	1		(Gi	ive kind a. DO	d of work done NOT use retin	during m	ost of worl	king				
filed within Hygiane. ther than "	1 8	5 '	Elementary/Secondary (0-12)	College	(1-4or 5+)	Воо	kke	eper				P	rivate	e In	dustry
Hyge the			Fether's Name (First, Middle, L	ast)				I	18. Mo	ther's Nem	e (First, Middle				duber
should be filed within Mantal Hygiane. marked other than martic event.	To B		Но	ward Gri	gsbv						las Mar				
d 2 should be filed within the and Mantal Hygiene. 7 Is marked other than traumatic event.	F		e. Informent's Neme/Reletionsh		5 - 7	19h Ma	alling A	Address (Stree	t and Nur		re/ Route Num		or Town Sta	to 7in	Code)
d 2 and 7 ls					1										
E PE		206	Fred M. Hugel Method of Disposition	, Jr./ S		Ob. Piece of Dis	43 sposition	Uak Ko	ad I	Mechai	nicsvil	le,	Md . 20	1659) Ctata
			1 X Buriai 2 ☐ Cremetion		State	cemetery, c	remeto	ory or other ple		10					
tant fury	트린글		4 ☐ Donetion 5 ☐ Other (Sp			Cedar H	111	Cemet	ery	10-1	1-96	Sui	tland,	, Ma	ryland
permit. Departn Imports	Importa any Inj		Signatur@of Funeral Seprice L	icensee			22. No	ame end Addr	ess of Fe	cility Fun	neral H	[omo			
0020	2 1 2 3		MATTAL STREET								Oxon H		Md 3	2074	5
		23	a. Pert1. Enter the diseese, or of shock, or heart failure. List of	complications that	caused the	deeth. Do not e	enter th	ne mode of dy	ing, such	as cardlec	or respiretory	errest,	*****		Approximete Interval Between
Physicia	an			, -,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-											Onset end Deeth
_/Medic	_	imr dis	mediete Cause (Finel ease or condition	mul	U. m.	fort	0	ernen	Arci					1	104RS.
Examin		res	sulting in death)	θ		to (or es e cons							-		,
p .=	ě						Ċ								
certificate be executed iding physician and issense the buriel-transit	Fxaminer	Sec	quentially list conditions.	Ь.	Due	to (or es a cons	neupea	nce of):						-	
an a	ŭ		quentially list conditions, ny, leeding to Immediate use. Enter Underlying use (Diseese or Injury					Can'							
nysic nysic	Medical	the	t initieted events ulting in deeth) Lest	C	Due 1	to (or es e cons	equen	ce of):						-	
tifica ng ph as ti	1	103	diting in deeth) Lest			,	,	,						i	
	2			d										-	
that the death ed by the etter detached for u	Physician	Peri	t il. Other significant condition	e contributing to d	looth but not	t requising in the			i na la Da	- 1	l age of	lanhanna			
that the debt the detached	× ×		in Other aignificant condition	a continuuting to o	eath but not	resulting in the	unger	nying ceuse gi	iven in Pe	rt I.					the cause of death?
	b										1	Yes 2	USUNO 3L	Prob	ably 4 Unknow
- w D	9										24a Wee	s en euto	24	th Wei	re autopsy findings
been s	ete	_									perf	ormed?	Day -	eva	lable prior to
	Completed													of d	eeth?
: The Lange cate ha											1 🗆	Yes 2	X No	1 🗆	Yes 2□ No
Physician: The lav this cartificate has ral director, page 2	a		Wes case referred to medical exeminer?	31						ce of Deet	h (Check only	one)			
0 0	2		1 ☐ Yes 2 ☐ No			2 ☐ ER/Outpati	ient 3	3LI DUA		Nursing Ho	me 5 ☐ Res	Idence	6 Other (S	Specify,	
	Certification:	27.	Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28a. Dete (Mon	of Injury oth, Dey Yea	28b. Time injury		28c. Inju Wo	ry at		28d. Describe	how injur	y occurred		
Attending r death. actor: After by the fune	ati		2 Accident investiga	- 1111			- 1		Yes 2	□No					
300>	T T		3 ☐ Suicide 6 ☐ Could no determin	ed 286. Place	e of Injury - /	At home, ferm,	street,	fectory, office			28f. Location City or To	(Street en	d Number o	r Aural	Route Number,
a affe	Ö					,					0.1, 0. 10	, 0.010	/		
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by			Certifier 1 Certifying	Physician: To the	best of my	knowiedge, dea	ath occ	curred et the ti	me, date	end plece,	and due to the	cause(s)	and menne	r es ste	ted.
To the Ho within 24 To the Fu completel	edical		one)	taminer: On the b	easis of exam mer steted.	nination end/or	investi	gation, in my	opinion, d	eeth occur	red et the time,	dete end	plece, end	due to t	the cause(s)
withi within to the	Z		. Signeture end title of certifier	1				29c. Licens	se numbe	r		29d. Det	te signed (M	onth, D	ey, Year)
6			habillion ?	Alm -a	- 14			771	206			0	4 1.	0	1006
11)	30	Neme end eddress of person w	no completed same	on of death	(Itom 22-) /T	a Date					Uc	tober	9,	1996
(0)		2	Villiam 1. 1	NO completed caus	se of death ((nem 23a) (1yp)	e, rini Dai	LIVIA	arter	Rosa	1 for	+ h	JHII.	m	0
	State	31.	Dete filed (Month, Day, Year)			igneture 🔿	101	010101	71000	1-00	, Fa		ויאיר		1
Regi	State strar		OCT 1 0 1	996 Ju	in draw	igneture Ray	ell.								
- negi	o ti dii		001701	7											

The state of the s

A upfo off some

II planty of the second of the

and the state of t

FOR STATE REGISTRAR

-	120	
Š	P	
ã	Ä	
8	용	
S	2	
E E	S	
2	8	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain	
=	100	
9	9	
De.	ö	
	1	
€	9	
op op	2	
101	the	122
res	3	Ě
EI.	.5	100
2	D	č
7	3	5
0	2	ati
5	ete	83
₹	d	C
9	00	2
8	P	AIR
8	an	2
9	an	7
43	Sici	æ
at	É	0
Ě	C	9
93	in in	M
5	0	x
63	ᆵ	E#
0	2	ď
£	23	Ę
to.	15	8
200	26	報
ě	ig.	693
20	C.	*
9	9	c
9	S	and
9	2	Č
-	356	280
Š	fic.	Ü
중	Ē	the eq
83	0	4
F	É	MAN
5	di	cult
Ž	Att	100
×	œ.	20
Ë	2	200
1	0	44

		4. SOCIAL SECURITY NUMBER 5. S	mes L. Hu	ast birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	Oct. 2,	1996	BIRTHPLAC	3:10 P w	
2, 3 should	OR	sa. FACILITY NAME (If not institution, give street a Wesleyan Health	and number)	O YRS. 9b. CITY, TO	OWN OR LOCATION OF DI	06/01/20 Georgia			1	
	DIRECTO	PRESIDENCE OF DECEDENT 108. STATE 10b. COUNTY Caro	line	10c. CITY, TOWN OR I	ocation Federa	lsburg			I. INSIDE CITY LIMITS? XYES 2 \(\) NO	
physician, burial-transit permit. Pages	FUNERAL	220 Old Denton			1	21632 United St				
ding physici the burial-i	B≺	1 Never Married 2 V Married	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 Y IF YES, GIVE WAR OR DATES	NO If yo	B DECENOENT OF HISPAN 16, specify Cuban, Maxica YES 2 XNO Specify	n, Puerto Rican, etc.)		Black, Wh	American Indian, hita, etc. Black	
executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train of burial, cremation, or removal, mattic event, the medical examiner must be notified at once.	COMPLETED	15. OECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) 6	oleted) (in	ECEDENT'S USUAL OCCL Oive kind of work done duri le. Do NOT use retired.) Od Proces	ng most of working	Poult		RY		
retained by the hospiti 5 should be detached notified at once.	BE CO		is Hunt		Lula	ME (First, Middle, Maider Mae Nor	wood			
tay be retained page 5 should t be notified	TO	Frances J. Hunt	20b. PLACI	AND DATE OF DISPOSITION	Denton R	d., Fede		ırg,	-	
ter death. Page 6 may be the funeral director, page wal.		1 X Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICENSI	Mt.	Pleasant 22. NAI Fra	ME AND ADDRESS OF FA	10-7 Pr				
ours after dead in by the fur or removal.		23. PART I. Enter the diseases, or comp shock, or heart fellure. List		lesth. Do not enter th	mptom-Ha Box 43, e mode of dying, suc				21632 Approximate interval Between Onset and Death	
ted within 24 hours aft completely filled in by ial, cremation, or remo event, the medica		IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONS	FOUENCE OF):					60	
	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSI							
requires that the cen signed by the of Health and Me shows any injury	: MEDICAL CE	PART II. Other significent conditions co				PERFO	RMED?	AVA COI OF	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 140	
In: The law ficate has best State Dept r item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ACE OF DEATH (Check only						
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be fied within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or item 23	ву рну	27. MANHER OF DEATH Tetural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28	c. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCUR	EO		
ATTENDIN IRECTOR: At ours after de em 28 is I	ETED	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At I building, etc. (Specify)			28t. LOCATION (Street City or Town, State	•)	Rural Route	Number,	
HOSPITAL D FUNERAL D within 72 ho TANT: If IN	COMPL	(Check only CENTIFYING PHYSICIAN	To the best of my knowledge, in the basis of examination and/o			time, data and place, a	and due to the co			
TO THE TO THE De fied IMPOR	TO BE	30. NAME AND ANDRESS ON PERSON WHO CO	MPLETED CAUSE OF DEATH (IT		031	036 ve Cho,	▶ /(017/	P 6	
		31. DATE FILED (Month, Day, Year) OCT = 8 '96	32. REGISTRAR'S SIGNATURE Gulia Davidso		nuh P-1	ue Cho,	Ley M	ر ٥	7619	
	1 11	~~. ~ ~	//	· Mailanter						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

.

Physic	ian	1.	Decedent's Neme (First, Middle HELEN LAWRA		НА	RDING	001	mout	5 01	Death		2. Dete of De		Year	3 Time of Death	
/Med Exami	ical	46	e. Fecliity Neme (If not institution	n, give stree	t end numb	oer)						OCT .		1996 unty of Deeth	2001 P	
Funeral		5.	PRINCE GEORG Social Security Number	6. Sex		Aga (In yrs.	lest birthday)	If Undar	1 Yaar	CHEV.	24 Hrs.	8. Data of Bir	th		GEORGES pleca (Stete or Fore	
irector		U	578-52-6732 suel Residence of Decedent	1 🗆 M	2[X F	5.	Yrs.	Months	Days	Hours	Min.	8/5/3	y, Year)	WASH	INGTON, D	
death with the Maryland time 23s or 28s-f show if must be norified at		10	DC 10b. County	N/A			y, Town or Lo WASHINO								10d. Inside City Lim 1 XYes 2 ☐ F	
0.8	Director	10	De. Street and Number		// 7 70			10f. Zip Code					10g. Citizen of What Country? USA			
be filed within 72 hours after tal Hygiene, naturel, or lite event, the Medical Example Re Completed by Fire	by Funeral	1	3393 BLAINE ST NE, #1B 11. Maritel Status 1 □ Never Marriad 12. Was Decedent Ever in U,S. Armad Forcas? 1 □ Never Marriad 1 □ Yas 2 1 No If Yes, Give 1 □ Yes 2 1 □ Yes 2 2 No Specify.						Hispenic Ori an, Maxican Specify:					atc.		
	Completed		(Specify only highest grade completed) (Give kind of life. DO NO				kind of wor DO NOT us	t's Usual Occupetion d of work done during most of working NOT use retired) RY (US GOVERNMENT)				16b. Kind of				
	To Be C	17	7. Fether's Nema <i>(First, Middle,</i> JOSEPH E. TURN							18. Mothe DORO	or's Name	e (First, Middle, Melden Sumema) GREEN				
Is mar		1	9e. Informent's Neme/Ralations	hlp (Type, P	Print)		The second second					al Route Numb	er, City or To	wn, Stete, Zij	p Code)	
purpure ago of and 2 shoots and Mer Important: if flem 27 is marked any injury or other traumatic onto	7.1	1 Nourisi 2 Committee 2 Demouslation State				C C	Pleca of Dispo	eca of Disposition (Name of metery, cramatory or other piece) COLN CEMETERY Date 20c. Location - 0 SUITLAND							City or Town, State	
	11	2	1. Signature of Funeral Service		a	W	22					CO., I			Mr.	
•		in	nmediate Cause (Finel	only one ce	4.							or respiratory e			Intervel Between Onsat end Deeth	
Medical caminer	dical Examiner	d re	mmediate Cause (Finel iseese or condition sculting in deeth) equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Diseese or injury hat initieted events esulting in deeth) Lest	e b c	C	Due to (o	os e consequer as a consequer	uence of):	he	Liv						
Medical xaminer ial-transit	M I	Sif or Chine	equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Disease or injury tat initiated events	e b c d		Due to (or	r es e conseq	uence of): uence of):			£ ^	23b. Dld			Onsat end Deeth	
Me attending physician and detached for use as the burief-transit	by Physician/Medical E	Sif or Chine	iseese or condition esulting in deeth) equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Diseese or Injury lat initiated events esulting in deeth) Lest	e b c d		Due to (or	r es e conseq	uence of): uence of):			£ ^	23b. Did 1 □		24b. W	o the causs of deal	
is been signed by the attending physician and in polysician nd in polysician and in polysician and in polysician and in	by Physician/Medical E	Sif or Chine	iseese or condition esulting in deeth) equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Diseese or Injury lat initiated events esulting in deeth) Lest	e b c d		Due to (or	r es e conseq	uence of): uence of):			£ ^	23b. Did 1 □ 24e. Wes perfo	Yes 2□ N	24b. W	o the causs of deal	
x a speed signed by the attending physician and a point seem 2 should be detached for use as the burial-transit	Be Completed by Physician/Medical E	Si oc Chine	equentially list conditions, eny, leeding to immediate ause. Enter Underlying leuse (Disease or Injury lat initieted events esufficial in deeth) Lest ent it. Other significant conditions.	b. — c. — d. — ons contribut	ing to deat	Due to (or Due to (or	r es e conseq r es e conseq r as a consequ	uence of): uence of): uence of):	ause giv	ven in Pert i.	€ ✓	23b. Did 1 □ 24e. Wes perfo	en eutopsy med? i'ted Yas 2 N	24b. W av cc of	o the cause of deal bably 4 Unknown United Incoming Incom	
is been signed by the attending physician 2 should be detached for use as the buria	To Be Completed by Physician/Medical E	Sif of Chres	equentially list conditions, eny, leeding to immediate ause. Enter Underlying use (Disease or Injury lat initiated events southing in deeth) Lest entit. Other significant conditions in the conditions of the con	b c d Hospit	ing to deat	Due to (or Due to (or	r es e conseq	uence of): uence of): uence of): t 3 DO	ause gh	ven in Pert i. 26. Pieca nar: 4 □ Nu	e of Death	23b. Dld 1 □ 24e. Wes perfe	en eutopsymed? 'ted Yas 2 N	24b. W	o the causs of death bably 4 Unknow Vere autopsy finding rallable prior to mpietion of cause death? X Yas 2 No	
s been signed by the attending physician and in poly 2 should be detached for use as the burial-transit and poly poly in the poly poly poly poly poly poly poly poly	To Be Completed by Physician/Medical E	Sif of Chres	iseese or condition esculting in deeth) equentially list conditions, eny, leeding to immediate ause. Enter Underlying use (Disease or Injury lat initiated events esculting in deeth) Lest ent it. Other significant conditions aximiner? 1 X Yas 2 No 7. Menner of Deeth 1 X Natural 5 Pending	d d Hospit gaption pat he	el: 1 inp e. Dete of (Month,	Due to (or Due to	r es e consequer es e consequer es e consequer es e consequer es a consequer es e	uence of): uence of): uence of): t 3 DO	A Oth	zen In Pert I. 26. Pleca nar: 4□ Nu ry et ry et	e of Death	23b. Did 1 24e. Wes perfc LIMI 18 1 (Check only of me 5 Resident Resi	en eutopsy ormed? i + ed Yas 2 None) dence 8 none) Street end Ni	24b. Water of the Control of the Con	o the causs of death bably 4 Unknow Vere autopsy finding rallable prior to mpietion of cause death? X Yas 2 No	
death. Stock: After this certificata has been signed by the attending physician and processing the funeral director, page 2 should be detached for use as the burial-transit of processing the funeral director, page 2 should be detached for use as the burial-transit of processing the process	Be Completed by Physician/Medical E	Siff CCC the rec	iseese or condition esulting in deeth) equentially list conditions, eny, leeding to immediate ause. Enter Underlying cluse (Disease or Injury lat initiated events esulting in deeth) Lest ent it. Other significant conditions aximiner? 1 2 Yas 2 No 7. Menner of Deeth 1 2 Natural 5 Pending invastig 3 Suicide 6 Could refer minuscide	d	el: 1 inp e. Dete of i (Month, e. Place of building,	Due to (or Due to (or	ER/Outpetien 28b. Tima of injury wiedge, death	uence of): uence of): uence of): t 3 DO M occurred a	Oth Oth Oth Other	26. Plecanar: 4□ Nu y et rk? Yes 2□ 1	e of Death	23b. Did 1 1 24e. Wes perfect I M 1 125 1	en eutopsyomed? The day and a series of the day and a	24b. Was confidence of the Confidence of Rural amber or Rural amenner as s	o the causs of death obably 4 Unknown to the cause of death obably 4 Unknown to the cause death? Was 2 No	

* .

			4 Developed Name (Co.) All 18				tificate				Reg. No.		1/0			
Phys	icia	n	Decedent's Name (First, Middle,	Hoover						2. Date of De Month	Dey	Year		of Death		
	dica	-	Aubrey A.			October 10 1996 4:58 PM										
Exa	mine	er	4e. Fecility Neme (If not Institution,	the second second				1	4b. City, Town, or	Location of Deeti	4c. Count	y of Death				
			Doctors Commu	nity Hospi	tal				Lanho		Prin	ce Ge	orges	,		
Fune	ral		5. Social Security Number 6			last birthday)	If Under 1	Yeer	If Under 24 Hrs Hours Min.		h v. Year)	9. Birthp	lace (Stete	e or Foreign		
Direct	or		237-07-3158 Usuel Residence of Decedent	IN M ZUF	ØM 2□F 86 Yrs. Months D					Feb. 11	, 1910	North	Car	olina		
Aaryland F show	death with the Maryland ms 23a or 28a-f show Livest be northed at	N I		10a. State 10b. County			ty, Town or Lo	cation					1		City Limits	
the the	the h		Maryland Prince (10e. Street and Number	Georges	Во	wie	10f. Zip C	ode			10g. Citizen of	What Cour				
th with		٥	12005 0 1	*					-				My I			
eath 2	ns 23a		13205 Ovalstone	Lane 12. Wes Decede	nt Ever in U	IS 13 V		071	-	nacify Yes or No	USA 14 Be	ce - Americ	an Indian			
P 2 2 2	D 22 3	by Funeral Director	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Force	s? A No		Yes, apecify		lispanic Origin? (S an, Mexican, Puerl Specify:	o Rican, etc.)	Speci	ock, White,	etc.			
15-00 72 hours naturel',	:	8	15. Decedent's		\$: 	18e Deced	lent's Lisual ()cciin	etion		16b. Kind of I		ite			
Maryland 21215-0020 d 2 should be filed within 72 hours at th end Mental Hygiene. T is marked other than "naturel", or traumatic event, the Medical Exam	Completed		(Specify only highest) Elementery/Secondery (0-12)	grade completed)	de completed) College (1-4or 5+)		18e. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use retired)		during most of working							
A year		ပိ	17. Fether's Name (First, Middle, La	a#1		Car 1	Forema	n	40. Mash ada Mar		Vashing		ermin	al		
Maryland d 2 should be file th end Mental Hy 7 is marked othe trsumstic event.	1	Be							7.00	ne (First, Middle,		me)				
re, Maryics 1 and 2 should if Health and Mer than 27 is marke other traumatic	1	2	Claude A. 19e. Informent's Name/Reletionship	Hoover		10h Maille	a Address //	_	Lula en <i>d N</i> um <i>ber or R</i> u	Ingr		O-1- 7	0.4-1			
Ma d2s th en 7 is r			·													
Heal ther		ŀ	Mabel J. Hoover 20a. Method of Disposition	/ Wlfe	20b. F	13ZU3			ie Lane E	Dete Ma	aryland 20c. Location					
Baltimore, semit. Pages 1 ar Department of Hea mportant: if Itsm 2 iny injury or other			1 Buriai 2 ☐ Cremation 3		te	cemetery, cren	natory or other	er pled	1	3.45.00			2000			
Baltin pemit. Pa Departmer Important:		-	4 ☐ Donation 5 ☐ Other (Spe 21. Signature of Funeral Service Lice	**	Ced	ar Hil				14-96	Suitlan	d, Ma	rylna	ıd		
Baltimore, M pemit. Pages 1 and 2 Department of Health e Important: if them 27 in any injury or other tra	DOCe.		Rolut S. 7) (MO'	Page	Ro	Name and A	Ε.	Evans Fu ipolis Ro	meral h	ome, P.	A.	20715			
			23a. Part1. Enter the disease, or co shock, or heart feilure. List on	mplications that caus	ed the deet	th. Do not ente	er the mode of	of dyin	g, auch as cardie	or respiretory a	rest,	Tanu	Approxim Interval B	ate		
Physicia /Medic Examin	al		Immediate Cause (Final disease or condition resulting in deeth)	Pes	pira	tory	Fa	il	live				Onset an	d Death		
		Examiner	resulting in death)	0	Due to (c	or as a coglean	uenca of):						10	Yeak		
nsit Insit	\neg			b. 2 m	nny	Selens	ζ						10	LEKY		
58 / 50, tificate be executed g physician and as the burial-transit			Sequentially list conditions, if eny, leading to immediate	,	Duado (d	or es e conseq	uence of):					1				
68/60, ificate be example physician and set the burial.		edical	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events causing doubt) Lead Due to (or es e consequenca of):													
B Phy as th	3	8	resulting in deeth) Last		D09 10 (0	n es e consequ	Jerica Ot).									
Sox ath cert at the cert ath cert at the cert ath cert at a cert ath cert at a cert ath cert at a cert ath cert at a cert ath cert at a cert ath cert at a cert ath cert at a cert ath cert at a cert ath cert at a cert ath cert at a cert ath cert at a cert ath cert at a cert ath cert at a cert at a cert ath cert at a cert ath cert at a	1	2		■ d												
death ceres estendir d for use		C 8	Part II. Other significant conditions	contributing to death	but not ree	withou in the un	dedvina cau	eo civ	en in Pert I	23h Did	obacco usa c	ontribute to	the cause	e of death?		
D. D. D. D. D. D. D. D. D. D. D. D. D. D	i	Physician/IV	, and a significant control of	tooming to dout	Dat Hot Too	and an area	idenying cad	se giv	on in roll i.	10	/			Unknow		
Ords, Frequires that een signed I hould be det	1.3	DA DA								24a Was	an autopay	24b. W	ere autopa	y findinas		
0 > 0 0		Completed								perfo	rmed?	av co	ailable prio mpletion o death?	or to		
= F # a		5								10	res 2010	10	☐Yes 2	□No		
yelclen: The yelclen: The sectificate director, pa		9	25. Wes case referred to medical axaminer?	-						ath (Check only o	ne)					
G & Z		0	1 ☐ Yes 2 ☑ No	Hospital: 1 Dinpa	itient 2	ER/Outpetient 3 DOA		Oth	+ □ Nursing r	lome 5 ☐ Resid	5 Residence 8 Other (Specif		y)			
ding PI h. After It funera		Certification: T			27. Menner of Death 11 Neture 5 ☐ Pending 2 ☐ Accident investigat		njury De <i>y Year)</i>	28b. Time of Injury	28c	Injur Wor	y et k? Yes 2 □ No	28d. Describe how Injury occurred				
UIVISION O To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral			2 Accident investigation 3 Suicide 8 Could not be determined 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify)							28f. Location (Street and Number or Rurel Route Number, City or Town, State)						
Hospital 24 hours Funeral letely filled		edical	29a. Certifier (Check only one) To Certifying I	Physician: To the bes aminer: On the basis and menner	of examina	wiedge, deeth ition and/or Inv	occurred at estigation, in	my o	ne, date and place pinlon, death occu	, end due to the irred et the time,	cause(s) end m dete end place	anner es s , end due to	tated. the cause	∋(s)		
within 2	X	Z E	29b. Signeture end title of cartifier	^			29c. L	icens	e number		29d. Dete sign	ed (Month,	Day, Year))		
112			True Ch	andre	en		D	13	339		10/1	1/96	,			
(12)	1		30. Name and address of person wh	o completed cause o	deeth (Item	n 23a) (Type, I	Print)	1,11	Ham)r -	Borns	In H	Right	5.10		
	State	е	31. Dete filed (Month, Dey, Year)	32. Regis	strar's Signe	oture	•	0	· · · · · · · · · · · · · · · · · · ·		0		0			

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month ELMER J. HALLE DOW BER 6 AM 1996 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SUBURBAN HOSPITAL BETHESDA, MONTGOMERY CO. If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 6. Sex 1 M 2 F 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthpiaca (State or Foreign **Funeral** Days WISCONSIN 396-05-2517 83 Yrs Director MAR.5,1913 Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show items 23s or 28s-f should be notified at MONTGOMERY MD. ROCKVILLE Director 1 X Yes 2 No 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 20850 9701-VEIRS DRIVE U.S.A. Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 □XYes 2 □ No If Yes, Give 1 9 4 3 − 46 Year or Dates. Was Decedent of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. filed within 72 hours efter 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 ŏ 1 ☐ Yes 2 XNo Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced "natural". Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any fulury or other traumatic event, training bings. Elementary/Secondary (0-12) College (1-4or 5+) BUDGET ANALYST CENSUS BUREAU 4 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) BRUNO HALLE ELSIE OUAST 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS.THURMA HALLE-WIFE 9701-VEIRS DR., #127, ROCKVILLE, MD. 20850 20b. Place of Disposition (Name of cematery, crematory or other) 20a. Method of Disposition 20c. Location - City or Town, State 1 ABurial 2 Cremation 3 Ramovai from State CHELTENHAM VET.CEM. 10/9 CHELTENHAM, MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerai Sarvice Licensee 22. Nama and Address of Facility HYSONG CO., INC. FUNERAL HOME 1300-N ST., N.W., WASHINGTON, DC 23a. Part1. Enter the disease, or shock, or heart failure. List Approximata Interval Between Onsat and Death **Physiclan** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Physician/Medical Examiner requires that the death certificate be executed physician and s the buriel-tran Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Box 68760. Due to (or as a consequence of) for use es P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. þ 24b. Were autopsy findings available prior to completion of causa of death? page 2 should Be Completed 24a. Was an autopsy performed? land blees The law certificate 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: director. 25. Was case referred to medical examinar? 26. Place of Death (Check only one) Hospital: 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No Certification: To After this the funeral 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Division Valural 5 Pending Investigation To the Hospital or Attendil within 24 hours effer death. To the Funeral Director: A 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 3 Suicida in by t 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, date and place, end due to the cause(s) and mannar stated. Medical (Check only 29b. Signature and title of cartifier 29c. Licansa number 29d. Date signed (Month, Day, Year) 30 Name and address of person who completed cause of death (Item 23a) (Type, Print) JOEL KALMAN- 6111- EXECUTIVE BLVD., ROCKVILLE, MD. 31. Date filed (Month, Day, Year) 32. Registrer's Signature State OCT 07 1996 Registrar

DHMH 16 Rev 6/95

a short market the good fill

the state of

State of Maryland / Department of Health and Mental Hygiene

Physician /Medical Examiner

Director

Funeral

by

Completed

Be

2

Examiner

Physician/Medical

þ

Completed

Be

10

Certification:

Medical

3. Time of Death 10:44 AM

10d. Inside City Limits

TX Yes 2 □ No

PRINCE GEORGES

Funeral Director

with the Maryland death

d other than "natural", or itema 23a or 28a-f show event, the Medical Expresser must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or iter any injury or other traumatic course.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificate be assecuted burial-transit and physician s the burial signed by the at certificate has Hospital or Attending Physician: After this death. Director: / To the Hospital o within 24 hours aff To the Funeral DI completely filled in

Division of Vital Records, P.O. Box 68760,

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death ROBERTA HAMER SEPT. 1996 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth PRINCE GEORGES HOSPITAL CENTER CHEVERLY If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1 M 2 XF Months Yrs. 72 579-26-4484 March 26, 1924 Sims, N.C. Usuel Residence of Decedent 10b. County 10c. City. Town or Location District of Columbia Washington 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4254 E. Capitol Street, N. E. #101 20019 United States 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2X No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 3 Widowed 4 □ Divorced Specify: Black Year or Detes: 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuai Occupation 16b. Kind of Business/Industry (Give kInd of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) Coilege (1-4or 5+) C & P Telephone Co. 12 Retired Security Guard 17. Father's Neme (First, Middle, Last) 18. Mofher's Neme (First, Middle, Malden Surname) Ora Woods John B. Jones 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kenneth Vinston 5812 Rayburn Drive, Temple Hills, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 □XBurial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 10/4/96 Fort Lincoln Cemetery Brentwood, MD 21. Signeture of Fyneral Service Licensee 22. Name and Address of Fecility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, D. C.

Approximate the mode of dying, such as cerdiac or respiratory arrest,

Approximate the mode of dying, such as cerdiac or respiratory arrest, Enter the disease, or complications that coused the death. Do not enter nock, or heart feilure. List only one cause on each line. Arteriosclerotic Cardiovascular Disease Immediate Ceuse (Final disease or condition resulting in death)

Due to (or as a consequence of)

Due to (or as a consequence of):

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 1 ☐ Unknown

23b. Did tobacco uss contributs to the cause of death?

24a. Was an autopsy performed? inspection

24b. Were autopsy findings available prior to completion of cause of death?

Approximate Interval Between Onset and Death

1 🗆 Yes 2 No

28d. Describe how injury occurred

26. Piace of Death (Check only one)

1 Yes 2 No

25. Was case referred to medical XXYes 2 No

Sequentially list conditions, if eny, leading to immediate cause. Enfer Underlying Cause (Disease or injury that initiated events resulting in deeth) Last

27. Manner of Death 5 Pending investigation

6 Could not be determined

28a. Date of Injury (Month, Day Year)

28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work?

1 Tyes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

1 Natural

2 Accident 3 Suicide

4 - Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signefure end fitle of certifier Donald H. Wright MD 29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) SEPTEMBER 30,1996

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

28e. Place of Injury - At home, farm, sfreef, fectory, office bullding, etc. (Specify)

Donald G. Wright M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Year)

OCT 07 1996



CTOTOS EL LARGE

the Transfer Towns of

a territoria de la constanta d

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Month Kacu Robert 2:01 30 4a. Facility Nerne (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Hospital Cross Holy Spring Silver montgomer If Undar 24 Hrs. 9. Birthplace (State or Foreign Country) if Under 1 Yeer 5. Social Security Number Deta of Birth (Month, Day, Year) 6. Sax 7. Age (In yrs. last birthday) 8. Deys Hours 2 1 M 2 □ F Yrs. N/A N/A 09-30-96 Maryland Usual Residence of Decedant 10b. Count 10c. City, Town or Location 10d. Inside City Limits Prince George's Maryland Springdale 1XYes 2□ No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3905 Meadow Hill Road 20774 USA 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ② No If Yas, Giva Yaar or Dates: Wes Dacedant of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 Nevar Married 2 ☐ Married 1 ☐ Yas 2 X No Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/industry Elementery/Secondary (0-12) College (1-4or 5+) N/A N/A N/A 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Surnama) Karlton Hart Velma Rushing 19e. Informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Karlton Hart/Father 3905 Meadow Hill Road, Springdale, MD 20774 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burlal 2 Cremation 3 Removel from State
4 Donation 5 Other (Specify) Chesapeake Crematory 10/4/96 Beltsville, Maryland 21. Signeture of Funeral Service Licensee 22. Neme end Addrass of Facility J. B. Jenkins Funeral Home 7474 Landover Road, Landover, Maryland 20785 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on eech line. Approximate Interval Batween Onsat and Death Immediata Ceuse (Final disaasa or condition rasulting in death) Due to (or as a consequence of): Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy 1 Yas 2 No 1 ☐ Yas 2 ☐ No

Physician /Medical Examiner

Physician

/Medical

Examiner

10e. Stete

Funeral

Director

28a-f show

Director

Funeral

þ

Completed

Be

7 is marked other than "natural", or items 23a or 28a-f sho treumstic event, the Modical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effect. Department of Health and Morellar Hygiene. Important: if them 27 is merked other than "natural", or han eny injury or other traument.

Baltimore, Maryland 21215-0020

the Maryland

deeth

the buriel-transit attending physician for use es the burie Physician/Medical certificate has been signed by rector, page 2 should be detact by Be Completed 2 To the Hospital or Attendir within 24 hours after death. To the Funeral Director: A completely filled in by the fi

The lew requires that the death certificate be executed

Records, P.O. Box 68760.

Division of Vital

the Hospital or Attending Physician:

death.

this

After t

Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Lest Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was casa rafarrad to medical axaminar? 28. Place of Death (Check only one) 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Impatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Mennar of Death Certification: 28b. Time of 28d. Dascribe how injury occurred 1 Natural 5 Pending invastigation 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Suicida 28e. Plece of Injury - At home, ferm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homleide Destifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and mennar as stated.

| Medical Examiner: On the best of axamination and/or invastigation, in my opinion, daeth occurred at the time, dete end place, and due to the cause(s) and mannar stated. Medical 29a. Certifian 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

State Registrar 31. Date filed (Month, Day, Year) OCT 08 19

30. Nema and address of person who completed causa of death (Item 23a) (Type, Print)

margatet chou, MID. Holycross 32. Registrer's Signature ati Savelear Ra

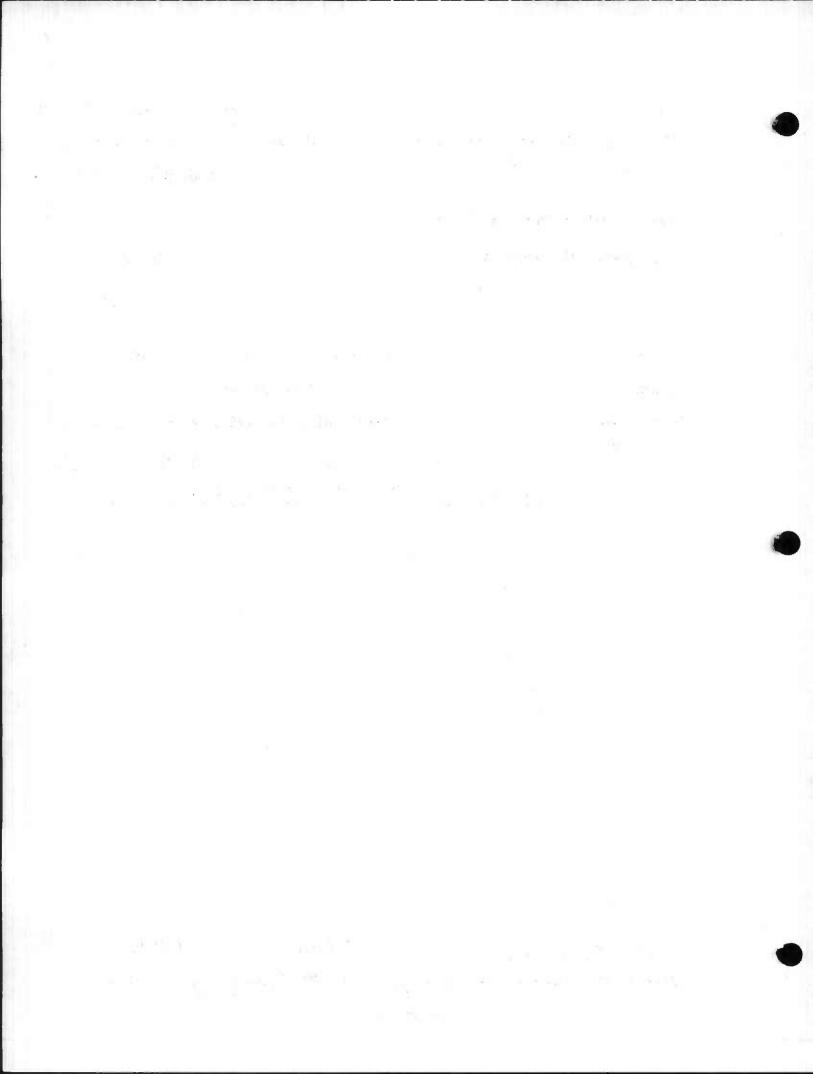
Neon a to topes

				State of Mary		tificate of		wieniai ny	giene 🥥 (Reg. No.	3 31771						
			1. Decedent's Name (First, Middle, Last)		a1 -			2. Data of De Month	path Day	3. Tims of Death						
	Physic /Medi		SHIRLEY	MAE	HOO	OD		Octob		1996 0554a	.04					
	Exami		4a. Facility Name (If not institution, give	THE RESERVE TO SERVE THE PROPERTY OF THE PROPE			4b. City, Town, or	Location of Dest	h 4c. County	of Death						
			LAUREL_BELTSV	ILLE HOSP	ITAL		Laurel		Howa	rd						
	Funeral		5. Social Security Number 6. Sax	7. Aga (In	yrs. last birthday)	Months Days	If Undar 24 Hrs. Hours Min.	(Month, Da	th y, Year)	Birthplaca (Stata or Foraign Country)	I					
	Director		Usual Residence of Decedent	7 W 2 G 2	54 Yrs.			Decem	ber3,1	941 Wash, DC						
	and and		10a. State 10b. County	10c	. City, Town or Loc	ation				10d. Inside City Limits	_					
	th with the Marylan 23a or 28a-f show	ō	MD Howard	т.	nuro l					X□ Yas 2□ No						
	28a notti	Director	10e. Street and Number	110	aurel	10f. Zip Code			10g. Citizen of V	Vhst Country?	-					
	3a or		9001 Cherry La	ne		20708	2		USA							
	72 hours after death with the Maryland nature!', or items 23a or 28a-f show disel Examine must be notified at	Funeral		12. Was Decedent Ever	in U,S. 13. W	Vas Decedant of I	tispanic Origin? (S	pecify Yes or No		a - American Indian,	-					
0	after x the		1 Nevar Marriad 2 Married	Armed Forces? 1 ☐ Yes 2 No			an, Maxican, Puart	o Rican, atc.)		ck, Whita, atc.						
02	of,	by	3 ☐ Widowed 4 🏹 Divorced	If Yas, Giva Year or Dates:	1	☐ Yes 2X No	Specify:		Specify	Black						
5-0	within 72 hours after dee iene. than "naturel", or items	Completed	15. Decedent's Edu (Specify only highast grade	cation	16a. Deced	ent's Usual Occup	pation during most of world)	rkina	16b. Kind of Bu	usiness/industry						
21	within iene. then	nple	Elementary/Secondary (0-12)	College (1-4or 5+)				and a								
2			12th		Une	employe			N/A		_					
anc	A T P A	Be	17. Father's Nama (First, Middle, Last)						, Maiden Sumam	Θ)						
2	d 2 should be th and Mental 7 is marked or traumatic eve	To	Preston Spears	8	401 14-77-	A 11 (0)		Rose	0.00	0						
Ma	d P la		19a. Informant's Name/Reletionship (Ty				and Number or Au									
6	f Health fram 27 i		LaFonda Lewis-] 20a. Method of Disposition	Daughter	b. Placa of Dispos	Ritchb sition (Name of	oro Rd,	Fores	tville	MD 20747 City or Town, Stata	-					
no	ages ont of t: If h		¶ Burlal 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	amoval from State	cematery, crem	atory or other pla	CO)									
Baltimore, Maryland 21215-0020	artme ortan injur		21. Signature of Funeral Service License				nal Par				_					
B	permit. Pages 1 an Department of Heal important: If Item 2 any injury or other once.		10 2 402	22. Name and Address of Fscility Marshall's Funeral Home, Inc. 4217 9th St. N.W. Wash DC 20011 23a. Part! Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between interval Between												
			23a, Part. Enter the disease, or compil	cations that caused that						0 0 1 1 Approximate						
	Physician		slock, or heart failure. List only or	ne cause on each line.		,				interval Between Onsat and Death						
	/Medical		Immediate Ceuse (Final	Pne	umoul	a				11 11006						
	Examiner		diseasa or condition resulting in death)		to (or es e consequ					1 week	-					
ч	D #	ner														
	icate be asscuted physician and s the burlat-transit	Examiner	Sequentially list conditions,	Due 1	lo (or as a consequ	uence of):										
90,	san souriel		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury													
68760,	cate t	edical	thet initieted events resulting in death) Last	Dua t	o (or as a consequ	enca of):					Harman					
				l												
Вох	atte atte	Physician/M														
P.O.	the day	ıysi	Part II. Other significant conditions con	tributing to death but not	resulting In the un	derlying cause gi	ven in Part i.	4.5		ntribute to the cause of death?						
	es that the igned by be detacted		Diabetes					10	Yea 2 No	3 Probably 4 Unknown	n					
of Vital Records,	requires that	d by	Rheumatoic	1 - he	60			24a. Was	an autopsy	24b. Were sutopsy findings						
00	77 (0)	Completed	1/18/ma/0/0	4 4//1/1	115			perfe	ormed?	svallable prior to completion of causa of death?						
Be	The law ate has b page 2 s	E O						10	Yes 20 No	1 Yes 2 No						
ta	definitions certificate rector, pag	Be C	25. Was case referred to medical				26. Plece of Dea			18100 2810	_					
<u>></u>	5 00	ToB	examiner?	ospital:	2 R/Outpatient	3□ DOA Ott	oor:	lome 5 ☐ Resi		ar (Specify)						
	g Physical distribution		27. Menner of Death	28a. Dete of Injury (Month, Day Yea	28b. Time of injury	28c. Inju Wo			how injury occurr							
0	Attending Protocol Attended Protocol After by the luner	atic	1 Natural 5 Pending investigation	(Motan, Day 100	., wijary		Yes 2 □ No									
Division	r Atte	Certification:	3 Sulcida 6 Could not be determined	28e. Placa of injury - / building, etc. (Sp	At home, farm, stre	et, factory, office		28f. Location (City or To	Street and Numb wn, State)	er or Rural Route Number,	nanata.					
	ttal or ral Dir led in															
	To the Hospital or Attending Phy within E4 hours after death. To the Funeral Director: After thi completely filled in by the luneral	edical	29a. Certifier (Check only one) (Check only one) (Check only one) (Check only one) (Check only one)	lcien: To the best of my er: On the basis of exam	knowledge, death nination and/or inve	occurred at the the stigation, in my o	me, date and pisce opinion, death occu	, end due to the rred et the time,	cause(s) end ma date and piece,	nner as stated. and due to the cause(s)						
	ithin (Med	29b. Signature and title of certifies	and manner stated.		29c, Licens	se number		29d. Date signed	d (Month, Day, Year)						
	o v o		Al Mark	In M		025	-1121									
	(-)		20 Name of a state of	mulated sauce of draw	(leam 00-) /~	V A J	170		OCTOBE	11976						
	(5)		30. Name and address of berson who co	IN S 147	(nem ∠sa) (Type, F 3	:1-120W	10 RU #	307	Lauren	1, MD 20708						
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrar's S	ignatura	-/ 0-0-			-1010/	1 ., .,	-					
	Registr		OCT 0.8 1000	Call As	1. P. 1 "											

A section of the sect

State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate	of i	Death			Reg. No.			
D 11.1		1. Decedent's Name (First, Middle,	Last)							2. Dete of D		Vee	3. Tir	me of Death
Physician /Medical	_	Gladys V.	rons						(c tobe	r 10.1	Year 996	5:	03 PM
Examiner	_	4a. Facility Name (If not Institution,	give street end numb	per)			4	b. City, Tow	- 47	ation of Dea		ty of Death		00 111
		11212 Cherry Hi	11 Road, #	202,				Beltsv	ille	2	Prin	ce Ge	orge	's
Funeral Director		5. Social Security Number 422-10-2266 Usual Residence of Decedent	5. Sex 7. 1 □ M 2 □ X F	Age (In yrs. 79	last birthdey) Yrs.	If Under 1 \ Months D	eys	If Under 2 Hours	4 Hrs. Min.	8. Dale of Bi (Month, D January		9. Birth		tete or Fore
natural, or items 23s or 28s-1 show dical Examiner must be notified at sted by Funeral Director		10a. State 10b. County		10c. City	y. Town or Lo	ocation							10d Insi	de City Limi
r 28a-f show Inotified at frector	0	Maryland Prince	George's	Rolt	tsville	2								Yes 2XI
or 28a-f s	5	10e. Street and Number	deorge s	Deri	r2 A I I I	10f. Zip Co	de				10g. Citizen o	I What Co.		
23a or			11 Dood 4	1202										
TR 2	6	11212 Cherry Hi	12. Was Decede		S. 13.	207 Was Deceden		Ispanic Origi	in? (Sne	ify Yes or N	United	Stat ace - Amer		ın
Examiner must by Funeral	2	1 Never Married 2 Marrie 3 Widowed 4 Divorced	Armed Force	es?		Was Decedent If Yes, specify 1☐ Yes 2②			Puèrto F	lican, etc.)	Spec	eck, White		,
yglene. Net then "neturel", It, I'm Medical Ext	2	15. Decedent's	Education		16a. Dece	dent's Usual O	ccup	ation	nd commission		16b. Kind of	Business/I	ndustry	
Med a	2	(Specify only highest Elementary/Secondary (0-12)	College (1-4	or 5+)	life.	kind of work a DO NOT use r	etirea	during most	of workir	g				
or then	5	12			Admi	nistrat	iv	e Assi	ista	nt	Airl	ine		
1 8 6 W	2	17. Fether's Name (First, Middle, Li	ist)					18. Mother	's Name	(First, Middle	e, Maiden Sume	me)		
marked o	5	Edward J. Vines						Julia	a Al	exande	r			
is me		19a. Informant's Name/Relationshi	p (Type, Print)		19b. Mailir	ng Address (S	treet	end Number	or Rura	Route Numb	ber, City or Tow	n, Stete, Zi	ip Code)	
Health em 27 i		Henry Raymond I	rons		11212	Cherry	H	ill Ro	ad :	#202,	Beltsvi	lle,	MD 2	0705
		20e. Method of Disposition 1 □ Burial 2 🌣 Cremation 3	□B		lace of Dispo	natory or othe	of r plec	e)		Date	20c. Location	- City or T	own, Sta	te
Department of mportant: If its any injury or o once.		4 □ Donation 5 □ Other (Spe		ate er		ke Crem			10	-11-96	Beltsv	ille	Mar	vland
든 큰 중		21. Signature of Funeral Service Li				11103	Tiul	yranc						
Important in Succession	Rapp Funeral Services, P.A.													
	+	23a. Parti. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,												20910
	1	shock, or heart failure. List or	nly one cause on eac	h line.	i. Do not on	or the mode o	- Cymi	g, 3001 a3 0	or diac or	respiratory a	211031,		interva	Between
ysician ledical	1	Immediate Cause (Finel	62										011001	and Dodan
aminer	Т	disease or condition resulting in death)	a. Ou	anan	carcu	nima							yes	ms
	5			Due to (or	r as e consec	quence of):							,	
nin nsit			m b											
physician and s the buriel-transit	Š	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury		Due to (or as a consequence of):										
ician burie	5	ceuse. Enter Underlying Cause (Disease or Injury	c									į		
ling physicia se as the bur Medical		that initieted events resulting in death) Last		Due to (or	as a conseq	uence of):								
00			■ d.											
for us														
gned by the attending be deteched for use by Physician/R	2	Part II. Other eignificant conditions	contributing to death	h bul not resu	itting in the u	nderlying ceus	e give	en in Pert f.		23b. Did	tobacco use c	ontribute i	to the ca	use of deat
80 E		COPD, AIZE	leimer CA	lemen	time					1 🗆	Y00 2 No	3 Pro	obably	4 🗆 Unkno
		1 / / 11/24	10000											
page 2 should											s an autopay ormed?	a	vallable p	psy finding rior to
S C D	2								_			of	ompletion death?	of ceuse
page CO										10	Yes 20 No	1	□Yes	No ZXS
certificate rector, pag		25. Was cese referred to medicel						28. Place o	of Deeth	(Check only	one)			
		examiner? 1 ☐ Yes 2 ☒ No	Hospital: 1 Inpe	atient 2 🗆 I	ER/Outpatien	t 3 DOA	Othe	No.		11	Idence 8 🗆 O	her (Speci	ifu)	
eral di		27. Manner of Death	28a. Date of I	njury	28b. Time of	-	Injury				how injury occu		.,,	
After a fune		1 ANaturel 5 ☐ Pending investigation		Dey Year)	Injury	М		? Yes 2 □ N	0					
al Director: After the din by the funeral Certification:		3 ☐ Suicide 6 ☐ Could no	be 28e. Place of	Injury - At ho	me, farm, str	eet, factory, of	fice		2	9f. Location	(Street end Num	ber or Rur	ral Route	Number.
Jin b		4 Homicide	building,	etc. (Specify)						wn, Stete)			
To the Funersi Director: A completely filled in by the fu		29a. Certifier 1☑ Certifying	Phyalcfan: To the be	et of my know	viedne death	coourred at the	o tim	o data and	place a	ad due to the	causa(a) and m		atatad	
To the Funeral Director: After this completely filled in by the funeral Medical Certification: 1			aminer: On the basis	s of examinati	ion and/or inv	estigation, in	my op	olnion, death	occurre	d et the time,	date and place	, end due i	to the ceu	ise(s)
Me Me		29b. Signeture and title of certifier	and manner	Stated.		29c 1 i	rense	number			29d. Dete sign	ed (Month	Dev Ve	ar)
¥ 8													Jay, 18	.,
2	L	Part fro				D	4	7215			10/11			
2		30. Name and address of person with Robert Music.	lowers, M	0 110	23a) (Type,	Print)	ve.	et s	The	Sprice	y, mp	209	0	
State	3	31. Date filed (Month, Dey, Year)	32. Regi	strar's Signet	ure									
Registrar		OCT 1 1 19	196	ia Davido	son-Aans	Lecc								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First Middle Last) 2. Data of Death 3. Tima of Death Month OhNSOR Ames 415 hert Tex 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death 15 EMN treet 00/15 5. Social Sacurity Number if Undar 1 Yaar if Undar 24 Hrs. 8. Data of Birth (Month, Day, 6. Sax 7. Aga (In yrs. last birthday) 9. Birthpiaca (State or Foreign Days Months Hours 1)②M 2□F Country) MARYLAND Yrs 216-16-4122 AUG. 1920 Usual Residence of Decedent 10a, Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yas 2 □ No MARYLAND ANNE ARUNDEL ANNAPOLIS 10a. Straat and Number 10f. Zip Code 10g. Citizan of What Country? US 15 DEAN STREET 21401 12. Was Dacadant Evar in U,S. Armed Forcas? 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, White, atc 1 Navar Married 20 Marriad 1⊠Yas 2□No IfYas, Give Yaar or Datas: 1945-46 Specify: BLACK 1 ☐ Yas 2 ☑ No Specify: 3 Widowed 4 Divorcad 15. Dacadent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) Collaga (1-4or 5+) HARBOUR HOUSE RESTAURAN 12th WAITER 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middle, Meldan Sumama) CLARENCE JOHNSON HARRIETT GREEN 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) FRANCES C. JOHNSON (WIFE) 603 ADMIRAL DRIVE UNIT 206 ANNAPOLIS, MD. 21401 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata MARYLAND VETERAN CEMETERY 10/8/96 CROWNSVILLE, MD. 4 □ Donation 5 □ Other (Spacify) 21. Signatura of Funaral Sarvice Licansaa 22. Nama and Addrass of Facility WM. REESE & SONS MORTUARY, P.A. arry 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximata Intarval Between Onset and Death immediata Causa (Final disaasa or condition resulting in daath) DISCASO Heart Dua to (or as e consequence of): Sequantially list conditions, if any, laading to immadiate causa. Entar Undarfying Cause (Disease or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of) Dua to (or as a consequence of):

Physician /Medical Examiner

Physician

/Medicai

Examiner

Funeral

Director

28a-f show

items 23s or 28s-f show

5

natural

traumatic event, the Medical Exprisher

Department of Health end Mental I important: If Nem 27 is marked of any injury or other traumatic eve once.

Pages 1 end 2 should be flied within 72 hours aftarnent of Health end Mental Hygiena.

lal Hygiena.

Baltimore, Maryland 21215-0020

Director

Funeral

Completed by

Be

2

with the Maryland

Examiner attending physician and for use as the buriel-trensit Medicai signed b in 24 hours after death.

The Funeral Director: A poletaly filled in by the fr

To the Mospital or Attending Physician: The law requires that the death certificate be associted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician accompletaly filled in by the funeral private of sections of some second for use as the buriest reneated.

Division of Vital Records, P.O. Box 68760,

Part II. Other significant conditions cor	tributing to death but not ras	sulting In the underlying	g causa givan in Part i.	23b. Did tobecco uss co 1 ☐ Yss 2 ☐ No	ntribute to the cause of death? 3 □ Probably 4 □ Whknow
				24a. Wes an autopsy performed?	24b. Ware sutopsy findings available prior to completion of cause of death?
25. Was casa raferred to medical				1 Yas 2 No	1 ☐ Yas 2 ☐ No
ave min and	lospitel: 1 Inpatiant 2	ER/Outpatient 3 1	Other:	eeth <i>(Check only ona)</i> Homa 5 Danaldenca 6 □Oth	ar (Specify)
27. Manner of Death 1 Statural 5 Panding 2 Accident Invastigation	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work?	28d. Dascribe how injury occur	
3 Sulcida 4 Homicida 8 Could not be datarmined	28a. Placa of Injury - At h building, atc. (Specia	oma, farm, straat, factory)	ory, office	28f. Location (Street and Numb City or Town, Stata)	per or Rural Routa Number,
29a. Cartifier (Check only one) 1 Cartifying Physical Examination (Check only one)	sician: To the best of my kno her: On the basis of axamina and mannar stated.	wladge, daeth occurre	d et tha tima, data and pled on, in my opini <i>on</i> , daath occ	ee, and dua to the cause(s) and ma curred at the time, date and place,	anner as stated. and due to tha causa(s)

695 America

State Registrar 31. Date filed (Month, Dey, Yaar) OCT 0 8 1996 JONES, 32. Registrar's Signatura Mie Davids

omo

and address of person who completed causa of death (Item 23a) (Type, Print)

Deputy

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 3 1 7 7

			Certificat				ng. No.))	1//4
7	Dhamini		Decedent's Name (First, Middle, Last)			2. Dete of Deet Month	h Day	Year	3. Time of Death
	Physici /Medic		GLADYS M. JONES			OCT. 5	1996	1001	6:30 PM
	Examir		4a. Facility Neme (If not Institution, give street end number)		. City, Town, or Lo	cation of Deeth	4c. County		
			ANNAPOLIS NURSING & REHABILITION CENTER		NNAPOLIS		ANNE	ARUN	
	Funeral Director		5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) 1f Under 231-32-5770 7. Age (In yrs. last birthdey) 88 7rs. Wonths		Hours Min.	8. Dete of Birth (Month, Day, SEPT 5		9. Birthple Countr VIRG	ace (State or Foreign ry) INIA
	fand www		10a. Stete 10b. County 10c. City, Town or Location					10	d. inside City Limits
	Mary Fed a	tor	MARYLAND ANNE ARUNDEL ANNAPOLIS						1 No 2 No
	r 28a	Director	10e. Street and Number 10f. Zip	Code		16	Og. Citizen of W	hat Countr	ry?
	th will		1447 MIDDLETOWN ROAD 214	401				US	
	9	Funeral	11. Merital Stetus 12. Wes Decedent Ever in U.S. 13. Wes Decedent Forces? 13. Wes Decedent Forces if Yes, specific yes, yes, yes, yes, yes, yes, yes, yes,	dent of Hisp	panic Origin? (Spe Mexican, Puerto	cify Yes or No-		- America k, White, et	
21215-0020	filed within 72 hours after death with the Maryland hyglene. ther than "natural", or flems 23a or 28a-f show int, the Medical Examinet must be motified at	by	1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:		Specify:	rioan, atc.,	Specify	DI	LACK
5-0	72 h natu	Completed	15. Dacedent's Education (Specify only highest grade completed) (GAve kind of wo. life. DO NOT us	ei Occupations des	ion ring most of worki	ng	16b. Kind of Bu	siness/Indu	ustry
121	vithin ne. han	mpl	Elementary/Secondary (0-12) College (1-4or 5+)				CELL	z EMDI	LOYED
d 2	e filed v al Hygie other t vent, p		3rd 0 DAY CARE 17. Father's Neme (First, Middle, Last)		8. Mother's Neme	/First Middle A			LUIED
an	od be	Be C	OSCAR HOPKINS			MAE RATI		9/	
Maryland	d 2 should be filed within and Mental Hygiene. 7 Is marked other than treumatic event, the M	To	19e. informant's Neme/Reletionship (Type, Print) 19b. Mailing Address	s (Street en	nd Number or Rura	il Routa Number.	City or Town.	Stete. Zin (Code)
	27 tr		LEE E. ENDERS (SON) 1019 LAMBI						
Je,	M 40 U		20a. Method of Disposition 20b. Plece of Disposition (Nem			1	20c. Location -		
Baltimore,	Pag nent ant: h		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee	METER	Y 1	0/10/96	ANNAPOI	LIS, I	MD.
Ba	permit. Departr Importa any Inji		Harry M. Leose WM. REI	ESE &	SONS MO				
			23a. Part1. Enter the diséase, or complications thet caused the deeth. Do not enter the mod ehock, or heart fallure. List only one cause on each line.	le of dying,	such es cardiec d	or raspiretory erre	est,		Approximate Interval Between
	Physician // // // // // // // // // // // // //		Immediate Cause (Final	-01-	-1				Onset and Deeth
	Examiner		disease or condition e. JETJI - DETYD	RHT	10N			16	Neck!
		ē	Due to (or es e consequênce of):	10 1-	71			1,	2006.
	d d ansit	Examiner	Sequentially list conditions, b. MULTIPLE DECLI Due to (or es e consequence of):	13/	//			i	Neuco
oʻ	exec an an rial-tn	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		DAI MASI	Culas 1	i's mc		10008
68760,	ificate be executed g physician and as the burlal-transit	edical	Cause (Disease or injury that initiated events reauting in deeth) Last Due to (or es e consequence of):		ITL VIIJ	-414KD	COCHSC	-	year p.
	5 p a		JNSULL'N DEPEND		- DIABE	715 MA	7/170	< 1	In Vegas
Box	ith ce tendi	Physician/N	d	C/) !	Dinie	1601116	Lule I IA		Oyears
	the a	/sic	Part II. Other significant conditions contributing to death but not resulting in the underlying contributing to death but not resulting in the underlying contributions.	ause given	in Part i.	23b. Dld to	bacco use con	tribute to	the cause of death?
P.0	The law requires that the death cer ate has been signed by the attendin page 2 should be detached for use		HYDROCEPHALLIS & MENTAL R	ETAK	PDATTO	1 1 Y	8 2 No	3 Probe	ably 4 Unknown
Vital Records,	signed d be de	d by		L. / / / /		24e. Was ar		24h War	re autopsy tindings
S	v require been si should	Completed	and Dementia, for 15 year	11)-		perform	ned?	com	ilable prior to opletion of cause
Rec	has ge 2	du					l est		eath?
B		e Co	25. Wes case referred to medical			1 ☐ Ye	N	1 🗆	Yes 2□ No
5		o B	exeminer? 1 Yes 2 No Hoapitel: 1 Inpatient 2 ER/Outpatient 3 DO	Other	28. Piece of Death	me 5 ☐ Reside		/Casallul	
0	Physer this	-	27. Meryner of Deeth 28a. Dete of Injury 28b. Time of 2	28c. Injury e Work?		28d. Describe ho			
0	Attending or death. ector: After by the fune	atio	1 Neture 5 ☐ Pending (Month, Day Year) Injury 2 ☐ Accident investigation M		s 2 No				
Division	Afte er de recto	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Piece of Injury - At home, farm, street, fectory building, etc. (Specify)	y, office	1	28f. Location (Str City or Town	eet end Number	er or Rural	Route Number,
	rs after or all bel								
	To the Mospital or Attending Phywithin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29e. Certifier (Check only one) 1 Certifying Physicien: To the best of my knowledga, daeth occurred one one) 1 Medical Examiner: On the basis of examination end/or investigation, and menner steted.	et the time, , in my opin	, data and plece, a nion, deeth occurre	and due to the ca ed at the time, de	use(s) end ma ete end piece, s	nner as ste and due to t	ited. the cause(s)
	To the Comit	×	29b. Signature and title of certifier 29c	c. License n	number	25	d. Date signed	(Month, D	lay, Year)
			relent Vouleauntes	D//	653		Octo	ber	8,6996
			30. Name and address of person who completed cause of deeth (item 23a) (Type, Print)	01.	010 . 1.1	Λ	11.	ha	111
		ل	eter F. Verkoud, MD, 2003 MED	1, 111	CHWAY	Hnuc	polis,	IND,	2/40/
	Sta Registr		31. Date filed Apple Day, Year 32. Registrar's Signature 32. Registrar's Signature 32. Registrar's Signature 4. Para Day door - Randelle		/ (/	

DHMH 16 Ray 6/95

			State of	Mary					lealth a Death		Mental H	lygie Reg.	3	6 3	317	75
Physicia /Medic		1. Decedent's Name (First, Middle, La CARLOS	JAUR	EG (1						2. Dete of Month Octobe		Dey 05	Yeer 1996	3. Time of 2 <i>O</i>	
/ Examine		4e. Facility Neme (If not institution, gir		iber)							ocation of De	eth	4c. County			
1 3		Holy Cross Hospit					K I Indeed		Silve	_			Mon	tgome		
d 3 reral		170-20-3819	Sex 15⊈M 2□F		yrs. last bird		f Under 1 fonths	Deys	if Under Hours	Min.	8. Dete of (Month, Aug.	Day, Ye	1920	9. Birthpli Count E1 Sa	nce (Stete o n) Ivado	r Foreign
0.23		Usuei Residence of Decedent 10a. Stete 10b. County		10	c. City, Towr	or Locati	ion							10	d. inside CI	Ity Limite
The factor motified at	ò				Washi	ngtor	. D.	. C								2 No
DAZ Z BOOK	Directo	10e. Street and Number				-	10f. Zip C					10g.	Citizen of V	Whet Count	ry?	
		2924 Upton Stree	t, N.W.				20	008					USA			
icate amine	Funeral	11. Meritel Status 1 Never Merried 2 Married	12. Wes Deced Armed For 1 X Yes	ces? 2 □ No	r in U,S.	If Ye	es, specify	y Cuba	in, Mexicar	n, Puerto	ecify Yes or Rican, etc.)	No-		e - America ok, White, e		
51 E E	þ	3 ☑ Widowed 4 ☐ Divorced	If Yes, Give Yeer or De	tes: W	W II	El	Sal	uad vad	Specify: orian				Specify	His	panic	
Death Certificate Medical Examine	Completed	15. Decedent's E (Specify only highest gri Elementery/Secondary (0-12)	ducation ade completed) College (1-	4or 5+)	16a.			Occup done o retired	etion during mos f)	at of work	ing	16b	. Kind of Bu	usiness/Inde	uatry	
ŭ = #		6		<u> </u>		Bush	юу		40.14.0	4 11				urant	:	
LS	Be	17. Fether's Neme (First, Middle, Last Salvador Jauregu	,								e (First, Mid iezula	tie, Mek	den Suman	18)		
	2	19e. Informent's Neme/Reletionship			10b	Mailing 6	Addross /	Street			al Route Nu	nhar Ci	h. a. Taum	Ctate 7in	Codel	
Death Medic		Maria Linda Sancl		ught	1						eaton					
		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐	1 Burlei 2 □ Cremetion 3 □ Removel from State 4 □ Donation 5 □ Other (Specify)													
Baltimo		120 Bullet 2 Dictemention 3 Disembyel from State														
Ba Bank Bank Bank Bank Bank Bank Bank Ba		Jane C	Hol	lle	ina	1/11	800 1	New	Hamp	shir	e Aver	nue	1 run 904	eral	Home	
Physician		shock, or heart feiture. List only				not enter t	he mode	of dyln	g, auch es	cardiec		/ arrest,			Approximete Interval Bet Onset and I	ween
/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	e. A	pir	ation	P	neu	m	mh						1 do	y
	ner	Due to (or es a consequence of): Gastric Can WY 18 months													walte	
60, be executed iclan and burial-transit	Examine	0.														
50, se exe												i				
87 Sate Sate	Medical	resulting in deeth) Lest Due to (or es e consequence of):														
BOX 6 death certific	Physician/Me		d		-									<u> </u>		
O. E	sici	Part II. Other significant conditions of	contributing to dea	ath but no	ot resulting In	the unde	riying cau	se giv	en in Part I	l.	23b. D	ld tobac	cco use co	ntribute to	the cause o	of death?
cords, P.O. Be requires that the death been signed by the atternational be deteched for	by Phy										1	□ Yss	2□ No	30 Prob	ably 4	Unknown
0 8 8 0	Completed										24a. W	es an a	utopsy ?	SVA	re autopsy f llable prior to apletion of c eeth?	0
The The page	E										1	□Yes	2 No	10	Yes 2	No
f Vital Rec	Be	25. Was case referred to medical examiner?							28. Place	of Deet	h (Check on	y one)				
of Vita Physician: this certific	ှ	1 ☐ Yes 2 No			2 ER/Out			Oth	40140		me 5 R				1	
OID ding P. Affer funen	iio	27. Manner of Deeth 1 Neturei 5 □ Pending	28a. Dete of (Month	injury , Day Ye	ar) 28b. T	njury		. Injun		- 1	28d. Descrit	e how i	njury occur	red		
Vision Attending or death. ector: After	cat	2 Accident investigatio 3 Sulcide 6 Could not b	000 01	of Injume	At home for		M		Yes 2□	No	28f. Locatio	o /Stma	t and Mumb	or or Bural	Pouto Num	har
Div I or A after Direction	Certification:	4 ☐ Homicide determined	building	g, etc. (S	At home, fai pecify)	iii, aireei,	, rectory, c	HILLE				Town, S		er or nurar	nodie ivalii	Der,
	edical C	29e. Certifier (Check only one) Certifying Pt	nysician: To the b	sis of exa	y knowledge, minetion and	, deeth oc 1/or invest	curred et tigetion, in	the tin	ne, date en pinion, dea	d pleca,	end due to t red et the tim	ne ceus	e(s) end <i>ma</i> end plece,	nner as ste	ited. the cause(s	;)
o the	Me	29b. Signeture and title of certifier		or stated.	•		29c. L	icens	number			29d.	Date signe	d (Month, D	ay, Year)	
P 5 P 0) Sump	W				7	>3	780	1/			_			6
3		30. Name end eddress of person who A RAJVA NSH /	completed cause	of death	(Item 23a) (ILRES.	Type, Prir										
State		31. Date filed (Month, Day, Year)			Signeture	21V6V	11.4	ha/	1.0-	- 10	,					
Stat Registra		OCT 0.9 1006	- A N	-	A So											

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

0	E	-	4	-
. 1	1	- /	1	0
0		- 8	- 8	0

					,	-	tificate		Death		Reg. No.	0 ,		, 0
ı	Physic	an	Decedent's Neme (First, Middle, I	.ast)						2. Dete of Dee	th Dev	Year	3. Tim	of Limith
ā	/Medi		VIVIA LARONA JA	MES						Octobe	r 1, 19	96	5:40) ₽.M.
A	Exami	ner	4a. Facility Neme (If not Institution, g	ive street and number)				4	lb. City, Town, or L	ocation of Deeth	4c. County	of Death		
			17951 Dumfries				K Hadas d	V	Olney	T	Montg			
ı	Funeral Director		225-78-9841	Sex 7. Ag 1 ☐ M 2 🗓 F	e (fn yrs. 47	lest birthdey) Yrs.	If Under 1 Months	Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, De) Oct. 9	, Year) , 1948	9. Birthp Coun Jama		or Foreign
	and		Usuel Residence of Decedent 10a, Stete 10b, County		10c. Cit	y, Town or Loc	ation					10	0d. Inside (City Limits
	Many!	5			-							.		s 2 No
	the 1	Director	Maryland Montgo	mery	01n	ley	10f, Zip C	ode			10g. Citizen of \	What Coun	itry?	
	With With	0	17951 Dumfries C	imala			2083				United		•	
	death 2	Jera	11. Meritel Stetus	12. Was Decedent	Ever in U,	S. 13. W			Ispenic Origin? (Sp an, Mexicen, Puerto			e - Americ		
Maryland 21215-0020	d within 72 hours after death with the Maryland ilene. Than "natural", or flems 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	1 X Never Merried 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detes:			Yes, specif □ Yes 2]			Rican, etc.)	Specify Specify	ck, White, o	etc. .ack	
0	72 hou		15. Decedent's	Education		16a. Decede	ent's Usuei	Occup	ation	1100	16b. Kind of Br			
215	within 7 ene. than "n	Completed	(Specify only highest g Eiementary/Secondery (0-12)	rede completed) College (1-4or :	541	(Give k	ind of work O NOT use	done o	ation during most of work f)	ing				
2		E O	12	4	J+,	Regist	ered	Nu	rse		Health	Care	Indu	stry
pu	be filed tal Hygid d other event, t	Be (17. Fsther's Name (First, Middle, La.	st)					18. Mother's Nem	e (First, Middle,	Meiden Suman	ne)		
yla		To	Byron James						Ethilda	Beckfor	d			
Mar	~ ~ ~ ~		19e. Informent's Neme/Reletionship						and Number or Rui					
	E E OI L		Diane James - Si	ster	001-0				rive, Eto					
Baltimore,	8 7 7 0		20e. Method of Disposition 1 XBunei 2 ☐ Cremetion 3	☐Removel from Stete	200. P	lece of Dispos emetery, crem	etory or oth	er pled	ce)	Date	20c. Location -	City or To	wn, State	
ŧ,	permit. Page Department of Important: If any injury or once.		4 Donetion 5 Other (Spec		Gat	e of He				0-7-96	Silver	Sprin	g, Ma	rylan
Bai	Depariment Import any ir		21. Signature of Funeral Service Lio	onego /					us of Facility Ldi Funer	al Home	Tne			
	Physician /Medical Examiner	/	#BarPart1. Enter the disease enco shock, or heart failure. List on Immediate Cause (Final disease or condition resulting in death)	mplications that cause y one cause on each is a. METASTAT	ric B	h. D o not ente	CANCER	of dyin	lampshire g. such as cardiac	or respiratory an	rest,		Approxime intervsl Be Onset and	ete etween d Deeth
	n m													
	and and	Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	0.	Due to (o	r as a consequ	ence of):							
68760,	icate be executed physician and s the burial-fransit		Cause (Disease or mury	0.										
387	ficate be g physicia ss the bu	edical	that initiated events resulting in death) Last		Due to (or	r as a consequ	ence of):							
	161 CN 46	-		l d										
Box	the state	Physician/N												
P.O.	8 66	ya	Part II. Other significant conditions	contributing to death b	ut not res	ulting in the un	serlying cau	use giv	en in Part I.		obacco use co			
	that det	by PI								101	fee 2∭ No	all Proc	mory 4	JUNKOOWN
Records,	need mode	Completed b								24a. Was i perfor		BVI	are autopay allable prior repletion of death?	to
Be	The law ate has b page 2 s	фшс								101	es 201No			This
Vital			25. Was case referred to medical	Ť					26. Place of Deat	1/52511		11.	Tyes 20	2 190
	yaiclan: a certific director,	To Be	examiner? 1 ☐ Yes ②CXNo	Hospital: + Clanatic	ric to	ER/Outpatient	3CI DOA	Oth	-	me XXResid	The same of the sa	er /Snank	d.	
0	£ 50		27. Manner of Death	28a. Date of Inju (Month, Da		28b. Time of		a. Injun		28d. Describe h	The state of the s		9.	
ion	Attending or death.	atio	1XXXiaturai 5 ☐ Pending 2 ☐ Accident investigati	The second second	y Yaar)	Injury	M		Yes 2□No					
Division	il or Atta attac des Directo d in by th	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine		ury - At ho c. (Specif)	ome, farm, stre	et, factory,	office		28f. Location (S City or Tow		wr or Rura	l Route Nu	mber,
	To the Hospital or Attant within 24 hours after deal To the Funaral Director: completely filled in by the	edical C		trysician: To the best miner: On the basis of and manner str	examinat									(n)
	Within To the comple	Me	29b. Signature and little of certifier	1	1/27-		29c. l	Licens	number		29d. Date signe	d (Month, I	Day, Year)	
			> \1400m	1	D29675 October 2, 1996									
,	10	30. Name and address of person who completed Gaussian death (Nem 23a) (Type, Print)							4, 1	990				
		Ralph V. Boccia, M.D., 9707 Medical Center Drive, Rockville, Maryl							Marvler	nd 201	832			
200	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	-	The second secon	The second secon	The second second	THE RESERVE OF THE PARTY OF THE		777475	and the second s	The state of the s	and the second second		PER 1991	

Julia Savidson Randelle

DHMH 16 Rev 6/95

Registrar

OCT 0 8 1996

Amondod #	1	State of Maryland / Department of Health 1. P.G.C. 10-17-96 CR Certificate of Deat		giene 96	31777
Amended #		1. Decedant's Nama (First, Middla, Last)	2. Data of De	Reg. No.	3. Time of Death
Physicia	-	The Tommy Jackson	Month	Day Year	107
/Medica Examine		THOMAS SUCCESSION	Town, or Location of Deat	h 4c. County of Dea	th
LAMITINE	71	Genesis Eldercare Lashill Center Silv	IPV Spring	Montal	SMANI
Funeral		5. Social Sacurity Number 8. Sax 7. Age (In yrs. last birthday) If Undar 1 Yaar If Und	lar 24 Hrs. 8. Data of Bir s Min. (Month, Da	9, Bir	thplace (Stata of Foreign
Director		579-54-3633 XXM 2□ F Yrs. Months Days Hours			Washington-D
D		Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location	Decemb	CI 17, 1743	
Maryla	5				10d. Insida City Limits 1 ☐ Yas 2 ☐ No
the P	20	Washington, D.C. 10e. Street and Number 10f. Zip Coda		10g. Citizan of What Co	2111
death with the Maryland rms 23e or 28s-f show rms to notified at		136 Wilmington Place, S.E. 20032		U.S.A.	outiny r
after death with the Manylan or frems 23s or 28s-f show	Funeral Director	11. Marital Status 12. Was Decedant Evar in U,S. 13. Was Decedant of Hispanic of Hyas, specify Cuban, Maxic	Origin? (Specify Yas or No	- 14. Race - Ama	
or the		1 Navar Married 2 Married 1 Yas 2 No			
5-0020 72 hours after natural; or fle	d by	3 ☐ Widowed 4 ☐ Divorced If Yas, Give^AA Yaar or Datas:	ny.	Specify Bla	ck
15-00; 72 hours "natural",	Completed	15. Decedant's Education (Specify only highast grada complated) (Giva kind of work dona during m	ost of working	16b. Kind of Business	Industry
2121 3 within jiene. T than "	E	Elamantary/Secondary (0-12) Collaga (1-4or 5+) Iifa. DO NOT usa retired) 1.2 th Computor Operato	r	Corrorman	
D Hilled			thar's Nama (First, Middla	Governmen	C
should be filed and Mental Hygin marked other amende other amende event, I	0 26	Lower Teeless		, , , , , , , , , , , , , , , , , , , ,	
shou shou umat umat	-	19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Num	11ie Phelps nber or Rural Routa Number	er, City or Town, Stata,	Zip Code)
Baltimore, Maryland 21215-0020 parmit. Peges 1 and 2 should be filed within 72 hours aft Department of Health and Mental Hygiene. Important: If them 27 is marked other than "natural", or any injury or other traumatic event, the Head call main other.		Lillie Hiett (Mother) 136 Wilmington Pl	. S.E. Washi	ington D C	20032
of He form		20a. Mathod of Disposition 20b. Placa of Disposition (Nama of	Data	20c. Location - City or	Town, Stata
Peges nent of h		1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) Fort Lincoln Cemeter	7 10/11/06	Dwon to a d	1/ 1
Balt pamit. Departr Importa		21. Signature of Funarai Sarvice Licensee 22. Nama and Addrass of Fac		Jenkins I	
0 88 58		Below J. Jent 716 Kennedy S			
		23a. Part 1. Entar tha disease, or complications thet caused tha death. Do not antar tha mode of dying, such a shock, or heart failure. List only one cause on each line.			Approximata Interval Between
Physician	1	0- 1			Onset and Death
/Medical Examiner		Immediate Cause (Finel disaasa or condition rasulting in death) a. Squamon Cell Laryn or rasulting in death)	gal Conc	inoma	
District Control of the Control of t		Dua to (or as a consequence of):	gal Conc		
9xecuted In and ial-transit		b. Will Satus por Lar	magecta	ny	
8760, ate be executed hystician and the burial-transit	Xa	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause, [Disaasa or Injury c	0 0		
8760, sate be explosed in the buriel	lical				
689.	5	rasulting in death) Last			
P.O. BOX 68 that the death certificated by the attending place as the detached for use as the detached		d			
O. B	300	Part II. Other significant conditions contributing to death but not rasuiting in the underlying cause given in Per	n I. 23b. Did	tobacco use contribute	to the cause of death?
P.O. nat the de d by the feltached		Husper Lean sign			robably 4 Unknown
es tha iigned be del	2	110000000000000000000000000000000000000			
Division of Vital Records, P.O. Box 68760, or Attanding Physician: The law requires that the death certificate be executed after death. Director: After this certificate has been signed by the attending physician and it by the funeral director, page 2 should be detached for use as the burial-transition of the control of the physician of the phy	2	History of Smoking and Alcoh		med?	Ware autopsy findings available prior lo
Has b					completion of cause of death?
The It		V	101	res 200 No	1 ☐ Yas 2 ☐ No
Vision of Vital I Attending Physician: The redeath. ector: After this certificate by the funeral director, page		Magnital:	aca of Death (Check only o	ona)	
Physic cral direct		1 Inpatiant 2 ER/Outpatient 3 DOA	Nursing Homa 5 Rasio		city)
On Oil		1 Natural 5 □ Panding (Month, Day Year) Injury Work?		now injury occurred	
Division Country to the Hospital or Attending P within 24 hours after death. To the Funeral Director: Affer to completely filled in by the funeral Madical Cartification.	2	3 Suicida 6 Could not be 28e Place of Injury At home farm street factory office		Street and Number or Ru	ırni Routa Number
Div affer	5	4 ☐ Homicide detarmined building, atc. (Specify)	City or To	vn, Stata)	mar riouta riomosi,
Hospital 24 hours a Funeral I stely filled	5	29a. Certifler Certifying Physician: To the best of my knowledge, deeth occurred at tha time, detection of the certifying Physician.	and place, and due to the	ceuse(s) and manner as	stated.
the Hospit hin 24 hour the Funer npletely fills	3	(Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, de and manner stated.	aath occurred at the tima,	data and placa, and due	to tha cause(s)
To the To the Company of the Company		29b. Signatura and titla of certifiar		29d. Data signed (Monti	h, Day, Year)
5		Wilkman J. Ninale D 452	285	October	1, 1996
(6)	3	30. Nama and addrass of person who completed cause of death (Itam 23a) (Typa, Print)		2	7
(0)		18111 Prince Philip De Surte 212 Ola	very Md à	10832	
State Registrar		31. Data filed (Month, Day, Year) 32. Registrar's Signature			

Markey 1 To 1 To 1 To 1

State of Maryland / Department of Health and Mental Hygiene 96

					(Certificate of	Death		Reg. No.	0 01770
	Dhunin		1. Decedent's Name (First, Middle, La	ist)				2. Dete of De Month	ath	3. Time of Death
1	Physic /Medi			Virginia	May	Johnson	1	Oct		9:34P
T	Exami		4e. Facility Name (If not institution, given				4b. City, Town, or I			
			The Memor	ial Hospita			Easton	1	Talbo	t
	Funeral Director			Sax 7. Aga (In yrs	93 Yr	Months Dave	If Under 24 Hrs. Hours Min.	8. Data of Bir (Month, Da 10/06/	y, Year)	9. Birthplaca (State or Foreign Country) Maryland
	and **		10a. State 10b. County	10c. C	ity, Town o	or Location				10d. Insida City Limits
	Mary fash	0	MD Carol				eralsbui	r a		1X Yes 2 □ No
	the 28s	rect	10e. Street and Number			10f. Zip Coda			10g. Citizen of Wh	net Country?
	s 23s or	Funeral Director	302 Vernon Av				21632		Inited :	States
21215-0020	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or ferre 23s or 28s-1 show reumatic event, the Medical Examinet must be notified at	by	11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Ever in the Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:	J,S.	13. Was Decedent of I If Yas, specify Cub 1 ☐ Yes 2 🗓 No		pecify Yas or No o Rican, etc.)	14. Rece Bleck, Specify:	- Amarican Indian, Whita, etc. White
5-0	within 72 ho iene, than "natur the Medical	Completed	15. Decedent's E. (Specify only highest gro	ducation	16a. D	ecedent's Usuai Occup Give kind of work done ife. DO NOT use retire	oation	kina	16b. Kind of Busi	
21	igi.	npie	Elementary/Secondery (0-12)	Coilege (1-4or 5+)			d)	Ning		ior Pearl
7	7. € Qi €	S	11		CI	lerical			Works	
Maryland	d 2 should be filed in and Mental Hyg 7 Is marked other traumatic event,	Be	17. Fathar's Nama (First, Middle, Last						Meiden Sumame)	
<u>ya</u>	Men	1º	Harry Reining	er			Nancy	Snowb	erger	
a	2 sh and ls m		19a. Informant's Name/Relettonship (**	1	Malling Address (Street				
~	and a alth n 27		Mrs. Audrey M	lcMahan	11	7 W. Cen	tral Av	e., Fe	deralsb	urg, MD 2163
Baltimore,	permit. Peges 1 and 1 Department of Haalth Important: If Item 27 I any Injury or other tr pncs.		20e. Method of Disposition 1 XBurial 2 Cremation 3 C 4 Donation 5 Other (Special	Removal from Stata	cemetery,	Disposition (Name of cremetory or other plate or commercial commer		Date 10-12	20c. Location - C Federal	sburg, MD
Balt	permit. Departr Importu any inj		21. Signeture of Funerel Sarvice Licer	C 1		22. Nema and Address Framptom PO Box 4	ess of Fecility			
	_		23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plications that caused the dea	th. Do no	t enter tha moda of dyi	ng, such as cardiac	or respiretory a	rest,	Approximata triterval Between
3	Physician		snock, or neart tellure. List only	one cause on eech line.						Onsat and Death
1	/Medical Examiner		immediate Cause (Finat diseese or condition resulting in death)	lar disea	He		years			
		je				- 0/10				
	p d ansit	Examiner	Sequentiathy list conditions	b. Aldominal		nsequence of):				week!
68760,	icate be executed physician and s the burial-transit		Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events	C						
Box 68	nding phy use as th	n/Medical	resulting in death) Lest	d	or as e cor	nsequence of):				
Ď	sattendi for use	cia	Dad ii Other elections conditions				Dec Kon	L see mile		
. P.O.	es that the de igned by the a be detached	y Physician/	Part ii. Other significant conditions of	ontributing to death but not ra	suiting in ti	ne undarlying cause gh	van in Part I.	23b. Did	7.740.00	ibute to the cause of death?
Records,	aw requii ts been s 2 should	Completed by							en eutopsy med?	24b. Were autopsy findings evallable prior to completion of causa of death?
=	E se g	ő						10	res 25 No	1 ☐ Yes 2 ☐ No
of Vital	Physician: this certific ral director,	Be	25. Was cese referred to medical examiner?				26. Piece of Dea	th (Check only o	ne)	
_	hysic this ca	2	1□ Yes 25 No	Hospital: 1 ☐ inpatient	ROutp	atient 3 DOA Oth	ner: 4 Nursing H	ome 5 Resid	lance 6 Other	(Specify)
	une une		27. Manner of Deeth 1 → Natural 5 □ Pending 2 □ Accident investigation	28a. Date of tnjury (Month, Day Year)	28b. Tim Inju	Iry Wo	yat rk? Yes 2 □ No	28d. Describe	now thjury occurred	
Division	al or Attendi s after death if Director: A od in by the f	Certification:	3 Suicide 6 Could not b 4 Homicide determined	28e. Plece of Injury - At I building, etc. (Special	ome, farm	, street, factory, office		28f. Location (3 City or Tox		or Rural Route Number,
	To the Hospital or A within 24 hours after To the Funeral Direcompletely filled in b	edicai (29e. Certifier (Check only one)	ysician: To the best of my kniner: On the basis of examinand manner stated.	owledge, d ation end/o	leath occurred at the the prince investigation, in my continues the second seco	me, date and place, ppinion, death occur	end due to the red et the time,	ceuse(s) and mann date and piace, an	ner as stated. d due to the cause(s)
	within 2 To the comple	M	29b. Signature endyfitte of couting	/		29c. Licans	a number		29d. Date signed (Month, Dey, Year)
			114/1000	D.0		40	1441		10-09	1-96
		1	30. Neme and address of person who	completed cause of death (to	m 23a) (T-		1 6 6/		10 07	12
			Gino Alberto, 31. Date filed (Month, Day, Year)	D.O., 219 S	. Wa	shington	St., E	Aston,	MD. 21	601
	Sta Registr		OCT 11 '96	32. Registrar's Sign	n-Rano	dell				

ITEMS: 23 PART I, 27, PER MED FILM g-740 10/30/96 t.t 95-5690-033 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended # 9, P.S., Se, iolillas State of Maryland / Department of Health and Mental Hygiene CMK . Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death 11:25 PM **Physician** Day Month CURLEY SOUDER OCTOBER 04, JACKSON 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner SOUTHERN MARYLAND HOSPITAL CENTER PRINCE GEORGES CLINTON 5. Social Security Number if Under 1 Yaar If Under 24 Hrs. 8. Data of Birth Month, Day, Year) 1/29/50 Funeral 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign Country)
GEORGIA 1 M 2 K Months Hours Yrs. 577-68-0865 46 Director Usual Residence of Decedent with the Maryland 10a. State r 28a-f ahow 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 No DC N/A WASHINGTON 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 the Medical Examiner man be 238 #65 O STREET SW 20024 USA Funeral death items: 12. Was Decedent Evar in U,S. Armed Forcas? 1 ⊠Yas 2 ☐ No If Yes, Give ARMY Was Decedent of Hispanic Origin? (Specify Yas or No. If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Marital Status Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 8 1 ☐ Yes 2 X No Specify: Specify: BLACK by 3 ☐ Widowed 4 1 Divorced "natural" Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Eiamantary/Secondary (0-12) College (1-4or 5+) 12 YEARS NONE FEDERAL GOVERNMENT EMPLOYEE GOVERNMENTAL Baltimore, Maryland 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumama) Be h end Mental h Peges 1 and 2 should be nent of Health end Mental ALBERT SOUDER SARAH WRIGHT traumatic 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health or Important: If from 27 is any injury or other trau-SARAH D. SOUDER SAME AS 10A, B, C, D, E, &F 20a Method of Disposition

20a Method of Disposition

3 Removal from State

4 Donation 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 10/15/96 2 QUANTICO NATIONAL CEMETERY QUANTICO, VA. 22. Name and Address of Facility RHINES CO., INC. 21. Signature of F neral Service Licens leans 3030 12TH ST NE, DC 20017 Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, or heart failure. List only one cause on sech line. Approximate Interval Baty Onset and Death **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical CHRONIC NARCOTISM **Examiner** Due to (or as e consequence of) Examiner The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or as a consequence of). Division of Vital Records, P.O. Box 68760. nding physician use as the burie Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown p 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? certificate 1 Yes 2 No Yes 2 No the Hospital or Attending Physician: Be 25. Was cese referred to madical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 XYes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this Director: After the 27. Manner of Death 28a. Date of Injury (Month, Day Year) Medical Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 XXVetural 5 Pending Investigation 1 ☐ Yes 2 ☐ No death. 2 Accident 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide ithin 24 hours after To the Funeral Dire filled 29a. Certifler 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. completely (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. OCTOBER 05, 1996 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Powler David 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature 31. Data filed (Month, Day, Year) OCT July Downer Randell Registrar

DHMH 16 Rev 6/95

II of the second

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Dey **Physician** 2.1996 THANIEL 05:10 Am OCTOBER /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner CHNTON MAZULAND THOSPITAL SOUTHERN MNCE GEONE If Under 1 Year Months Days 8. Dete of Birth (Month, Day, Year) If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□F Min. Hours 71 Director 240-30-2851 Nov. 27, 1924 Hickory, N.C. Uauai Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location show 10d. Inaide City Limita item 27 is marked other than "natural", or items 23a or 28a-f shot other traumatic event, the Medical Examiner must be notified at 1 ☑ Yes 2 ☐ No Directo District of Columbia Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 234 34th Street, N. E. 20019 Funeral United States 12. Wea Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specity Yes or No-il Yea, apecify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11 Meritel Status 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☑ Merried 1 ☐ Yes 2 ☒ No Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced Black 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Hygiene. College (1-4or 5+) 2.5 Tax Consultant Self Employed permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item Z7 Is marked othe any Injury or other traumatic event SDGs. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Van Buren Jenkins Alice Courtney 2 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Thelma O. Jenkins - Wife 234 34th Street, N. E., Washington, D. C. 20019 20b. Piece of Disposition (Name of cemetery, cramatory or other piace) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 Suriei 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Arlington National Cemetery 10/10/96 Arlington, VA 21. Signature of Funerel Service Licenses 22. Name end Address of Fecility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, Part1. Enter the disease, or complications that shock, or heert feilure. List only one ceuse on Approximate interval Betwee Onset and De ed the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Physician fmmediete Ceuse (Final disease or condition resulting in death) /Medical Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Physician/Medical that initieted events resulting in deeth) Last Due (or as a consequence of): USB as I 10 the Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings evallable prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificata has 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner?

1 Yes 2 No funeral director, Be 26. Place of Death (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 inpatient 2 ER/Outpatient 3 DOA After this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. fnjury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Naturai after death. Director: Aft 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, lectory, office bullding, etc. (Specify) 4 Homicide 24 hours a 29e. Certifler 11 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, and due to the cause(s) and manner es stated. Medical pietely 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. (Check only one) To the I within 2 To the P 29b. Signeture and title of certilier 29d. Date signed (Month, Day, Year) 20733 30. Name and address of person who completed cause of death (item 23a) (Type, Print) MAXMI BLANCTI BERWA 7700 OLD

32 Registrar's Signature

Di Sandyor Rodall

Registrar

31. Dete filed (Month, Day, Year)

OCT 07 1996

death with the Maryland

filed within 72 hours after

certificate be assecuted

that the death

Box 68760

Division of Vital Records.

Attending Physician:

6

Hospital

Baltimore, Maryland 21215-0020

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

31781

	•		Decedent's Neme (First, Middle, La	st)		imouto c	Douth	2. Dete of De	Reg. No.	3 '	Tims of Death
	Physic /Medi	cal	EFRET	JOHNSO	N		th Ch. Town	octh.	04 ^{Dey} 19	9 ⁶ 6	:40 PM
	Examii Funeral Director	ner	MARINER HEALT 5. Social Security Number 577-90-2331 Usual Residence of Decedent	H OF SOUTH	ERN MAR yrs. last birthday) 34 Yrs.		ar If Under 24 Hrs	NTON		CE GEO	RGES (State or Foreign
	a-f show diled at	ctor	10a. State 10b. County N/A		c. City, Town or Lo		N, D.C.				side City Limits
	n with the 23s or 28 of be no	al Director	10e. Street and Number 401 EDGE	WOOD ST. I	N.E. #A	10f. Zip Cod	20017		10g. Citizen of V	What Country? D STATI	ES
5-0020	af, or herrs Examiner m	by Funeral	11. Maritel Stetus Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever Armed Forces? 1 Yes 2010 If Yes, Give Year or Detes:		Was Decedent of If Yes, specify C	of Hispanic Origin? (Suban, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	14. Rac Bisc	ce - American Inc ck, White, etc.	
21215-0	i within 72 ho lone. Than "natur The Medical.	Completed	15. Decedent's Ei (Specify only highest gra-	ducation de completed) College (1-4or 5+)	(Give	dent's Usual Oct kind of work do DO NOT use rel	ne during most of wo rired)	orking	16b. Kind of B	usiness/Industry	
Maryland 2121	uld be filed Aental Hyg rked other tic event,	To Be C	17. Fsther's Name (First, Middle, Last, GERALD JOHNSO					me (First, Middle,			ILLIAM
Man	nd 2 sho illh and 1 27 is me	fire.	19e. Informent's Name/Relationship (VIRGINIA WI	Type, Print) LLIAMS/MOT			eet and Number or R				
Baltimore,	Pages 1 and ment of Heal and I flow of the uny or other		20a. Method of Disposition 1ADSurial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif	Removal from State	Ob. Piace of Dispo cemetery, crer	sition (Name of natory or other p		Dste	20c. Location -	City or Town, S	itate
Balt	Depart Depart Import any inj sns inj		21. Signature of Funderal Service Lies	WARD M. D	UTLEY 3	200 R.	FUNERAL	MT. R	AINIER	, MD	20712
9	Physician /Medical Examiner	er	23a. Part1. Enter the disease, or com- shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	a. De	hyelva to jobas a consec	ation	ying, such as cardia	c or respiratory a	mest,	Inter	roximate val Between et snd Deeth
x 68760,	enflicate be executed ing physician and a as the burist-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	. Dem	to (or as a consequential to (or a) consequential to (or a) consequent	Alce	WZ al	un			7
P.O. Box	that the death or ad by the attend detached for us	Physician/	Part II. Other significant conditions o	ontributing to death but no	t resulting in the u	nderlying cause	given in Part I.		tobacco usa co Yes 2 No	etribute to the o	
Records,	heen sign should be	Completed by							an autopsy emed?	available	on of cause
al Re	The I							10	Yes 211No	1 ☐ Yes	2 🗆 No
Vital		o Be	25. Was case referred to medical examiner?	Hospital: 4 C Inpostings	2 ☐ ER/Outpatien	ACO CIE.	Out	ath (Check only o		as (Chanalla)	
-	After this	Certification: T	27. Manper of Death 1 ☐ Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Day Yea		26c. Ir			how injury occur		
Divi	무선물도		4 Homicide determined	building, etc. (S)	pecify)			City or Tox			a Number,
	To the Hospital within 24 hours To the Funeral completely filled	edical	29a. Certifier (Check only one) Check only 2 Medical Exam	ysician: To the best of my ninar: On the basis of exa- and manner stated.	knowledge, death mination and/or Inv	occurred at the restigation, in m	time, date and place y opinion, death occ	e, and dus to tha urred at the time,	cause(s) and ma date end place,	annar as stated. and due to the c	ause(s)
	To the com	Σ	29b. Signature and title of certifier	In MS	Alley	29c. Lice) - 245	35	29d. Dete signe	d (Month, Day,)	196
(3		30. Name and address of person who LAXMI N. BERWA	ompleted cause of death			OLD BRA	NCH AV	E., CL	INTON,	MD

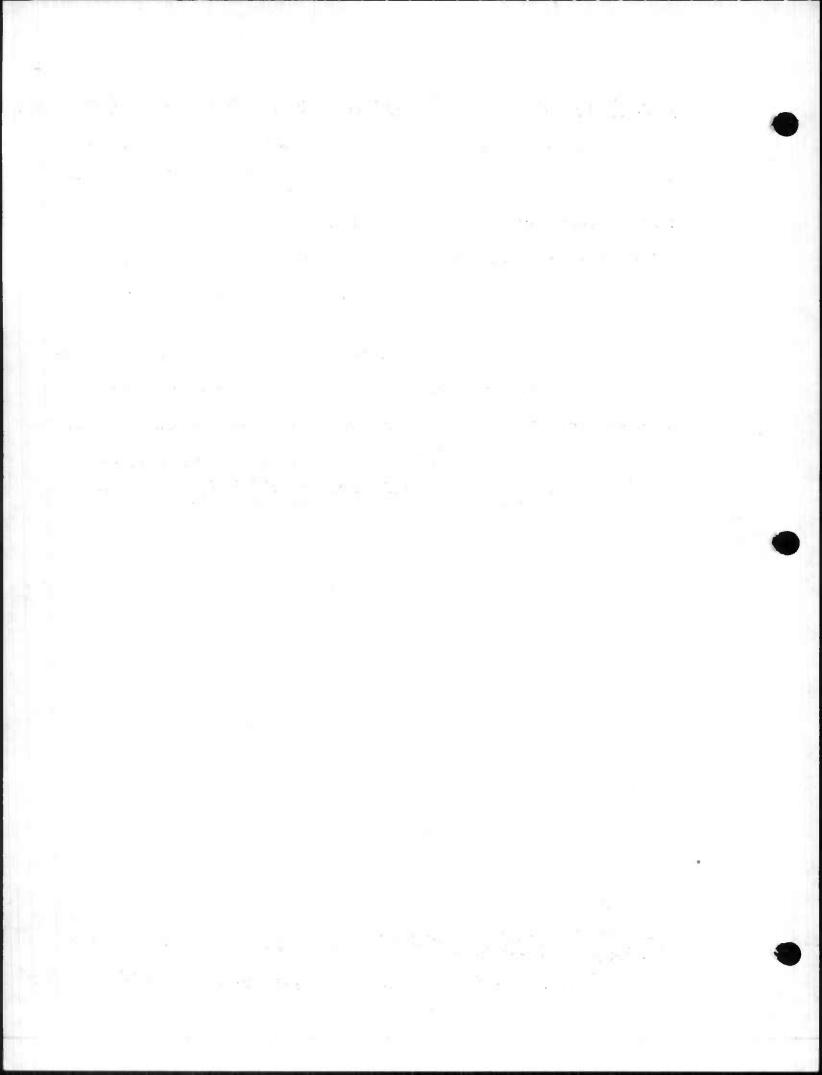
State Registrar

-2 below a second and the second and th The second offs can always and the contract of the second

advalue of the same of the same of

State of Maryland / Department of Health and Mental Hygiene

					Cen	tificate d	of Death		Reg. No.	10	31182			
Physic		1. Decedent's Neme (First, Middle, Las	it)	K	21/17	RAS	-HINI	2. Date of D		Year /	3. Time of Death			
/Medi Examii		4e. Facility Name (If not institution, give				17.77	4b. City, Town, o		th 4c. Coun	ty of Death	020 > 111			
			ban Hospi			If I landon 4 V		hesda	N	iontgo				
Funeral Director		5. Social Security Number 6. Security Number 11 092-66-4670 Usuel Residence of Decedent	ex 7. Ag	e (In yrs. last t	Yrs.	if Under 1 Y Months Da	ear If Under 24 Hr ays Hours Mir	. (Month, D	irth la <i>y, Year)</i> 14 , 1948		piace (State or Foreign ntry) .ussia			
yland		10e. Stete 10b. County		10c. City, To	wn or Loc	ation					10d. fnside City Limits			
8a-f e	Director	Maryland Montgo	mery			Bet	hesda				1 ☐ Yes 2 ☑ No			
th with the		10e. Street and Number	. Avenue #	101		10f. Zip Cod	20814		10g. Citizen of	Whet Cou				
72 hours efter death with the Maryland natural', or frems 23s or 28s-f show dies Examinal must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☑ If If Yes, Give Year or Dates:				of Hispanic Origin? (Cuban, Mexican, Pue No Specify:	Specify Yes or N rto Rican, etc.)	o- 14. Ra Bl	ice - Americack, White,	can Indien, etc.			
"natural",		15. Decedent's Edi		16	a. Decede	ent's Usuai Oc	cupetion		16b, Kind of I		ite			
C 1 W	Completed	(Specify only highest grad Elementery/Secondary (0-12)	de completed) Coilege (1-4or 5		(Give k life. Di	ind of work do O NOT use re Scient	one during most of wa tired)	orking						
Hygi ther nt,	C	17. Fether's Neme (First, Middle, Last)	JΤ			scient		ame (First, Middle			Research			
should be and Mental I marked or umatic eve	To Be	Alexa	ınder Kond	rashin				Anastas	sia Kuzm	enko				
end M end M a mar	-	19a. tnforment's Name/Relationship (T			b. Mailing	Address (St	reet and Number or F				o Code)			
ges 1 end it of Health If Hem 27 or other tr		Maria Nesterova/ 20a. Method of Disposition 1□ Burial 2 MCremation 3□1	Removal from State	20b. Place	of Disposi	ition (Name o	f	e #101 1	Bethesda 20c. Location		cyland 20814 own, State			
Depertment mportant: Pa				Monte	omer	y Crem	atorium li							
permit. Depertur Importa eny inju		Cemptory of proper places Content of State Co												
Physician		Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin M00335Bethesda, Maryland 20814-3501 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, intervious consensations. Appropriately and the consensation of the conse												
/Medical Examiner		immediate Cause (Finel disease or condition resulting in death)	a Myoc	ARD,	A L	ence of):	NFAR	CTIO	N		ACUTE			
writicete be executed ing physician end as the buriet-trensit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last	C	Due to (or es a	consequ	ence of):	RHOUR	SCUPA	RDISE	D.E	INDET			
certific nding p use as	2		d							1				
deeth e etter ed for u	iciar	Part II. Other significant conditions con	ntributing to death bu	it not resulting	in the unc	fertying course	civen in Part I	23h Die	I tobecco use o	ontribute t	o the cause of death?			
that the deeth cented by the ettending deteched for use	y Physician	Tak II. Otto agimout oolidiidis co	minuting to death be	or not resulting	III IIIO OIIC	Jerry Ing Cause	given in Patti.		Yss 2 No		bably 4⊠ Unknown			
sw requires s been sign 2 should be	Completed by							24e. We	s an autopsy ormed?	ev	ere autopsy findings reliable prior to empletion of cause death?			
The ate h	Som							1 🗆	Yes 2⊠No	10	□Yes 2□No			
ysician: The	Be (25. Was case referred to medical examiner?					26. Place of De	eath (Check only	one)					
5 00 0	n: To	tes 2 No 27. Manner of Deeth	Hospitel: 1 ☐ Inpatie	y 28b.	Time of	3LI DOA	Other: 4 Nursing	Home 5 ☐ Res	idence 8 Ot		ý)			
Attending In death. Sector: After by the fune	catio	1 Natural 5 ☐ Pending investigation	(Month, Day	Year)	Injury		Work? 1 ☐ Yes 2 ☐ No							
를 들는 이 마이트	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Inju building, etc		arm, stree	et, fectory, offi	СӨ		(Street and Num own, State)	ber or Rure	al Route Number,			
To the Hospital within 24 hours of To the Funeral I completely filled	edical	29a. Certifier 1 Certifying Physical Control Check only one) Check only one)	sictan: To the best of ner: On the basis of end manner sta	examinetion a	e, deeth o	occurred at the stigation, in n	e time, date end piec ny opinion, death occ	e, and due to the urred at the time	cause(s) and n , date and placa	nenner es s , and due te	taled. the cause(s)			
within 2 To the comple	Me	29b. Signeture end title of certifier	0/			√ 29c. Lic	ense number		29d. Dete sign	ed (Month,	Day, Year)			
		Jan 6	Mu	de	1	D	07099		OCT	5	96			
(30. Name and address of person who co	ompleted cause of de	eath (item 23e)	(Type, P	rint)	RAS	770.		1/2	20117			
4		31. Date filed (Month, Day, Year)	30 Pagistra	r's Signature	NU	1000	10 DE	HESL	11 /	10	-0017			
Sta Registr		OCT 0 = 10	. / /	o Sainda	73-	de 22								



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

VIRGINIA

10:50

VEAR

996

Sc. COUNTY OF DEATH

8

720	physician.	burial-transit
10-0171	r attending ,	use as the
ANDA	he hospital o	detached for
MARTL	retained by t	5 should be
DALLIMURE, MARTLAND ZIZIS-UUZU	annours after death. Page 6 may be retained by the hospital or attending physician,	filled in by the funeral director, page 5 should be detached for use as the burial-transit
DAL	after death. Pa	y the funeral (
	SJDON	filled in b

at once

9 199

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an yours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should to	led
retai	5 sh	TOT
lay b	page	t be
₽ 6 TT	ector,	SAE
Pag.	ral dir	Iner
death	fune	жаш
after	by the	cal
NOUIS	u p	De E
	ly fille	the the
with	plete	rem,
cuted	DO 0	lic e
6 600	an an	RE I
ate b	hysici	i ta
ertific	d bu	at of
the	attend	, or
the d	the	In Mer
that	ed by	amy ame
quires	ngis I	OWS
W rec	beer s	3 84
The k	te has	E De
IAN:	rtifica	0 1
HYSIC	his ce	ced,
NG P	fter th	E ST
TENDI	DR: A	100 m
JR AT	IRECT	De flied within 72 hours ariet deam with the Late Lept. Of realth and Memia hygiene prior to buria, cremator, or removal. IMPORTANT: If litem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified a
TALO	AL D	7 1
IOSPI	UNER	ANT
THE H	里	ORT
2	6	2 2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH CLAUDINE KAHN E. OCT A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 V YRS 578-26-9462 OCT. 26,1901 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH ALLEGIS NURSING HOME KENSINGTON RESIDENCE OF DECEDENT 10a. STATE 10c. CITY TOWN OR LOCATION MONTGOMERY KENSINGTON 10e. STREET AND NUMBER 10f ZIP CODE 20895 3000 McCOMAS AVE. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TES 2 NO Specify. 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 6 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) GEORGE PAGE 19a. INFORMANT'S NAME (Type/Print) LOUISE M. 4501 AMMENDALE RD., DAY/DAUGHTER 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20s. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State

4 Donation 6 Other (Specify) CHAMBERS CREMATORY 10/9 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M00091 ahock, or haart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | 26. PLACE OF DEATH (Check only one)

DIRECTOR MONTGOMERY 10d. INSIDE CITY 1 X YES 2 | NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. BY Specify: WHITE COMPLETED 16b. KIND OF BUSINESS/INDUSTRY AT HOME 18. MOTHER'S NAME (First, Middle, Maiden Surname) MARGARETT BE BEAMER 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 BELTSVILLE, MD. 20705 20c. LOCATION - City or Town, State RIVERDALE. MD. W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete interval Between **Opget and Death** PHYSICIAN: MEDICAL CERTIFICATION 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 25 NO OF DEATHS 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER 1 TYES 2 NO rsing Home 5 Residence 8 C Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural M ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated 2 MEDICAL EXAMINER nation and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LIGENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month

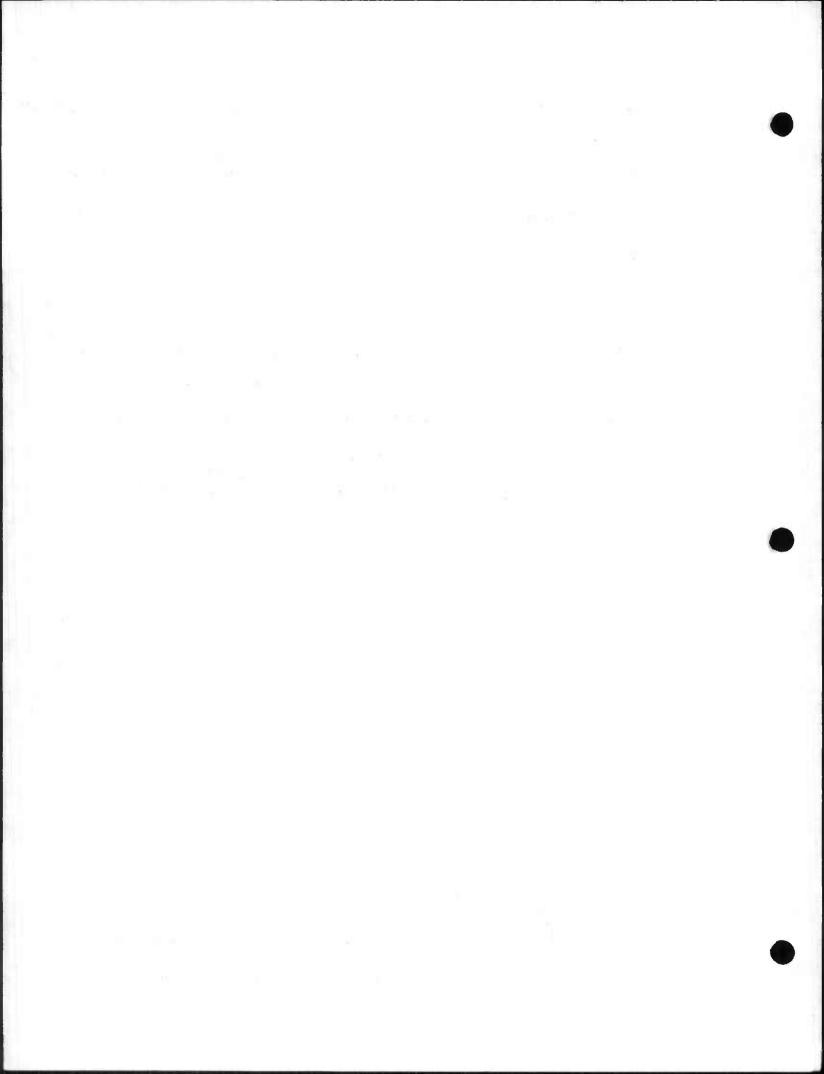
DHMH-16 Rev 1/89

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene (1)

					- maryia		tificate of		1	g. No.	0 0	11/04	
	hysici	an	Decedent's Name (First, Middla,	Last)					2. Dete of Death Month	Dey	Yeer	3. Time of Death	
	/Media		Martha Jane Le	Compte						5, 199		2:45 P.M	
V	xamir		4a. Facility Name (If not institution,	giva street and nun	nber)			4b. City, Town, or	Location of Death	4c. County	of Death		
1			1411 Tyler Ave:	nue		Annapoli	S	Anne	Arun	ide1			
Fi	ıneral				7. Age (In yrs	. last birthday)	If Under 1 Yaer	If Undar 24 Hrs	8 Date of Birth			lece (State or Foreign try)	
	ector		213-14-7596	1□ M XX F		75 Yrs.	Months Deys	Hours Min	Month, Day, Aug. 6,	1922		land	
77			Usuel Rasidanca of Decedent						riag. o,	1722	riary	Land	
ylen	M 1		10a. State 10b. County		10c. C	ity, Town or Lo	cation				10	Od. Inside City Limits	
Ma	T M	to	Maryland Anne	Arundel	An	napolis						1 X Yes 2 ☐ No	
et e	2 2	Je C	10e. Street and Numbar			мароддо	10f. Zip Code		10	g. Citizen of V	What Count	trv?	
#A	8 2	0	1411 Tyler Avenue 11. Meritel Stetus 12. Was Dacedent Ever in U,S. Armed Forces? 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-lif Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Raca - An Black, Wi										
5-0020 72 hours after death with the Marylend	E 5	Funeral Director									a - Amarica	an Indian	
- pret	量量	Į.	1 X Navar Married 2 Marrie	Armed For	rces?	10.1	f Yas, specify Cut	oan, Maxican, Puer	to Rican, etc.)		k, White, a		
21215-0020 d within 72 hours aff giene.	9	by F	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giv	a	1	I□Yes 2\ No	Specify:		Specify	Blac	k	
9 3	E E	<u>B</u>	15. Decedent's			160 Deced	lent's Usuel Occu	netion	1	Oh Vind of D	colonno flori	h into	
15	200	Completed	(Specify only highast			(Giva	kind of work done OO NOT use retire	during most of wo	rking	8b. Kind of Bu	Janaszino	lustry	
with an	than	E C	Elementery/Secondary (0-12)	College (1	-4or 5+)				1	D1		0	
D Page	5 E	ပိ	17. Father's Neme (First, Middla, L	a et l		Child	_care/_i		andparent			Center	
Maryland 2121 d 2 should be filed within th and Mental Hygiene.	0 2	Be								aloen Suman	iei)		
Z Mood	a tic	To	Nathan LeCompto						ane Keene				
2 sho	item 27 is marked other than "natural", or hems 23e or 28e-f show other traumatic event, the Medical Examiner must be notified at		19a. Informant's Neme/Reletionsh						ural Routa Number,			Code)	
and and eath	10 m 2/		Darrell Lamont	Hooper				Avenue, A	nnapolis,		-		
Baltimore,	5 6		20e. Method of Disposition 1 ↑ Burlal 2 □ Cramation	2 Cl Bamoval from 9		Pleca of Dispo camatary, cren	sition (Nama of natory or other pie	ace)	Dete 2	Oc. Location -	City or To	wn, Stata	
Pag nent	יילים		4 Donation 5 Other (Spi			adison	Cemetery	7	10/12/96	Madis	on, M	d.	
Baltimore, M. permit. Pages 1 and 2 Department of Health a	Similar Si		4 Donation 5 Other (Specify) Madison Cemetery 10/12/96 Madison, Md. 21. Signeture of Funaral Sorvice Licenses 22. Nama and Address of Fecility										
m & & &	any ir		Bennie Smith Funeral Home P.O. Box 1687, Easton, Maryland 21601										
-			23a Part 1. Fotos et a distrata or o	omnlications that ca	sused the dea	th. Do not ente	P.U. BOX	Ing such as cardia	aston, Ma	ryland	216	O1 Approximete	
/Me	ician dicai		23a. Part 1. Enter the disease, or of the control o					Carci			1	Interval Between Onset and Death	
Exar	niner		resulting in deeth)	Θ	Due to (or as a conseq	uence of):				-		
	-	ner		1/1	2111	1	20120101					2-34	
ong.	rans	Examiner	Sequentially list conditions.	b	Due to (or es e conseq	uence of):					, 1	
o 🖁	an an											4 4	
. Box 68760, death certificate be executed	arranding priysician and for use as the buriel-transit	edical	Cause (Disease or Injury that initiated events resulting In deeth) Last Dua to (or as a consequence of):										
1 g	o se		resulting in deetin) cast								i		
Box	esn.	١		d							1		
. 0	d for	100	Part II. Other significant condition	iven in Pert I	23h Did tol	23b. Did tobacco use contribute to the causs of death							
	detached	Physician/M		Wall III Cit I.	100	1 Yas 2 No 3 Probably 4 Unkn							
That	De del	by P							.0.10	2000	0_1100	ably 4 onknown	
0 =	D D								24a, Was an	sutopsy		ra autopsy findings	
00 5	should	Completed							perform	ed?	COF	nilable prior to nplation of cause	
E e	96 2	E								_/		leath?	
<u>а</u>	r, pa								1 🗆 Ye	2 No	1 [Yes 20 No	
of Vita	director, page	Be	25. Was case referred to medical examiner?	Hospitel:			0		ath (Check only one)			
P S		2	1 Yes 2 No	1 U Ir	·	ER/Outpatien	1 3LI DOM		lome 5 ☐ Resider)	
C 6	uner.	on	27. Menner of Death 1 ☑ Neturel 5 ☑ Pending	28e. Dete o (Month	f Injury h, Day Year)	28b. Time of Injury	28c. Inju		28d. Describe how	w Injury occur	red		
VISION Attending r death.	the	cati	2 Accident investiga				M 1	Yes 2 No					
Division f or Attending after death.	by	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	209, PIGCO	of Injury - At h	nome, ferm, stre	eat, fectory, office	28f. Location (Street and Number or Rural Route Number, City or Town, State)					
ا الله الله الله الله الله الله الله ال	le d	Ce											
To the Hospital or A within 24 hours after	completely filled in by the funeral	edical	29e. Certifier Certifying	Physician: To the t	pest of my kno	owiedge, deeth	occurred et the ti	ime, dete end plec	a, end due to the car urred et the time, de	use(s) and ma	nnar as st	eted.	
he H	plet	8	one)	end menn	ar steted.	SHOTT GROOT INV	estigetion, in my	opinion, deeth occi	arred et the time, de	te end place, i	and due to	the cause(s)	
Tot	EOS	₹	296. Signature and title of certifier	A. \			29c. Licen		29	d. Date signed	d (Month, L	Day, Year)	
			elper	(m)			03	1897		10/8	196		
		-	30. Name engladdrass of person w	ho completed cause	of deeth (Ite	m 23a) (Type I					^		
				-DON M	0 2	003 1	reduce	1 Phws	y Sunte	100	Hona	polis Md.	
-	Sta	te	31. Dete fiiad (Month, Day, Year)		glstrer's Sign				-			1	
В	eaistr		OCT 1	0.1006	Lilia N								

State of Maryland / Department of Health and Mental Hygiene 96

				C	ertificate d	of Death			Reg. No.					
1 1 1		1. Decedent's Name (First, Middle, L	ast)					2. Date of Dea	ath	u s	3. Time of Dee			
Physic		George Lele	Month Octobe	th Dey Year cober 7, 1996 6:										
/Medi Exami		4a. Facility Name (If not institution, g	ive street end number)			4b. City, To	own, or Lo	cation of Death						
		706 Winhall	Way			Sil	ver S	Spring	Mon	tgome	ry			
Funeral Director				ge (In yrs. lest birthde 76 Yrs.	Montha Da		24 Hrs. Min.	8. Dete of Birt (Month, Da) Apr 12	h v. Year)	9. Birthp	place (Stete or For htry) nsylvani			
2		Usual Realdence of Decedent												
death with the Maryland rms 23a or 28a-f show crount be notified at	tor	10a. State 10b. County Maryland Montgo	mery	10c. City, Town or Silve	r Spring					1	0d. Inaide City Lin Vol Yes 2□			
4 7 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	je je	10e. Street and Number 10f. Zip Code							10g. Citizen of	What Coun	itry?			
th wil	a D	706 Winhall Way			2090	4			USA					
ğ = ğ	by Funeral Director	11. Marital Status 1 Never Married 2 A Married 3 Widowed 4 Divorced	Ever in U,S. 1.	3. Was Decedent If Yes, specify (ecify Yea or No- Rican, etc.)	14. Red Ble	ck, White,	American Indian, White, etc. White				
72 hours "natural",	D D		Year or Dates:	462 Da	and antic literal Or				40h Mind -4 B		d			
- 1 30	Completed	15. Decedent's 1 (Specify only highest g Elementary/Secondary (0-12)	rade completed) College (1-4or	5+)	cedent's Uaual Ocive kind of work do		ing	16b. Kind of B		1.11				
A pod v	ပိ	12	at	Bu	reau of	-		(FT + A 47 1 47			Service			
D d out	Be	17. Father'a Name (First, Middle, Las	1)			18. Moth			Meiden Sumer	ne)				
Men Men dic	2	Peter Leleck						nia Hola						
y Maryland 212. and 2 should be filed within eith and Mental Hygiene. 127 is marked other than er traumatic event, the M		19a. Informant's Name/Relationship (Type, Print) Paul Leleck/Son 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, S 16016 Fawnlilly Ct, Rockville, MD 2085									Code)			
Daltimore, Mi permit. Pages 1 and 2 Department of Heelth a important: If flem 27 is any injury or other trai		20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Plece of Disposition (Name of cametery, cremetory or other plece) Norbeck Memorial Park Oct 9								20c. Location - City or Town, State Olney, MD				
Sarth Sarth		21. Signature of Funeral Servica Licensee 22. Name and Address of Facility Hines-Rinaldi Funera												
Depariment important		Ilan Jonnell 11800 New Hampshire Ave, Silver Spring, MD 20												
		23a. Part1. Enter the disease, of cor	plications that caused	the deeth. Do not	enter the mode of	dying, such as	cardiac	or respiratory ar	rest,		Approximate Interval Between			
Physician		23a. Part1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.												
/Medical		Immediate Cause (Final disease or condition Congestive Heart Failure												
Examiner		disease or condition resulting in death)	a			Lui				-				
	ē			Due to (or as a cons	sequence or):					i				
cuted	Examiner	b. Sequentially list conditions. Due to (or as a consequence of):												
e axe	ŭ	Sequentially list conditiona, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury												
death certificate be associated eathending physician and dor use es the bunk-transit drives as the bunk-transit.	edical	thet initiated events reaulting in death) Last			1									
2 6 8	2	•	d											
that the death or ed by the attend detached for us	Physician/	Part II. Other significant conditions	contributing to death b	ut not resulting in the	underlying cause	given in Pert	I.	23b. Did 1	obacco use co	ntribute to	the cause of de			
. ± > 0	, ty				2.50						bably 4 Unkr			
oned se de	by F													
ne law requires that the has been signed by thige 2 should be detached.	ed							24a. Was	en autopay med?	24b. We	ere autopay findin ailable prior to			
law re las be	Completed							ponto		001	mpletion of cause death?			
	E							101	res 2□No	10	Yea 2 No			
ysician: The L	0	25. Was case referred to medical				28. Place	e of Deat	n (Check only o	ne)					
Physician: this certific ral director,	To B	examiner? 1 Yes 2 No	Hospital: 1 [] Inpatie	mt 2 ☐ ER/Outpat	ient 3 DOA	Other:			lence 6 Ott	er (Specifi	v)			
or Attending Physician: Tale death. Director: After this certificat d in by the funeral director, pg		27. Manner of Death	28e. Date of Inju (Month, Da	district the second second		njury at Work?	- 1	700 100 100 100	ow Injury occur		'			
fun Sta	atlo	1 Naturel 5 Pending 2 Accident investigation		y Year) Injur		work≀ 1 🗆 Yea 2 🗍	No							
l or Attending after death. Director: After d in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not determine	200. Place of in	ury - At home, farm, c. (Specify)	street, fectory, off	ica		28f. Location (S	Street and Numi	per or Rura	I Route Number,			
a affer A din by	Cert	4 El Homoldo	Judiding, et	c. (Specify)	City of Ton	City or Town, Stete)								
To the Hospital or Attending Ph Within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier 1 Certify P P (Check only one)	miner: To the best miner: On the basis of and manner str	examination and/or	ath occurred at th investigation, in n	e time, date er ny opinion, dea	nd plece, ath occurr	and due to the ded at the time,	cause(s) and m dete and piece,	anner as st and due to	ated. the cause(s)			
vithin o th	Me	29b. Signature and time of gentilier	1	N	29c. Lic	ense number			29d. Dete aigne	d (Month,	Day, Year)			
/					D24	886			October	8,	1996			
15		30. Name and address of person who				Cilvar	Snri	ng. MD	20902					
Sta	ite	Mark Eig 31. Date filed (Month, Day, Year)	9801 Geo 32. Regista	rgia Ave, ars Signature	η J=4U,	DITAGL	SPLI	rig, rin	20702					
Regist		OCT 0 9	1996	ars Signature	Mandelle.									



						Certificate of	Death		Reg. No.			
	Dhuele		1. Decedant's Nama (First, Middla, La	st)				2. Data of De Month		Yaar	3. Tim	th
	Physic /Medi		(Mary	M	. Long		Oct	1 19		5:561	M
,	Examl		4a. Facility Nama (If not institution, give				4b. City, Town, or L	ocation of Daai	th 4c. County	of Death		
				rial Hosp			Easton		Tall	bot		
,	Funeral Director		5. Social Security Number 232-52-9260 Usual Rasidance of Decedent	Gax 7. Aga (1	In yrs. last bir 87	Months Dave		8. Data of Bi (Month, Di 0 1 / 0 1	rth ay, Year) / 09	Count	lace (Stata or F try) ginia	oreig
	Mon to		10a. Stata 10b. County	1	Oc. City, Town	n or Location				10	0d. Insida City	Limits
	Mar	to	MD Carol	ine		Р	reston				1 Yas 2	□XNo
	or 28	Director	10e. Street and Number		10g. Citizen of 1	What Coun	try?					
	23a c		23200 Grove		United	Sta	tes					
020	ind X 1X 13000X0 be filled within 72 hours after death with the Manyland let hyglene. Id other than "natural", or items 23s or 28s-f show event, the Medical Exemples must be must led at	by Funeral	11. Marital Status 1 Navar Married 2 Married 30 Widowed 4 Divorced	12. Was Decedant Eve Armed Forcas? 1 Yas 2 No If Yas, Giva Yaar or Datas:	ar in U,S.	13. Was Decedant of If Yas, specify Cut		ecify Yaa or No Rican, atc.)	5 Specify	ce - America ck, White, a y: W		
, C	72 hg	ted	15. Decedant's E (Specify only highast gra		16a.	Decedant's Usual Occu	pation	inc	16b. Kind of B	usinass/ind	Justry	
7	within ene.	Completed	Elementery/Secondary (0-12)	Collega (1-4or 5+)		(Giva kind of work done lifa. DO NOT use retin		wig	Own H	0		
N	Hygier ther th	Ö	3			Homemaker	T					
	tel Hyy d othe event,	Be	17. Fathar'a Nama (First, Middla, Last				18. Mothar's Nem			na)		
78		2		Max Sykes			Bell F	etche	r			
, mar	tre tre		Bill Joe Long		P	.0.Box 26			n , MD 21655			
Baltimore, Maryland 21215-0020 semit. Peges 1 and 2 should be filed within 72 hours at beatment of Heelth and Mentel Hydiene.	permit. Peges 1 er Department of Hee Important: If item 2 any injury or other 20059.		20a. Mathod of Disposition 1 X Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Ramoval from Stata	cematar	Disposition (Nama of y, crematory or other pla Mery		Data L O – 5		eralsburg, MD		ID
Dail	Departimont any in		21. Signature of Funaral Sarvice Licer	9 hour		Framptom	-Hawkii					
F			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused the	a daath. Do r	not antar the mode of dy	ing, such as cardiac	or raspiratory	rrest,	210.	Approximeta	
	Physician		SHOOK, OF HEART FAILURE. LIST OFFIN	ona causa on aach ima.							Intarval Between Onset and Dec	ath
Ł	/Medical		Immediata Causa (Final disaese or condition	i)Hr	CIAL					1	486	
	Examiner		rasulting in death)	a. URO	e to (or as a	consequence of):					10010	
	p #	ner	_		•							
	cate be executed physician and s the burial-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that haited exercise)	Du.	a to (or as a	consequence of):			-			
00/00	siciar buri		Causa (Diseasa or Injury that initiated evants	c		onsequence of):						
00 Y	feath certificate be executed attending physician and I for use as the burlat-transit	//Medical	resulting in death) Last									
Ď		Physician/	Doct II. Other classificant and distance	A.B. At an Alberta Barrier				1 001 011				
,	the c	hys	Part II. Other significant conditions of	ontributing to death but h	ot rasulting in	i tha undariying causa g	van in Part I.		tobacco use co			
	s thet med b	by P	DEMEN 17 A		10	Yes 2□ No	3 Prob	oably 41210n	KITOW			
DIVISION OF VITAL RECORDS,	w requires that the death been signed by the atte should be detached for	Completed b							an autopsy ormed?	ava	ara autopsy find allable prior to mpletion of caus death?	
ב	The law ate hes b page 2 s	E									/	
g	iclan: The certificate rector, pag		25. Was casa rafarred to medical				00 Plana (Dan)		Yas 2 No	1	Yas 20 No	,
>		To Be	examinar?	Hospital:	2□ER/Ou	tpatient 3 DOA	26. Place of Deat		one) Idance 6 □Oth	(Ci4	.1	
5			27. Mannar of Deeth	28a. Data of Injury (Month, Day Ye		ima of 28c. Inju			how Injury occur		7	
5	th. Afte	tio	1 □Natural 5 □ Panding 2 □ Accident invastigation		ear) In		ork?]Yas 2□No					
2	is or Attending Ph safter death. I Director: After th d in by the funeral	Certification:	3 ☐ Sulcida 6 ☐ Could not b	28a. Place of injury	- At homa, fa	rm, streat, fectory, office			Street and Numb	per or Rura	l Routa Numbe	r.
5	E Date	ent	4 Homicida	building, etc. (5	Specify)			City or To	wn, Stata)			
	To the Hospital or within 24 hours afte To the Funeral Dir. completely filled in	edicai C	29a. Certifiar (Check only ene) 2 Medical Exam	ysician: To the best of mainer: On the basis of ax	amination and	, daath occurred at the tid/or invastigation, in my	ime, data and place, opinion, daath occur	and dua to tha red at tha tima,	causa(s) and me data and place,	ennar as at	ated. tha cause(s)	
	Vithir To th	ž	29b. Signature and title of certifier	2500	. /	29c. Licen	se number		29d. Date signe	st (Moyath, I	Day, Year)	-
			1/20/	16 16	100	773	1466		10/	2/96	,	
•			30. Name and address of person who	combinated cause of down	(Itam 270)	Type Print	1700		17 150			-
			Ludwig Eglsed	27		31	tchman's	lano	Fact	O n	MD 216	0.1
	Sta	te	31. Data filed (Month Day Year)	Jak Podála			Comman :	Lane	, Lust	VII 9 1	10 210	01
	Registr		31. Data filed (Month, Day, Year)	Juna Danga	som Mana	nedes,						



State of Maryland / Department of Health and Mental Hygiene 96 31787

				Otato of Ina	ryiaria /		ficate of	Death		Reg. No.	0 0	110) 1
			1. Decedant's Nama (First, Middle, Las	st)					2. Dete of De	eth	WEEL.	3. Tima o	f Deeth
N.	Physici /Medic		ORA	L. L	IPSCON	ИB			Month	8 199	Year	5:35	SAM
	Examin		4e. Facility Neme (If not Institution, give	a street end number)				4b. City, Town, or I	ocation of Deeti	4c. County	of Deeth		
			Holy Cross Hos	pital				Silver		Monte	gomei	Y	
	Funeral		5. Social Security Number 6. S	ex 7. Age	(In yrs. last bi	M	Undar 1 Year lonths Days	If Undar 24 Hrs. Hours Min.	8. Dete of Bir (Month, Da Jan. 5	th y, Year)	9. Birthple Count Rales	ece (Stete	or Foraign
	Director		214-23-8144		97	Yrs.			Jan.5	,1899	Ralei	gh,	N.C.
	and w		Usual Residence of Decedent 10a. Stata 10b. County		10c. City, Tov	vn or Location	on				10	d. inside C	ity Limits
	f sho	0	D C										2 No
	28e	Director	D.C. 10e. Street end Number		Wasi	ningt	LOTI 10f. Zip Code		- 4-2	10g. Citizen of V	What Count	Λ	
	ter death with the Merylan ttems 23e or 28e-f show ner mant be notified at	ō	1219 T Street	N TAT			2000	9		USZ		,	
	ms 2	Funeral	11. Meritel Status	12. Wes Decedent Ev	var In U,S.	13. Was			pecify Yas or No		e - Amarica	n Indian,	
0	ritter	Fun	1 ☐ Navar Married 2 ☐ Merried	Armed Forces? 1 ☐ Yas 2% No				Hispenic Origin? (Span, Mexicen, Puert	o Rican, atc.)		k, White, a	tc.	
020	al', o	by	3√ Widowed 4 □ Divorced	If Yes, Give Year or Dates:		1 🗆	Yes 2 No	Specify:		Specify	Blac)K	
5-0	d within 72 hours after death with the Meryland jiene. Then "natural", or theme 23a or 28e-f show the Medical Examiner must be notified at	Completed	15. Decedent's Ed (Specify only highest gra	lucetion	168	. Decedent	's Usuel Occup	pation during most of world)	kina	16b. Kind of Bi	siness/Ind	ustry	
21	ithin	nple	Elementery/Secondary (0-12)	College (1-4or 5+	•)			d)	naiy				
2	TO 100 has 100	Cor	8th]	House	ewife			N/A			
and	020	Be	17. Fether's Neme (First, Middle, Last)					18. Mothar's Nan		Meiden Suman	10)		
Z.	should be nd Mental marked o	7	Henry Lucas					L	Lucas				
Maryland 21215-0020	01 65 69 20		19a. Informant'e Name/Reletionship (1) Flossie Rhodes					tend Number or Ru					
a ·	1 and 2 Haalth em 27 I		20e. Method of Disposition				on (Nama of ory or other ple		Date	20c. Location -			
D 0	agas int of t: if it		1 ☐ Burial 2 ☐ Cremetlon 3 🔀	1 Home		Ralei			7603				
Baltimore,	permit. Pa Departmer Important: any injury		4 ☐ Donation 5 ☐ Other (Specify 21. Signature of Funaral Service Licen					000					
Ba	permit. Pagas 1 and 2 Department of Haalth Important: If Item 27 I any injury or other tri		10000	1 11				I s Fun				1 1	
	_		234 Park Enter the disease, or comp	olications that caused t	he deeth. Do			h St. N					te
	Physiclan		shock, or heart failure. List only	one cause on each line).			ng, out of our area	or raspiratory a			Approximation of the Approxima	tween Death
Ų.	/Medical		Immediete Causa (Final disease or condition	Con	-1			ectun	_				
В	Examiner		resulting in deeth)		Due to (or es a			20,000					
	D 45	lner		b									
	ifficete be executed g physician and as the burial-transit	edical Examiner	Sequentially list conditions,	D	ue to (or es a	consequen	oce of):		-				
68760,	be es iclan buria	alE	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaese or Injury that initiated evants	C									
587	g phys	edic	resulting in deeth) Last	D	ue to (or as a	consequen	ce of):				į		
				d									
m	death cert e attandin ed for usa	cla	Part II. Other significant conditions co	antalbustions to almost bust	and an authin a	to the contra	Ada	and the Decay	non Did			46	
P.O.	tha c	Physician/N	Part II. Other eigninicant conditions &	onthouting to death out	not resulting	in the under	riying causa gr	ven in Per I.		tobacco uaa co Yes 2 □ No	3 Prob		Whiknown
4	s tha	by P	Anemia						,,,	100 2010	0	iory 402	POTIKITOWIT
ğ	w requires that the death cer been signed by the attendir should be detached for usa	Pa	Aulana h	10ter 1	1/0-	1	1		24e. Was	an autopsy		ra autopsy liable prior	
ဝ၁	iaw re las ber s 2 shc	Completed	Theregal	18th	year	7	hje	00	perio	mear	COFF	nplation of o	cause
æ	The in	mo;							10'	Yes 20 No	10	Yes 2	LNO
		Be	25. Was case referred to medical axeminer?					26. Pieca of Dea	th (Check only o	one)			
2		2	1 ☐ Yes 2 ☐ No	Hospitel: 1 Pinpatleni	2 ER/O	utpatient 3	3□ DOA Ott	her: 4 Nursing H	ome 5 Resid	dance 8 DOth	er (Specify,)	
u u	fter ti	on:	27. Menner of Deeth 1 ☑ Maturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey	Year) 28b.	Time of Injury	28c. Inju Wo	ry at rk?	28d. Describe	how Injury occur	red		
Sio	Attending or death. ector: After by the fune	cati	2 Accident investigation 3 Suicide 8 Could not be					Yas 2 No					
Division	or At	Certification:	4 Homicide detarmined	28e. Piece of injury building, etc.	y - At home, fo (Specify)	erm, straat,	factory, office		28f. Location (: City or To	Street end Numb vn, Stete)	er or Rural	Routa Num	nber,
_	ours ours		29e, Certifier 1/9 Certifying Phy	ysician: To the best of	my knowlede	a death acc	curred at the ti	me date and state	and due to the	coupe(e) and e-	nner en at	tod	
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	(Check only one) 2 Medical Exam	Inar: On the besis of e	xamination ar	d/or Investi	igetion, in my	opinion, deeth occur	red et tha tima,	data end plece,	and dua to	tha cause(B)
	Withir To th	Me	29b. Signature end titla of certifiar				29c. Licens	se number		29d. Dete signe	d (Month, E	ay, Year)	
	6		as -		-6		Do	4197		OctoLo	P	10	91
	(2)	-	30. Neme and address of person who co	complated ceuse of dee	oth (Item 23a)	(Type, Prin	it)	1 1 1		, ,,	0,		16
			12 Shumacher	-MD 230	3954	18/8	Field	Rd (When	Octobe	MD	209	07_
П	Star Registra		31. Dete filed (Month, Day Year)	32. Registra	s Signatura	,							

DHMH 16 Rav 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle,	Lest)		(Certifica	ite of	Death	2. Deta of De			3. Time of Death
Physici /Medio		Walter C. Litt	le						Octob	er 8,199	Year 6	10:00a.m
Examin		4a. Facility Nama (if not institution, give street and number)						4b. City, Town, or	Location of Deet	h 4c. County	of Deeth	
	ч	Villa Rosa Nurs	ing Home					Mitchell	ville	Princ	e Geo	orge's
Funeral Director		577-20-9669		Age (In yrs 94		Month	er 1 Yaar s Days	If Under 24 Hrs Hours Min.	8. Data of Bir (Month, De Feb. 1	rth ay, Year) ,1902	9. Birthp Coun Geory	iaca (Stata o <i>r Foreig</i> n try) 31a
MOW III		Usual Residence of Decedent 10a. Stete 10b. County		10c. C	ity, Town	or Location					1	0d. Inside City Limits
r 28a-f show	Director	Maryland Prince	George's	Во	wie							XXYes 2□No
23 6		10a. Street end Number 10f. Zip Code								10g. Citizan of V	hat Coun	try?
		12601 Kilbourne	Lane			2	0715			Unites	State	es
al', or items Examiner m	by Funeral	11. Marital Status 1 Never Merried 2 Marrie 3 Widowed 4 Divorced	12. Wes Decede Armed Forca d 1 7 Yas 2 If Yes, Give Yaar or Datas	as □No MM			es Decedent of Hispanic Origin? (Specify Yes or r l'es, apecify Cuben, Mexican, Puerto Rican, atc.) Yas 2(XNo Specify:			Specify	k, Whita,	
ene. then "natural", the Mevilcal Ext	Be Completed	15. Decedent's (Specify only highest Elementery/Secondary (0-12)	Education grade completed) Coilege (1-40	or 5+)	16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Busine							
	8	1Z			ма	chinis	τ	40. 14-15-1-11-1	(P2 AA: AA:	U.S.		C .
o d a	To Be								ne (First, Middle, Meiden Sumema) e Hines			
aith and Mental 27 is marked o or traumatic eve		19e. Informant's Neme/Reletionshi Elvira B. Littl			1	Meiling Addre		and Number or R	ural Routa Numb	per, City or Town,	State, Zip	Code)
nent of Health a ant: If item 27 is ury or other tra		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spe	Disposition (No. cremetory of ncoln	other ple		Dete 20c. Location - City or Town, Stata y 10/12/96 Brentwood, MD						
Department of Important: If its any injury or o once.		21. Signature of Funerel Service Licensee 22. Name and Address of Facility Robert E. Evan 16000 Annapolis Rd. Bowie, MD 2										al Home, P
nysician		23a. Pert1. Enter the disease, or c shock, or haert feilure. List o	nly one ceuse on each	iine.								Approximata interval Between Onset and Death
Medicai kaminer		Immediata Causa (Finel disease or condition resulting in deeth) a. Chronich Obstructivi pulmonary descar										2 days
	6					onsequence o	f):					2 days
na na	Examiner		b	inf (_						i	The state of the s
physician and the burial-tran		Sequentielly list conditions, if sny, leading to immediate causa. Entar Underlying Cause (Disease or injury that initiated events	c			onsequence o					1	
attending phys for use as the	n/Medical	resulting in deeth) Lest	d	Dua to (or es e consequance of):								
	Icla	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in I							23b. Did tobacco use contribute to the cause of de			the cause of death 2
signed by the d be detached	by Physician/M							TOTAL POLITICAL PROPERTY OF THE PROPERTY OF TH	Tobacco use contribute to the cause of deat Yes 2□ No 3☑ Probably 4□ Unkno			
peen	Completed b					<u> </u>			24e. Wes	s an autopsy ormed?	COL	ora autopsy findings allebie prior to appletion of cause death?
ate had a	E O								10	Yes 2 No	1[Yes 2 No
certificate has rector, page 2	Be	25. Was case referred to medical axaminer?						26. Place of De	eth (Check only	one)		
# 6	To	1 ☐ Yes 2 ☐ No	Hospitel: 1 ☐ inpa	tient 2	ER/Outp	oatient 3 I	DOA Oth	ier: 4 Nursing I	lome 5 ☐ Res	idence 6 Oth	er (Specify)
Affec		27. Menner of Death 1 ☑Netural 5 ☐ Pending 2 ☐ Accidant investige	tion	njury Dey Year)	28b. Tir inj	ma of ury M	28c. Injur Wor 1 🗆					
24 hours after dead Funeral Director: Mely illied in by the	Certification:	3 Suicide 6 Could no determin	ed 286. Place of I building,	etc. (Speci	(fy) 				City or To	Street and Numb wn, Stete)		
n 24 hou we Furner pletely fil	edical	29a. Certifier 1 Certifying (Check only one) 1 Medical Ex	Physician: To the best aminer: On the basis end mannar:	of axamin	owledge, etion end/	deeth occurre 'or investigetion	d at the tir on, in my o	ne, dete end plece plnion, deeth occu	e, end due to the irred at the time,	cause(s) and ma date and place, a	nner as st ind due to	ated. the cause(s)
To the comple	M	29b. Signeture and title of certifier				2	9c. Licens	e number		29d. Dete signed		
n/7=58.		Raiter Fo	- M.L)			D	43446	5	10-8	3-96	
		30. Name and address of person we Rointan Farahi-					ille	Rd. Bow	Le .MD 20	716		
									,			

The state of the s against the Section

Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

				State of Ma	ryland		epartment of Certificate o	Health and Months		giene Reg. No.	96	317	89
		Ш	1. Decedent's Neme (First, Middle, Last)						2. Dete of Dec	eth		3. Time o	f Death
	Physic			ALBERTA I	ROSA	MI	LLER		Oct. 5	, 1996	Yeer	1:00	A.M.
3	/Medi Examii		4a. Fecility Neme (If not institution, give	street end number)				4b. City, Town, or Lo			unty of Deeth	1	
			21485 Sinclair	Ave.				Tilghman		Tal	lbot		
	Funeral Director		5. Sociel Security Number 6. Sex 212-16-7826 Usuel Residence of Decedent	7. Age	(In yrs. le	est birtho	Months Dev	ar If Under 24 Hrs.	8. Dete of Birt (Month, De Nov. 8,	h v. Year)	9. Birth	piece (Stete intry) yland	or Foreign
	dand dand		10a. Stete 10b. County		10c. City	, Town o	or Location					10d. Inside C	ity Limits
	Man Find	tor	Maryland Talbot		r	ri lø	hman					1 ☐ Yes	2 No
	or 284	Director	10e. Street and Number				10f. Zip Code	в		10g. Citizen	of What Cou	intry?	
	th will		21485 Sinclair	Ave.			21671			U.S.A	A.		
)20	filed within 72 hours after deeth with the Maryland Hygiene. ther than "natural", or ferms 23a or 28a-f show ont, the Medical Examinat inset be notified at	by Funeral	11. Meritel Stetus 1 □ Never Merrled 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Ender Armed Forces? 1 ☐ Yes 2 Note of Yes, Give Yeer or Detes:		S.	13. Wes Decedent of If Yes, specify C	of Hispenic Origin? (Spuben, Mexican, Puerto No Specify:	ecify Yes or No- Rican, etc.)		Race - Amer Bleck, White ecity: Wh	, etc.	
ò	2 hou	8	15. Decedent's Educ	cation	T	16a. D	ecedent's Usuel Occ	cupetion		16b. Kind o	of Business/I	ndustry	
Maryland 21215-0020	s 1 and 2 should be filed within 7; f Heelth and Mental Hygiene. Item 27 is marked other than "n other traumatic event, tha Madi	Completed	(Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4or 5+	•)		Give kind of work do: He. DO NOT use ret trab Picke	ne during most of work ired) T	ing	Seat	food		
b	e file I Hyg other	Be C	17. Father's Neme (First, Middle, Last)					18. Mother's Name	e (First, Middle,	Meiden Sur	mem <i>e)</i>		
Jai	should be ind Mental I	ToE	Howard Nichols	Lednum				Emma L	ouvena	Scharo	ch		
lan	2 sho and 8 is ma		19e. Informent's Neme/Reletionship (Ty					eet end Number or Run			wn, Stete, Z	ip Code)	
	D 5 1 5		David R. Miller	Son	Ţ.			Tilghman,	Maryla	nd 21	1671		
ore	L P X		20e. Method of Disposition 1 XBuriel 2 Cremetion 3 R	emovei from State			isposition (Neme of crametory or other p		Dete 1006		ion - City or T		
Ë	Peges ment of t		4 ☐ Donetion 5 ☐ Other (Specify)		Til	ghma	n Methodi	st Cemeter	y, 1330	Ti lgł	man, I	Maryla	nd
Baltimore,	pemit. Pages 1 er Department of Hee Important: If Item 2 any Injury or other 2003.		21. Signeture of Funerel Service Licanse	00	1		22. Name end Add	dress of Fecility		XX			
_	70 F 9 9		Hounor E.	Leoner		İ	Harrisone 312 S. Ta	Leonard lbot St. S	t. Mich	Home aels,	Maryl	and 21	663
П		13	23a. Pert1. Enter the diseese, or compli- shock, or heart feilure. List only on	cetions thet caused to e ceuse on each line	he death.	. Do not	t enter the mode of o	dying, such as cardiec	or respiretory er	rest,		Approxime Interval Be	te tween
Ò	Physician			1	4	/	, 1	0			i	Onset and	Deeth
М	/Medical Examiner		Immediate Ceuse (Finei disease or condition rasulting in deeth)	Chrer	n'c	ds	structu	republic	hon	773en	se !	Year	5
		-	,	Chron	ue to (or	es e co	nsequence of):	re Juhn	1 . /)		Mart	1
100	insit	Examiner		Caraco	MY	OPA	They-1	nults fac	TUTLET			man	ins
~	ete be executed hysician end the burial-transit	Еха	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	D	ue to (or	es a co	nsequence of):				1		
8760,	e be rsicia	dicai	that initiated events		ue to for	80 0 000	nsequence of):						
9		(d) 1	resulting In deeth) Lest		00 10 (01	as e coi	isequerica or).						
Box	andin use	2	d										
	as that the deeth certific igned by the attending p be detached for use as	Physician/M	Part II. Other significant conditions con	tributing to death but	not resul	lting in th	ne underlying cause	given in Pert I.	23b, Did 1	obacco use	contribute	to the cause	of death?
P.0	by th	h y	Atrial Fibri	11					10	Yes 201	lo 3□Pro	bably 42	Unknown
Ś	gned be de	by	1411104 11201	1000		-							
Record	v requires that been signed b should be deta									an autopsy med?	Θ	Vere autopsy vellable prior	to
ec ec	2 S S	Completed			_							ompletion of of deeth?	cause
	F age	Con							101	es 2EN	10 1	☐Yes 2☐	J No
<u>I</u>	ysician: The I s certificate ha director, page	Be	25. Wes case referred to medical examiner?					26. Place of Death	h (Check only o	ne)			
Division of Vital	Attending Physician: r daath. sctor: After this certific by the funaral director,	ဥ	TEL TES AL NO	ospitei: 1 Inpatient		R/Outpo	BUBIL 3L DON	Other: 4 Nursing Ho				ify)	
- L	After funar	lo	27. Manner of Death 1 ☑ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey	Year)	28b. Tim Inju	iry V		28d. Describe h	iow injury oc	curred		
S	death. ctor: A	Icat	2 Accident Investigetion 3 Suicide 6 Could not be	28e Place of Injur	v - At hor	no form	M 1	Yes 2 No	28f. Location (5	Street and N	umber or Ru	rel Boute Num	nher
2	7 4 7 5	Certification:	4 ☐ Homicide determined	building, etc.			, 5.100t, 100tory, 0111t		City or Tow				,
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Certifier (Check only one) 1 Certifying Phys 2 Madical Examin	er: On the basis of e	xaminetic	riedge, d on end/o	leeth occurred et the or investigetion, in m	time, dete end piece, y opinion, deeth occurr	end due to the e	ceuse(s) and dete end ple	d menner as	steted. to the cause(:	s)
	ithin ithe	Med	29b. Signeture end title of certifier	end menner stete	ed.		29c 1 ins	ense number		29d. Data ei	gned (Month	Day Year)	
	F 3 F 8	111111	Muchai	(Leson	M	>	1	42008			0170		
			30. Neme and eddress of person who con	mpleted cause of dea	th (Item	23a) (Ty	rpe, Print)					*	

Easton, Maryland 21601

Michael E. Lees M.D. 606 Dutchmans Lane

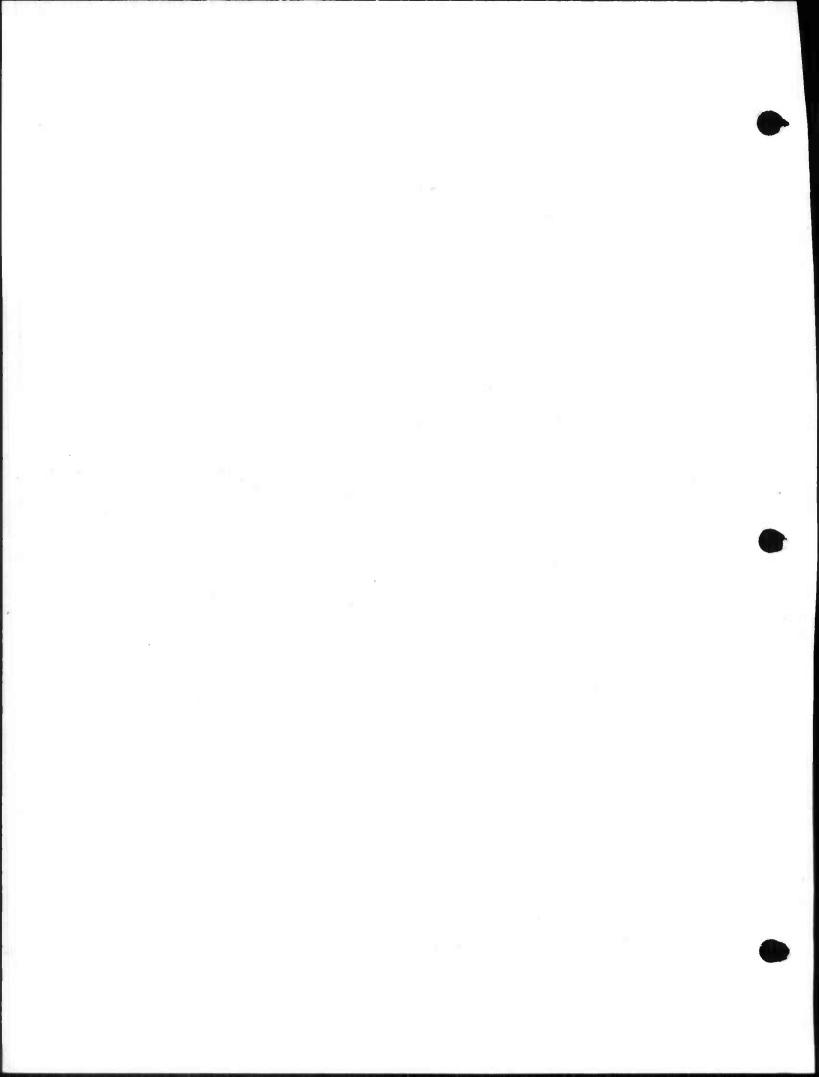
31. Dete filed (Month, Day, Year)

32. Registrer's Signeture
OCT - 8 1996 Michia Lavithon-Randelle

State Registrar

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGIENI REG. NO.	E						
-2 (000)	1. DECEDENT'S NAME (First, Middle, Last)	Marie	Mos	sbroo	k	2. DATE OF DEATH DA	5,196						
	4. SOCIAL SECURITY NUMBER 324-32-7805 99. FACILITY NAME (# not institution, give st	1 □ M 2 🛣 F	E (in yrs. last birthday) 56 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Aug. 21, 1	940 II						
TOR	SHADY GROVE ADV	ENTIST HO	SPITAL	ROCKV		EATH	MONT	OF DEATH GOMERY					
DIRECTOR	Maryland Montg			, town on Loca aithersl	ourg			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	10a. STREET AND NUMBER 213 Hutton Street			10	7. ZIP CODE 20877		10g. CITIZEN US.	OF WHAT COUNTRY?					
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yee, sp	CENDENT OF HISPAI secify Cuben, Mexica 2 gg NO Specifi	HC ORIGIN? (Specify Yee in, Puerto Rican, etc.)	or No- 14. I	RACE — American Indian, Black, White, stc. Specify: White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use	rork done during mo e retired.)	ON ost of working	16b. KIND OF BUS							
	12 17. FATHER'S NAME (First, Middin, Last) James Walsh	3	Meat	Buyer	ľ	Retail ME (First, Middle, Meiden S		r					
TO BE	190. INFORMANT'S NAME (Type/Print) Deborah Mosbrook	/ Daughter			and Number or Rural	Route Number, City or Town ithersburg							
	20e. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetion 3 Remo	er Spr	or Town, State										
	1 N Burlet 2 Cremetion 3 Removel from State Camelory, cremetery, cremetery, cremetery counter place) Cate of Heaven Cemetery 10/9 Silver Spring Cate of Heaven Cemetery 10/9 Silver Spring 11800 New Hampshire Avenue Silver Spring, Maryland 20904												
ATION		SEPSIS DUE TO (OR AS	each line.): ma	ode of dying, suc	h aa cardiac or reapir	atory arrest,	Approximata interval Between Onset and Death > 2 weeks					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	1	A CONSEQUENCE OF										
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions		but not reaulting in	n the underlyin	g cause given in	Part I. 24a. WAS AN / PERFORI 1 VES 2,	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch								
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year	Y 28b, TIME	OF 28c. IN.	URY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE	0					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, st becify)	treet, factory, offic	•	261. LOCATION (Street el City or Town, Stete)	nd Number or Re	ural Route Number,					
COMPLETED		CIAN: To the best of my kno						use(e) end manner as stated.					
TO BE	20b. SIGNATUREOUND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	a. 200	on of		DY3			SNED (Month, Day, Year) Ser OS, 1996					
	GEORGE A - SOLOS, N	10 9707	MEDICAL	CENTER	DRIVE, #	300 BOCKNI	LE, MO	20820					
	OCT 0 8 1996	Critica Davi	dson-Randall	2									



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

31791

			1 December 16 March 16 Middle 1 and			0071	moute o	Dout	la south	Reg. No.		
40	Physici /Medi			ances Hel		arlan	ıd		2. Date of I Month OCtob	er 5, 19	Year	3. Time of Death 12:01P.
)	Exami		4a. Facility Neme (If not Institution, give Laurel Regiona					4b. City, Town	n, or Location of De 21		of Deeth e GEor	ge's
	Funeral Director		0,2 00 0020	7. Age	e (In yrs. last 7]	birthday)_ Yrs.	If Under 1 Ye Months Day		Min. 8. Date of I	25,1925	9. Birthpla Gount VIIG	ce (State or Foreign Inia
	Maryland -f show fied at	tor	Usual Residence of Decedent 10a. State Maryland Prince G	eorge's	10c. City, To Belt	own or Loc SVil	ation le				100	1. Inside City Limits
	oth with the Maryla 23s or 28s-f show ust be notified at	Funeral Director	10e. Street and Number 4305 Yucca Street				10f. Zlp Code 2070			10g. Chizen of United	What Country State	
020	urs after dead af', or items 2 Examiner, mu	by	11. Maritel Stetus 1 Never Married 2 Married 3 XX/Vidowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 Yes 2 24 If Yas, Give Year or Dates:			as Decedent of Yes, specify Co		n? (Specify Yes or Puerto Rican, etc.)		ce - American ck, White, etc y: White	c.
21215-0020	n 72 ho netur	Completed	15. Decedent's Edu (Specify only highest grad	cation e <i>completed)</i>	18	(Give k	ent's Usuai Occ ind of work dor O NOT use ret	ne durina most a	f working	16b. Kind of B	usiness/Indu	stry
212	d wills plone. rr than	ошо	Elementary/Secondary (0-12)	College (1-4or 5		Homem		190)		Own I	Home	
Maryland	uld be file Mental Hy rhad other tilc event	To Be (17. Father's Neme (First, Middle, Last) Flavious Wyatt	Langford				18. Mother's Sara	Neme (First, Midd h Inez	fle, Maiden Sumer Tharpe	ne)	
-	and 2 sho alth and 1 27 is ma ar trauma		19a. informant'a Name/Relationship (Ty John Wyatt McFarla						or Rural Route Num e Beltsv:			
altimore,	Pages 1 and the man of He		20a. Method of Disposition 1XXBurlal 2 □ Cremetion 3 □ R 4 □ Donation 5 □ Other (Specify)	lemoval from State			tion (Name of atory or other p		Date 0/8/1996	20c. Location		n, State aryland
Balt	permit. Departm Importa any inju		21. Signature of Fugeral Service Lican	musch	H	²² D	Name and Add	ress of Fecility No. Borgv	vardt Fun Rd. Bel	eral Hom	e, P.A	2070
ox 68760,	Physician /Medical Examiner per per per per per per per per per per	ian/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	Je Fil	Due to (or as	a conseque	20.5	een, eage	Fory.	See te	leng	Onset and Death
P.O. Bo	requires that the death seen signed by the atter hould be detached for u	Physic	Part II. Other aignificant conditions con	tributing to death bu	ut not resulting	In the uno	derlying cause	given in Part I.		ld tobacco use co	ntribute to ti	he cause of death!
Records,	≥ S S	Completed by								as an autopsy rformed?	avalle	e autopsy findings able prior to pletion of cause eth?
Vital	The age	Be Co	25. Wes case referred to medical					26. Place o	1 Deeth (Check onl	Yes 2 No	101	Yes 2 No
Division of V	ng Phys fter this meral di	Certification: To E	27. Manner of Death 1 Maturel 5 Pending investigation 3 Suicide 6 Could not be	28a. Dete of Injur (Month, Day	ry 28t Y Year)	Outpetient Time of Injury	28c. In W	Other: 4 Nurs jury at ork? Yes 2 No	ing Home 5 Re 28d. Describ		red	Route Number.
Div	To the Hospital or Attendit within 24 hours after deeth. To the Funeral Director: A completely filled in by the fu		4 ☐ Homicide determined 29a. Certifier Certifying Physics	building, etc	c. (Specify)				City or 1	Town, State)		
	the Hos hin 24 hi the Fun pletaly	Medical	(Check only 2 Medical Examir	nar: On the basis of and manner sta	examination (and/or inve	stigation, In my	opinion, death	occurred at the tim	e, date and placa,	end due to th	ne cause(s)
	To To corr	2	29b. Signeture and filler of certifier	atten	B (No	29c. Lice	nse number	27	29d. Dete signe	od (Month, De	y, Year)
	D		30. Neme and address of person who co Antonio B. Valenti	mpleted cause of de.n., M.D.	eeth (Item 23e 7313 Ha	nove	rint) r Pkwy.	-A Gree	nbelt, Ma	aryland 2	20770	

State Registrar

31. Date filed (Month, Dey, Year)

OCT 0 9 1996

32. Registrer's Signeture

DHMH 16 Rev 6/95

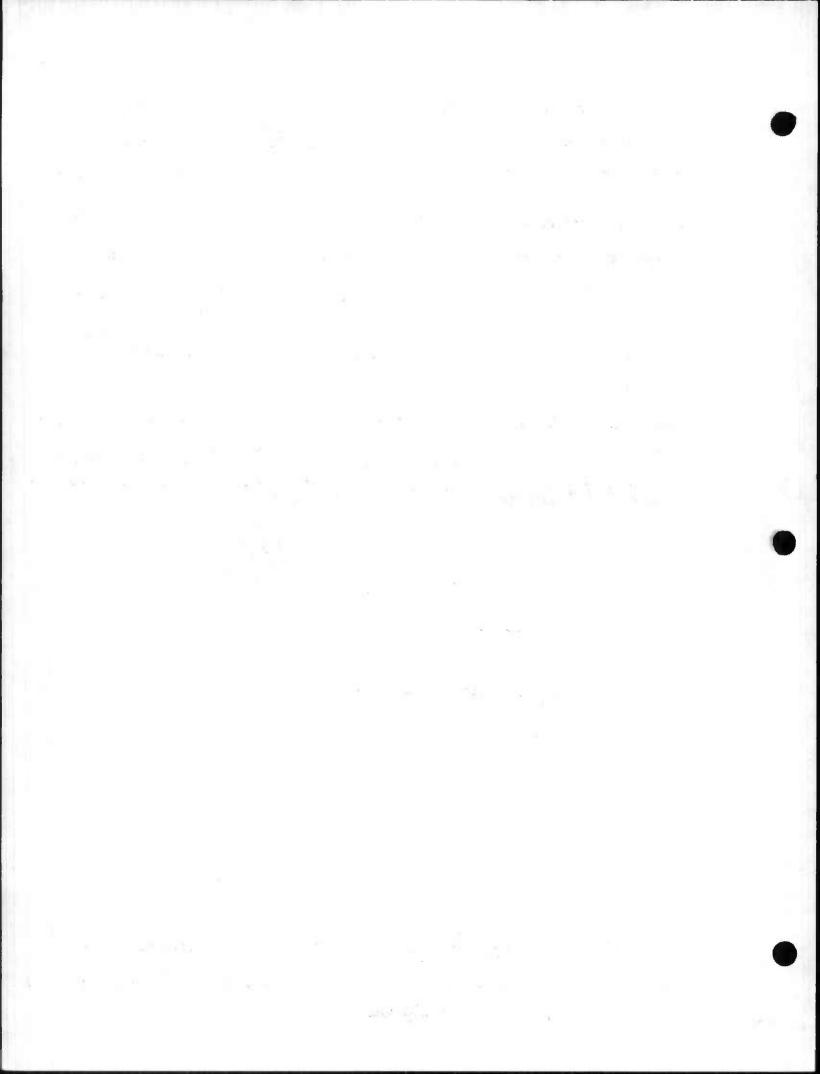
a r merer i egar

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 | 792

						Ce	rtificate of	Death	7		Reg. No.	, ,	J 1 1 J L
			Decedent's Neme (First, Middle,	Last)						2. Dete of De		V	3. Time of Death
	Physic		Othe	lia Loui	se McNo	ldy				Month Octobe	r 6, 1	996	5:07 AM
	/Medi Exami		4e. Fecility Name (If not institution,					4b. City, To	own, or Lo	ocation of Dee		unty of Deeth	
	LXaiiii	iici	6100 Princeton	Avenue				Glen	Echo			ontgom	
Н	Funeral			Sax	7. Age (In yrs. la	ast birthday	If Under 1 Yea		24 Hrs.				nplece (State or Foreign
	Director		170-05-5189 Usuel Residence of Decedent	1□ M 201 F	83	Yrs.	Months Dey	s Hours	Min.	8. Dete of Bi (Month, Di April	25, 191	Cou	nsylvania
	72 hours after death with the Maryland netural; or items 23s or 28s-f show feel Examor must be incided at		10a. State 10b. County		10c. City	, Town or L	ocation						10d. Inside City Limits
	Man	to	Maryland Montgo	merv		Glen 1	Echo						1 No Yes 2 No
	1 the	Director	10e. Street end Number	and L J		ozen .	10f. Zip Code				10g. Citizen	of Whet Cou	untry?
	3a o		6100 Princetor	Assense			2081	2				ted St	
	me 2	Funeral	11. Marital Status		edent Evar in U.S	S. 13.	Wes Decedent of		rigin? (Sp	ecify Yas or N		Raca - Ameri	
	r her	F	1 ☐ Never Married 2 ☑ Married	Armed Fo			If Yes, specify Cu	ban, Mexica	n, Puerto	Rican, etc.)		Bleck, Whita	, etc.
Ž	ours after death with the Maryla alf, or items 23s or 28s-f show Examiner must be norified at	by	3 Widowed 4 Divorced	If Yes, Giv Yaar or Da	re		1 ☐ Yes 2 💢 No	Specify	:		Spe	ecity:	White
5	d within 72 hours piene. r than "netural", the Medical Exa	Completed	15. Decadent's	Education		16e. Dece	dent's Usuel Occ	upetion			16b. Kind o	of Business/Ir	ndustry
21213-0020	C . B	ple	(Specify only highest (4	(Give	kind of work don DO NOT use retir	e durina mos	st of work	ing		d Stat	
7	filed within Hygiene. ther than *	E	Elementery/Secondary (0-12)	Coilege (1	-40r 5+)		Clerk				Posta	1 Serv	rice
3	ent,	Bec	17. Fether's Neme (First, Middle, La	st)		×		18. Moth	er's Nem	e (First, Middle	, Malden Sur	neme)	
Maryland	es 1 and 2 should be filed withing the Mailth and Mental Hygiene. If them 27 is marked other than other traumatic event, than Merchant.	ToB	Richard Schnab	el				Lo	ouise	Mille	r		
2	should nd Men merke umaric	-	19a. informent's Neme/Reletionship	(Type, Print)		19b. Meili	ing Address (Stree	et end Numb	er or Rur	al Route Numb	per. City or To	wn. State. Zi	ip Code)
	end 2 Balth a n 27 is		Earl H. McNoldy/	Husband			Princeto						
ນົ	Hear tem		20e. Method of Disposition		20b. Pie				-			on - City or T	
2	Pages net of l		1 X Buriai 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec		Stete	merery, cre	osition (Name of matory or other pi	Octob	er 8,	1996	Dooless	1110	Marviland
pailimore,	in the same of the		21 Signature of Funeral Service Lic	-	Par	Klawn	Memoria	I Pari	C .				Maryland
٥	permit. Pages Depertment of Important: If it any injury or o		Michael d.S	Shelin	M00	846 R	obert A. P 557 Wisconthesda	umphrey onsin Marvl	Y Fune Aven	ral Home ue 20814	e/Bethes -3501	da-Chev	y Chase, Inc
			23a. Part1. Enter the disease, or co shoot or heart failure. List on	mplications that co	aused the deeth.	Do not an	tar the mode of dy	ring, such es	cardiec	or respiretory	errest,		Approximeta Intervai Between
	Physician		The state of the s	, 60	oor iii o.							1	Onset and Death
	/Medical		Immediate Cause (Finel disease or condition	D1, 1 m0	nory Fo	ilura							1 Month
	Examiner		resulting in deeth)	e. Fullio	nary Fa	es e conse	auanaa of):					1	1 Month
_		ě		Metas	tatic C		quarice or).						20 Years
	outed ansir	Examiner	Sequentially list conditions	b. Tie cas		as e conse	quence of):					- !	20 lears
Ś	exec an an		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	Conoc									
00/00	icate be executed physician and s the buriel-transit	edicai	triet iriitieten eketitz	c. Cance	er of Th	es e consec						-	
5	entificate be executed ding physician and se es the buriel-transi	8	resulting in deeth) Last		550 15 (61	00 0 0011000	quotion oi).						
	0 2 3	In/M		d									
		Physician	Part ii. Othar significant conditions	contributing to de	eth hut not requi	ting in the u	inderlying cause o	iven in Dart		23h Did	tobacco use	contribute	to the cause of death
,	by the	hys		continuating to do	011 001 1101 10301	ang in ana a	moonying cause g	PYCALL HIS P CALL					obably 4 🛛 Unknow
1	signed by	by P								- "	105 201	0 3 1	Julius 4 M Outrook
necolus,	requires een sign hould be									24e. Was	an autopsy	24b. W	Vere autopsy findings
3	_ 0	Completed								perf	ormed?	CC	vallable prior to ompletion of cause
	hes to	d L									37		f deeth?
=	ilclan: The li certificate he rector, page			т						10	Yes 20 N	0 1	☐ Yes 2☐ No
AIG	Physician: this certific ral director,	Be	25. Wes case referred to medical exeminer?	Hospitel:			10	10000	e of Deeti	h (Check only	one)		
5	this of	7	1 Yes 2 No	101			IL SLI DOA			me 5 N Res			ity)
	D 1 0 0	Certification:	27. Mennar of Deeth 1 Netural 5 □ Pending		h, Day Year)	28b. Time o injury	W			28d. Describe	now injury oc	curred	
5	Attending r death. Pctor: After by the fune	cat	2 Accident investigati 3 Sulcide 6 Could not	he				Yes 2					
DIVISION	frer of Areconduction by	Ē	4 Homicide determine	Zoe. Pieca	of injury - At honing, etc. <i>(Specify)</i>	ne, ferm, sti	reet, fectory, office				Street and Nu wn, Stete)	ım <i>ber</i> or Run	ral Route Number,
,	ra a a la la la la la la la la la la la l	- 1	18										
	To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the fu	edlcai	29a. Certifier 1 Certifying F (Check only 2 Medical Exi	hysician: To the la miner: On the ba	best of my knowl sis of examinetic	ledge, deeti on end/or in	h occurred et the t vestigetion, in my	ime, date er opinion, des	nd piece, a	and due to the	dete and pla	menner es s	stated. to the cause(s)
	the Laboratory	Med	Une)	end mann	er steted.								
	10 V	-	29b. Signatura and titia of certifiar	, _/	/		29c. Licer	se number			29d. Deta si	aned (Month,	, Day, Year)
	/		Dans	a I	Mun	0	D17	7368			Octobe	er 7,	1996
	15		30. Name and eddress of person who	completed cause	of deeth (item 2	23e) (Type,	Print)						
	10		Stanley A. Schwa	ctz, M.D	., 5454	Wisco	nsin Ave	nue #	1345	, Chevy	Chase,	Marylan	d 20815-6902
	Sta	te	31. Date filed (Month, Day, Year)	32 Bd	aletrer's Signatu	re							
	Registr	ar	OCT 0 9 199	6 9	ha Davidson	n-Adand	482						

DHMH 16 Rev 6/95



1. Decedent's Nama (First, Middle, Last) 2. Dete of Death **Physician** WESLEY MCDOWELL SEPT. Ν. 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner 2711 CALGARY AVE. KENSINGTON 7. Age (In yrs. last birthday) 85 vm. 5. Social Security Number 10**X**M 2□ F 578-03-6166 Yrs. Usual Residence of Decedent the Maryland 10b. County 10c. City, Town or Location r than "netural", or itsma 23a or 28a-f show the Medical Examiner must be notified at MARYLAND MONTGOMERY KENSINGTON Directo 10e. Street and Number 10f. Zip Code 20895 2711 CALGARY AVE. Funeral Was Decedent Ever in U.S. Armed Forage 1 ☐ Yes 2 7 No If Yes, Give Year or Dates: 11, Marital Status 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 72 hours after 1 Never Married XX Married Baltimore, Maryland 21215-0020 1 Yes XXVo by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within 72.1 Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "neth any injury or other transmetts event, the Medica 000s. Elementary/Secondary (0-12) College (1-4or 5+) TAILOR 17. Father's Name (First, Middle, Last) N/A N/A ۵ 19a. Informant's Name/Relationship (Type, Print) IRENE MCDOWELL (WIFE) 20a. Method of Disposition
1 ☐ Burial 2 A exemption 3 ☐ Removal from State 20b. Place of Disposition (Neme of NORTHERN 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Facility DUDLEY FUNERAL HOME 23a. Part I. Enlar the disease, or complications the shock, or heart failure. List only one cause of Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of): Physician/Medical Examiner certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Pag Due to (or as a consequence of): physician a the burial Division of Vital Records, P.O. Box 68760 that initiated events resulting in death) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. å signed by I þ Completed ate has page 2 a cartificate 25. Was case referred to medical examiner? å 28. Place of Death (Check only one) Yes Yes 2 2[] No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 書 27. Manner of Death Certification: 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28c. injury at Work? or Attending 5 Pending 1 Natural 1 Yes 2 No 2 Accident Investigation Director 6 ☐ Could not be 3 Suicide 28e. Place of injury - At home, farm, street, fectory, office building, etc. (Specify) 4 C Homicide ğ A 24 hou. • Funeral De-filled in Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29a, Certifier Medical (Check only one) To the Within 2 To the P 29b. Signatule and title of certifier 29c. License number 29d. Date signed (Month, Dev. Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

9:00 AM 1996 25, 4c. County of Death MONTGOMERY If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | MAY 8, 15 Birth 9. Birthplece (State or Foreign Country) 8. 191150UTH CAROLINA 10d. Inside City Limits 1 X Xes 2 No 10g. Citizen of What Country? UNITED STATES 14. Race - American Indian, Specify: BLACK 16b. Kind of Business/industry PRIVATE 18. Mother's Name (First, Middle, Maiden Sumeme) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2711 CALGARY AVE., KENSINGTON, MD 20c. Location - City or Town, Stete VIRGINIA CREM. 10-02-96 ARLINGTON, hat caused the deeth. Do not enter the mode of dylng, such as cerdiac or respiratory arrest,

Approximate Approximate Interval Between Onset end Death 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 450 Unknown 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Registrar

31. Date filed (Month, Dey, Year)
OCT 0 9 1

32: Registrar's Signature

and read to the same of the sa

and the second s

And the state of t

1 F. W. M. Seerson M. Staller S.M. A. 18 (2018) 22 (1997)

grand grand

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

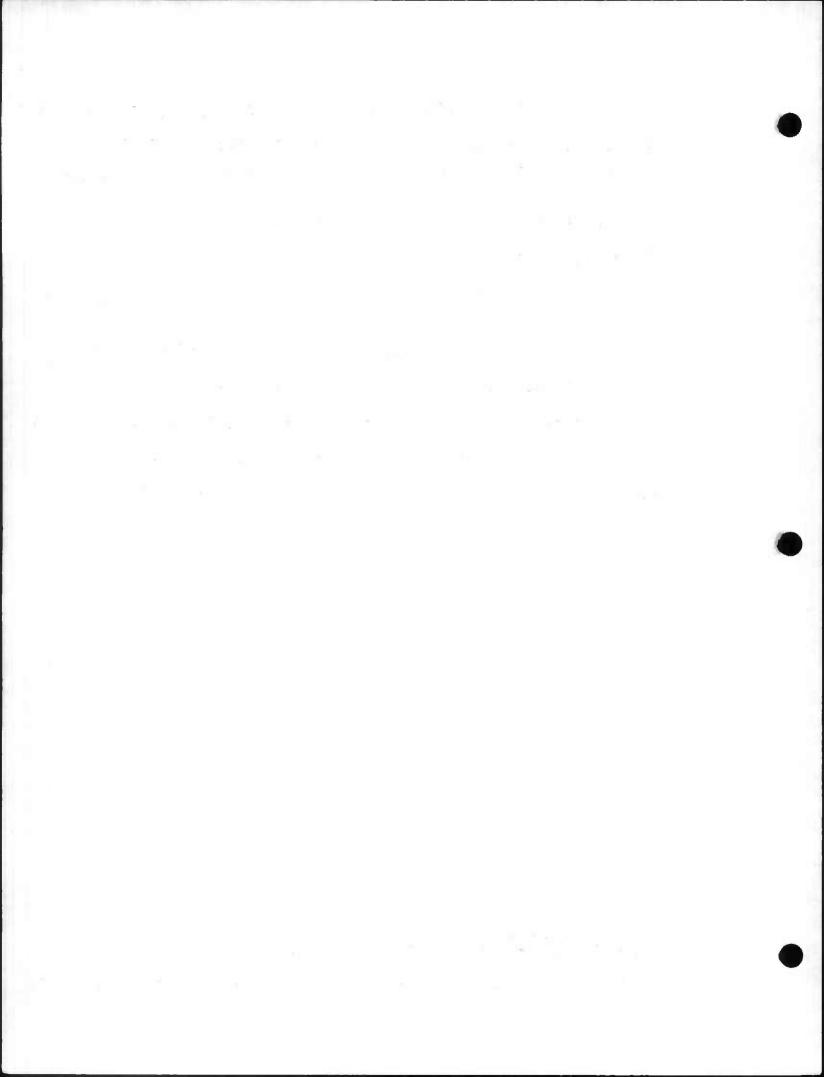
96 31791

			Ce	ertificate of	Death	R	leg. No.	
Dhusisian	1. Decedant's Name (First, Middle, La	st)				2. Data of Dea Month		3. Time of Deat
Physician /Medical	WILFRED JOHN	MEAD				Octobe		
Examiner	4e. Facility Nema (If not institution, giv	e street end numbar)			4b. City, Town, or L	ocation of Daath	4c. County of	Death
- 3	7010 Greenbelt F	Road			Greenbe.	lt	Prince	George's
Funeral Director	218-20-12/1	7. Age (In yi	s. lest birthday Yrs.	Months Deys		(Month, Dey	. Year)	Birthpiaca (Stata or Fore Country) Pennsylvania
Mo to	Usuel Residence of Decedent 10e. Stete 10b. County	10c.	City, Town or I	ocation				10d. Inaide City Lim
the notfled at	MD Anne Aru	indel 0	denton					1 ☐ Yes 2 💢
rms 23a or 2 rmst be n neral Dir	10e. Street and Number 2221 Indian Summ	er Drive		10f. Zip Code 21113			0g. Citizen of Who	et Country?
Examine by Fu	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes:	U,S. 13	. Wes Decedent of if Yes, specity Cul	Hispenic Origin? (Sp ben, Mexican, Puerto Specify:	pecify Yes or No- p Ricen, etc.)		American Indien, White, etc. White
natural', pulcal Exe leted by	15. Decedent's Ed (Specify only highast gra	lucetion de completed)	18e. Dec	edent's Usuei Occu	ipation during most of work ed)	king	16b. Kind of Busin	ness/industry
ygiene. Her than "natur It, Ir a Medical Completed	Elementary/Secondery (0-12)	College (1-4or 5+)					Jnited St	ates Govern
t Health and Mental Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical TO Be Completed	17. Fether's Neme (First, Middla, Last) John Freeburne				18. Mother's Nam		Maiden Sumeme)	
and M is meri	19a. Informant's Name/Relationship (Type, Print)	19b. Mai	ling Address (Stree	et and Number or Ru			ate Zin Code)
Health ar em 27 is other trau	Louis Carl Mead							ryland 21113
item othe	20e. Method of Disposition		Place of Disc	position (Nema of ametory or other pla			20c. Location - Cit	
nt: If its	1 ☑ Buriei 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specific			t Cemete		/96	Washingto	on, DC
Department of Hear Department of Hear Important: If Item 2 any injury or other 200.00.	21. Signature of Funeral Econol Licental Service Licental	plications that caused the de	Do not e	4739 Ba1	ess of Facility Gasch's So timore Ave ing, such es cerdlac	nne Urr	a + + a 4 1 1	P.A. e, MD 20781 Approximete Interval Between Onset and Deeth
y the attending physician and sched for use as the bunal-transit hysician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Last	alty	(or as a conse	eque (se o):	delons	genen	Linan	ita
d by the attendidetached for use	Part II. Other significant conditions or	ontributing to death but not re	esulting in tha	undarlying causa g	ivan in Part i.	23b. Did to	obacco use contri	bute to the cause of dea
det det						1 U Y	es 2 No 3	Probably 4 Unkn
should should						24e. Wes e	n eutopsy med?	24b. Were eutopsy finding available prior to completion of cause of death?
page 2						1 🗆 Y	es 26 No	1 ☐ Yes 2 ☐ No
certificate rector, pag	25. Was case referred to pedical				26. Piece of Bea			
	examiner?	Hospitel: 1 ☐ inpatient 2	☐ ER/Outpetic	ent 3 DOA	han .		ence 6 Other	(Specify)
th. After this funeral o	27. Mannis of Death 1 Natural 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time injury	of 28c. Inju			ow Injury occurred	Cpashy
s after death. If Director: After the in by the funers Certification:	3 Suicide 6 Could not be determined		home, ferm, s			28f. Location (St City or Town		or Rural Route Number,
within 24 hours at To the Funeral D completely filled it	29s. Certifier Certifying Phyones Medical Exam	rsician: To the best of my kr ilner: On the basis of axamin end menner ata	nowiedge, dea nation and/or i	th occurred et the t nvestigetion, in my	ime, dete end place, oplnion, death occur	end due to the cared at the time, d	ause(s) and mannate and piece, end	er as etated. If due to the cause(s)
To th comp	290. Signature and title of certifier	1 And	n	2 DO 29c. Licen	5401	6	9d. Dete aigned (
0)	30. Name and ancress of person who of the stand of the stand of the stand of the standard of t	completed ceuse of deeth (It	525	Greeny	vay Cente	, Drive	1316 Green	7, 282. bett Md. 20
State Registrar	OCT 1 0 199	5 July Stand	arRando	K		18		

DHMH 16 Rev 6/95

per company of the section of the all the said of th administration of the state of

								Sertifica	ate of	Death)		Reg. No.			
п	Physic	ian	Decedent's Name	a (First, Middle								2. Data of D Month	Death Day	Year	3. Tin	na of Death
	/Medi				DORIS	HALL	OWELL	MORA	IN			Octob		199	6 7:	415 A.
ji.	Examir	ner	4a. Facility Nama (II	f not institution	, giva street end n	umber)				4b. City, To	own, or Lo	ocation of Dea	ath 4c. Coun	ty of Dea	th	
			207 Blo			T				Fede				oli	ne	
	Funeral	717	5. Social Security N		8. Sex 1 ☐ M 2X ☐ F	7. Aga (/n	yrs. last birth	Month	ler 1 Yaa s Days		Min.	(Month, L	lirth Day, Year)	9. Biri	hplace (Strountry)	ete or Foreign
	Director		219-05-0				77. Y	S.				08/19	/19		rylai	
	pue *		Usual Residence of 10a, State	10b. County		100	: City, Town	or Location							10d Ineid	de City Limits
	fanyt aho	5	MD	Carol	ino				Fed	eral:	shur	n				Yes 2 No
	the A	Director	10e. Street and Nun		1118			106	Zip Coda	CT UT.	3 5 4 1	9	10= 000======	1101-0-		
	with with	ō	777 - 1747					101. 4		1620			10g. Citizen of			
	a 23	Funeral	207 Blo	ominigo	12. Was Dec		in II S	13 Wee De		1632	rialn? (Sn	ecify Yas or N	Unite		rican India	
	P F	n I	1 Never Marrie	ed 2/TMMarri	Armed F	orces?	110,0.	If Yas, a	ecify Cul	ban, Mexica	n, Puerto	Rican, etc.)		ack, Whit		119
20	e Sir	by	3 Widowed		If Yes, G Year or I	iiva		1 ☐ Yes	2 🛛 No	Specify	:		Spec	ify:	White	9
0	a within 72 hours efter deeth with the Maryland jiens. Then "natural", or frems 23s or 28s-f show the Medical Examine must be notified at			15. Decedent	's Education		16a. D	ecedent's Us	sual Occu	pation			16b. Kind of	Business	Industry	
215	within 7.	Completed	(Speci		t grade completed	(1-4or 5+)	9	Give kind of the DO NOT	vork done use retin	during mos ed)	st of work	ing				
21	d with	E	Clerrantary/ 3econ	110aty (0-12)	2	(1-401 5+)		Сору	Ho1	der			Print	ing	Comp	pany
pu	e filed offher offher vent, tr	Bec	17. Father's Name (First, Middla, L	Last)					18. Moth	er's Nam	e (First, Midd	le, Maiden Suma	me)		
/la	should be nd Mentel marked o	To	L	ewis E	. Hallo	owell				Ef.	fie	Willi	S			
lan	and and	ľ	19a. Informant's Na										ber, Clty or Tow			
≥,	Heelth Heelth John 27 i		Kendall	A. Mo	oran		207	B100	min	gdal	e Av	e., F	ederal	sbu	rg,MI	02163
ore	of He		20a. Method of Disp		3 □Ramovai from		Db. Piaca of D cemetery,	Pisposition (N cremetory o	lama of r othar pl	есе)		Date	20c. Location	- City or	Town, Stet	.е
Ē	Peg ment ant: h		4 Donation			E	aster	n Sho	re	Vet.	1	0 - 4	Hurlo	ck,	Mary	yland
Baltimore, Maryland 21215-0020	permit. Peges 1 are Department of Hee Important: If Item 2 any Injury or other once.		21. Signature of Fur	naral Service L	icensee			22. Name	and Addr	ass of Facil	ity	E a la a		1	11	
•	20529		Mul	ail 7.	Esken								w Fune			3
			23a. Part1. Enter th	ne diseasa, or	complications that	caused tha	death. Do no	t antar tha m	ode of dy	ing, such as	cardiac	or respiratory	arrest, MD		Approx	imata I Between
Š.	Physician		oncon, or made	it failule. Elst t	ony one cause on	each mie.										and Death
7	/Medical		Immediate Cause (I	Finai	VI Tanàna	m 2	1	611								
п	Examiner		resulting in death)		a. ven	Due	l Iar to (or as a co	T 1 D T	1	tis					1:	5 min
	P #	Examiner			ath	erosc	lerot	ic ca	ardí	ovas	cula	r dis	ease		1.5	yrs
	certificate be executed Iding physician and Ise es the burlal-trensit	Cam	Sequentially list con if any, leading to im	nditions.	0.		to (or as a co									
90	certificata be executioning physician and ise es the burtal-tren		causa. Entar Under Cause (Disease or i	rtying injury	gen	neral	ized	artei	osc	lero	gis				2	20 yrs
ox 68760,	ohysi the t	edicai	that initiated events resulting in death) L			Due t	to (or as a co	sequence o	f):							
9 ×	ding p	√Me			acut	e cho	lecys	titis	6						6	hrs
m		ian														
P. 0.	Attending Physician: The lew requires that the death or death. sctor: After this certificate has been signed by the etter by the funeral director, page 2 should be detached for the funeral director, page 2.	Physiciar	Part II. Other signifi	icant condition	ns contributing to d	death but not	resulting in t	ne underlying	cause g	ivan in Part	1.	23b. Di	d tobacco uss c	ontribute	to the cau	use of death?
o.	that ti	표	Diabete	s Mell	litus t	уре I	I					1[Yss 2□ No	3 🗆 P	robably	4 Unknow
ds,	sign d be	d by										240 14/6	is an autopsy	24h	Were auto	psy findings
Ö	requence of the should	Completed	Essinti	al hyp	pertens	ion,	contr	olled	ł				formed?		available pl completion	rior to
36	hes pe 2	d L													of death?	
a	cate		carcino		east							10	Yes 2 No		1 🗆 Yas	2□ No
<u>=</u>	iclar certif recto	Be	25. Was case referr examiner?		Hospitel:				0	thor		h (Check only				
Division of Vital Records,	this rai di	10	1 ☐ Yes 2 ☑ I		10		2 ER/Outp		DOA	4014	ursing Ho		sidence 6 🗆 O		cify)	
C	After fune	ion	1 Neturel	5 Pending		of injury oth, Day Yea	ir) Inje		28c. inje	ork? ⊡Yes 2 🗆	No	200. Describ	a now injury occi	med		
S	deeth ctor: y the	Ca	2 ☐ Accident 3 ☐ Suicide	investig 6 ☐ Could n	ot be	e of lainer	At homa, fam				110	28f Location	(Street and Nun	her or R	ural Route	Number
<u>≥</u>	2470	Certification:	4 🗌 Homicide	determi	ned build	ting, etc. (Sp	ecify)	, street, race	ory, ornice				own, State)	1001 01 11	arar riouta :	varnoor,
	To the Hospital or Attending Physician: The lew within 24 hours after deeth. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2		29a. Certifier	1□ Certifying	Physician: To the	e hest of my	knowiedae d	leath occurre	d at the t	time date ari	nd place	and due to th	e cause(s) and r	nannar a	stated	
	Fur etely	edicai		2 Medical E	xaminer: On the b	pasis of exam	ninetion end/	or Investigation	on, in my	opinion, de	eth occur	red et the time	e, date and plece	, and due	to the cau	ise(s)
	om thin	Me	29b. Signature and I	title of certifier				_ 2	9c. Licer	se number			29d. Date sign	ed (Mont	h, Day, Ye	ar)
	->-0		10	mT	isom	el.	MI	7	7	(102	1		101	3/9	6	
			30. Neme and addre				(Item 23a) (T	me Print\	J	1 10 2	- 3		, - ,	7 / 1		
					11, M.D				nad:	۵ م ۱	VP	Fed	eralsbu	ıra	МП	21632
	Sta	te	31. Date filed (Monti			• I Registrar's S		O O III I	iigut	416 A	101	, reut	- 1 4 I 3 D (9,	110	_1002
	Registr		0	CT - 8 '	96	Julia 1	Davidson	. الأ								
DHI	MH 16 Rsv 6/9	5		-		0	THE PROPERTY.	Handall .								



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 31796

					Cer		Doutil		Reg. No).		
Est 1 1		1. Decedant's Name (First, Middle, L	ast)					2. Date of D		٧		ime of Death
Physicia /Medic		Valentine Charl	es Milazzo					Octobe	r 6	, 1996	par 1	3:26
Examin		4a. Facility Nama (If not institution, g	iva street and number)				4b. City, Town, or	Location of Dea	1	. County of I		
		Malcom Grow Hosp	oital			1	AMA ?	PrING	5 P	rince	George	es
Funeral		5. Sociel Sacurity Number 6.		ga (In yrs. la		if Under 1 Year Months Days		8. Dete of B	irth	9.	Birthplace (S	Stata or Foreign
Director		134-09-9169	1⊠ M 2□ F	80	Yrs.	Wichins Days	Tiours with	Septem Septem	ber	9, 191	le Nev	York
		Usual Residence of Decedant		10.05								
a or 28a-f show the notified at		10a. Stete 10b. County		10c. City,	Town or Lo	cation						Ida City Limits
7.0	9	Maryland Prince	Georges'	Dist	cict H	eights					X.	Yas 2□No
04.2 M DG	Sire	10e. Street and Number				10f. Zip Code			10g. Ci	tizen of Wha	t Country?	
23a unt.b	ē	2013 Brewton Str	eet			20747			Uni	ted St	tates	
or items 23s miner must	Funeral Director	11. Meritei Stetus	12. Was Decedant Armed Forcas?	Evar in U,S	. 13. V	Vas Decedent of I	Hispenic Origin? (S an, Maxican, Puert	pecify Yas or N o Rican, etc.)	0-		American Indi Whita, atc.	en,
2 0	F	1 ☐ Naver Merried 2 ☑ Married	1⊠ Yas 2□ If Yas, Giva	No 1 Q / / _ 1		□Yas 21000					White	
52	d by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaer or Datas:	1744-1	340	- I do - PAN-o	openny.			эреспу.	WILLE	
"natural", adical Ex	Completed	15. Decedant's l (Specify only highast g			16a. Deced	ant's Usual Occu	pation during most of wo	kina	16b. k	and of Busin	ass/Industry	
F 2	du l	Elemantary/Secondary (0-12)	Collega (1-4or	5+)	`life. L	OO NOT use retire	during most of world)					
2 4	ပ္ပ		2		Carto	grapher				. Gov'	t	
wen	Be	17. Father's Neme (First, Middla, Las Paul Z. Milazzo	st)				18. Mothar's Nar Laura Ma		a, Maidar	Sumame)		
affic e	2	Taul Z. Milazzo					Laura					
tem 27 is marks other traumatic		19a. Informant's Neme/Ralationship					t and Number or Ru	iral Routa Numi	ber, City	or Town, Sta	ita, Zip Code)	
12 a		Mrs. Tena M. Mila	azzo		Sam	e as # 1	0.					
100		20a. Mathod of Disposition			ce of Dispos	sition (Nama of natory or othar pla	ice)	Data	20c. L	ocation - Cit	y or Town, St	ata
# 5 F		1 ☑ Buriai 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Spec		Gat	e of I	leaven C	emetery	10/10/9	6 Si	lver	Spring	, MD
mportant my Injury 2058		21. Signeture of Funaral Sarvice Lice	ensee	1	22	. Neme end Addre	ess of Facility Rol	ert E.	Eva	ns Fun	eral H	lome .P.
F F S		1 Nohat E.	Erman	Pres			polis Rd					
		23a. Part1. Entar the disaase, or cor	mplications that caused	tha daath.			•				Appro	ximata
sician	Н	shock, or haert fallura. List ont	y ona cause on aech li	na.		·	•				intary Onset	ximata al Between and Death
ledical		Immediata Causa (Finai	0		0.	4 0						
miner		disease or condition rasulting in daath)	o. Coro	nary	AV	rery U	Slace					
	ē		0	Dua to (or a	as e conseq	uence of):	4				i	
Insir	Examiner		b. Cerel	nove	rscul	ar les	ease				ì	
n en	EXa	Sequentially list conditions, if any, leading to immediate						40			1	
Sur		course Enter Hadachtine	Chr				e Pulon	ong of	caac	~	-	
60 0	<u>e</u>	Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated events	U			Jence of):					į	
physics the	edical	causa. Entar UndarlyIng Causa (Disaasa or injury that initiated events resulting in death) Last	V	Dua to (or a	is a consaqu							
oding physics as the l	Medical	that miniated events	d	Dua to (or a	is a consaqu							
attending physician end I for use as the burial-transit	clan/Medical	resulting in death) Last	d									
y the attending physiched for use as the l	nysician/Medical	that miniated events	d			ndarlying causa gi	van in Part I.		1			nuse of death?
by the	Physician	resulting in death) Last	d			idarlying causa gi	van in Part I.		1			
igned by the be detached	by Physician	resulting in death) Last	d			idarlying causa gi	van in Part I.	3×	(Y*** :	R□ No 3[☐ Probably	4 Unknow
igned by the be detached	by Physician	resulting in death) Last	d			idariying causa gi	van in Part I.	24a. Wa	(Y*** :	R□ No 3[Probably 4b. Were autorial available completic	4 Unknown
igned by the be detached	by Physician	resulting in death) Last	d			idarlying causa gi	van In Part I.	24a. Wa	Yee a	R□ No 3[Probably 24b. Were autavaliable	4 Unknown
ate has been signed by the page 2 should be detached	Physician	resulting in death) Last	d			idarlying causa gi	van In Part I.	24a. Wa	Yes :	R□ No 3[Probably 4b. Were autorial available completic	4 Unknown
ate has been signed by the page 2 should be detached	Completed by Physician	Pert II. Other significant conditions 25. Was casa raferred to medical	contributing to death b				26. Piaca of Dec	24a. Wa peri	yes an autoformed?	No 3[Probably 24b. Were autavaliable completic of death?	4 Unknow opsy findings prior to in of cause
is certificate has been signed by the director, page 2 should be detached	Be Completed by Physician	Pert II. Other eignificant conditions	d	ut not result		Ott	26. Piaca of Der	24a. Wa peri	yes an autoformed? Yes 2	Popsy 2	Probably 24b. Were aut available completic of death?	4 Unknown
his certificate has been signed by the al director, page 2 should be detached	To Be Completed by Physician	Pert il. Other eignificant conditions 25. Was casa raferred to medical axaminar? 1 Yas 21 No 27. Mannar of Death	contributing to death b	out not result	ing in tha ur	Ott	26. Piaca of Dei har: 4□ Nursing H	24a. Wa peri	yes an autoormed? Yes 2 one)	Popsy 2 No 3	Probably 24b. Were aut available completic of death?	4 Unknown
his certificate has been signed by the al director, page 2 should be detached	To Be Completed by Physician	Pert II. Other significant conditions 25. Was casa raferred to medical axaminar? 1 Yas 2 No 27. Mannar of Death	Hospital: 1 inpatite 28a. Data of Inju (Month, Da	out not result	ing in tha ur	3 DOA Ott	26. Piaca of Dei har: 4□ Nursing H	24a. Wa peri	yes an autoormed? Yes 2 one)	Popsy 2 No 3	Probably 24b. Were aut available completic of death?	4 Unknown
ector: After this cardificate has been signed by the by the funeral director, page 2 should be detached	To Be Completed by Physician	Pert II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Mannar of Death Platurai 5 Panding invastigations 3 Suicida 6 Coulanto Coulanton	Hospital: 1 inpatite 28a. Data of Inju (Month, Da on be d 28a. Pieca of Inj	ont 2 Eliny Year)	ing in tha ur R/Outpatien 8b. Tima of injury	3 DOA Ott	26. Piaca of Dei har: 4 ☐ Nursing H ry at rk?	24a. Waperline 24a. W	s an autoormed? Yes 2 one) bidance bow inju	Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 3 Popsy 2 Popsy 3 Popsy 3 Popsy 3 Popsy 3 Popsy 4 Pop	Probably 24b. Were autavaliable completic of death? 1 □ Yas	4 Unknown opsy findings prior to in of cause 2 No
Director: After this certificate has been signed by the in by the funeral director, page 2 should be detached	To Be Completed by Physician	Pert il. Other eignificant conditions 25. Was casa raferred to medical axaminar? 1 Yas 2 No 27. Mannar of Death	Hospital: 1 inpetie	ont 2 Eliny Year)	ing in tha ur R/Outpatien 8b. Tima of injury	28c. inju Wo	26. Piaca of Dei har: 4 ☐ Nursing H ry at rk?	24a. Wa perl	s an autoormed? Yes 2 one) bidance bow inju	Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 3 Popsy 2 Popsy 3 Popsy 3 Popsy 3 Popsy 3 Popsy 4 Pop	Probably 24b. Were autavaliable completic of death? 1 □ Yas	4 Unknow opsy findings prior to in of cause 2 No
rat Director: After this cartificate has been signed by the lied in by the funeral director, page 2 should be detached	Certification: To Be Completed by Physician	Pert II. Other eignificant conditions 25. Was case referred to medical axaminar? 1	Hospital: 1 inpetion 28a. Data of Injut (Month, Data of Injut) 28a. Pieca of Injut (Month, Data of Injut) 28a. Pieca of Injut) 28a. Pieca of Injut) 28a. Pieca of Injut)	ent 2 El	R/Outpatieni 8b. Tima of Injury	28c. inju Wo M 1 Lat, factory, office	26. Piaca of Der har: 4 □ Nursing H ry at rk? Yas 2 □ No	24a. Wa perful to the Check only toma 5 Ras 28d. Dascribe 28f. Location City or To	yes : s an autoormed? Yes 2 one) iidance how inju (Street aiwn, State	Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 3 Response 1 Response 2 Popsy 3 Response 2 Popsy 3 Response 2 Popsy 3 Response 4 Response 4 Res	Probably 4b. Were autavailable completic of death? 1 Yas (Specify) or Rural Route ar as stated.	4 Unknown opsy findings prior to in of cause 2 No
Funeral Director: After this certificate has been signed by the left filled in by the funeral director, page 2 should be detached	Certification: To Be Completed by Physician	Pert II. Other eignificant conditions 25. Was case referred to medical axaminar? 1	Hospital: 1 inpatite 28a. Data of Inju (Month, Da on be 28a. Pieca of Inju building, at	ent 2 Eliny y Year) ury - At hom c. (Specify) of my knowli	R/Outpatieni 8b. Tima of Injury	28c. inju Wo M 1 Lat, factory, office	26. Piaca of Der har: 4 □ Nursing H ry at rk? Yas 2 □ No	24a. Wa perful to the Check only toma 5 Ras 28d. Dascribe 28f. Location City or To	yes : s an autoormed? Yes 2 one) iidance how inju (Street aiwn, State	Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 2 Popsy 3 Response 1 Response 2 Popsy 3 Response 2 Popsy 3 Response 2 Popsy 3 Response 4 Response 4 Res	Probably 4b. Were autavailable completic of death? 1 Yas (Specify) or Rural Route ar as stated.	4 Unknown opsy findings prior to in of cause 2 No
Funeral Director: After this certificate has been signed by the neity filled in by the funeral director, page 2 should be detached	To Be Completed by Physician	25. Was casa raferred to medical axaminar? 1 Yas 2 No 27. Mannar of Death	Hospital: 1 inpatis 28a. Data of Inju (Month, Da 28a. Pieca of Inju be d 28a. Pieca of Inju indication on the best of the b	ent 2 Eliny y Year) ury - At hom c. (Specify) of my knowled examinetto ated.	R/Outpatien 8b. Tima of injury a, farm, stra edga, daath n and/or inv	28c. inju Wo nat, factory, office occurred at that a stigation, in my decided as the stigation of the stigat	26. Place of Dether: 4 Nursing Hry at rk? Yas 2 No me, dete end plece opinion, death occurse number	24a. Wa period to the control of the	Yes 2 one) idance how inju (Street at awn, State a cause(s, data an	ppsy 2 Done 1 B Other (any occurred and Number of e) and manned d place, and ata signed (A	Probably 24b. Were autavallable completic of death? 1 Yas (Specify) or Rural Route ar as stated. due to the completic of the state	4 Unknown opsy findings prior to in of cause 2 No
Funeral Director: After this certificate has been signed by the left filled in by the funeral director, page 2 should be detached	edical Certification: To Be Completed by Physician	25. Was casa raferred to medical axaminar? 1 Yas 2 No 27. Mannar of Death	Hospital: 1 inpatis 28a. Data of Inju (Month, Da 28a. Pieca of Inju be d 28a. Pieca of Inju indication on the best of the b	ent 2 Eliny y Year) ury - At hom c. (Specify) of my knowled examinetto ated.	R/Outpatien 8b. Tima of injury a, farm, stra edga, daath n and/or inv	28c. inju Wo nat, factory, office occurred at that a stigation, in my decided as the stigation of the stigat	26. Place of Dether: 4 Nursing Hry at rk? Yas 2 No me, dete end plece opinion, death occurse number	24a. Wa period to the control of the	Yes 2 one) idance how inju (Street at awn, State a cause(s, data an	ppsy 2 Done 1 B Other (any occurred and Number of e) and manned d place, and ata signed (A	Probably 24b. Were autavallable completic of death? 1 Yas (Specify) or Rural Route ar as stated. due to the completic of the state	4 Unknown opsy findings prior to in of cause 2 No
Funeral Director: After this certificate has been signed by the wely filled in by the funeral director, page 2 should be detached	Medical Certification: To Be Completed by Physician	Pert II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 27 No 27. Mannar of Death Platurai 5 Panding invastigation invastigation of datarminer. 29e. Cartifier (Check only Che	Hospital: 1 inpatis 28a. Data of Inju (Month, Da 28a. Pieca of Inju be d 28a. Pieca of Inju indication on the best of the b	ent 2 Eliny y Year) ury - At hom c. (Specify) of my knowled examinetto ated.	R/Outpatien 8b. Tima of injury a, farm, stra edga, daath n and/or inv	28c. inju Wo nat, factory, office occurred at that a stigation, in my decided as the stigation of the stigat	26. Place of Dether: 4 Nursing Hry at rk? Yas 2 No me, dete end plece opinion, death occurse number	24a. Wa period to the control of the	Yes 2 one) idance how inju (Street at awn, State a cause(s, data an	ppsy 2 Done 1 B Other (any occurred and Number of e) and manned d place, and ata signed (A	Probably 24b. Were autavallable completic of death? 1 Yas (Specify) or Rural Route ar as stated. due to the completic of the state	4 Unknown opsy findings prior to in of cause 2 No
Function of the control of the conflict of the been signed by the felt filled in by the funeral director, page 2 should be detached the funeral director, page 2 should be detached the funeral director.	Medical Certification: To Be Completed by Physician	25. Was casa raferred to medical axaminar? 1 Yas 2 No 27. Mannar of Death	Hospital: 1 inpatis 28a. Data of Inju (Month, Da 28a. Pieca of Inju be d 28a. Pieca of Inju indication on the best of the b	ent 2 Eliny y Year) ury - At hom c. (Specify) of my knowled examinetto ated.	R/Outpatien 8b. Tima of injury a, farm, stra edga, daath n and/or inv	28c. inju Wo nat, factory, office occurred at that a stigation, in my decided as the stigation of the stigat	26. Piaca of Derhar: 4□ Nursing Fry at rk? Yas 2□ No me, dete end plece opinion, daath occur	24a. Wa period to the control of the	Yes 2 one) idance how inju (Street at awn, State a cause(s, data an	ppsy 2 Done 1 B Other (any occurred and Number of e) and manned d place, and ata signed (A	Probably 24b. Were autavallable completic of death? 1 Yas (Specify) or Rural Route ar as stated. due to the completic of the state	4 Unknown opsy findings prior to in of cause 2 No

Section of the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 31797

						Cert	tificate c	of D	eath			Reg. No			01	1) 1
П			1. Decedent's Neme (First, Middle,	Last)							2. Dete of D	eeth			3. Time	of Death
	Physic		Infant Male Be	amus a.k.a	. Rodne	у Те	errell	Mat	thew	78	Month Septem	ber	-	Yeer 1996	2:0	0 am
	/Medi Exami		4e. Fecility Neme (If not institution,			-		,			ocation of Dee		-	of Deeth	2.0	O GIII
	L. Adilli	iici	Prince George'	s Hospital				Ch	never	-1 37					rge's	6
⊩	Funanci				e (In yrs. lest bii	rthdev)	If Under 1 Ye		If Under 2		8. Date of B				0	te o <i>r Foreig</i> n
	Funerai Director		N/A	1 X M 2□ F		Yrs.	Months Da		Hours 2	Min.	8. Dete of B. (Month, D. Sept.	ey, Year)	996	Cour	ntry)	
			Usuel Residence of Decedent								bept.	20, 1	.990	Hat.	yland	
	lend		10a. Stete 10b. County		10c. City, Tow	n or Loc	ation							1	0d. Inside	City Limits
	Mary 1 sh	ō	MD Prince	George's	Landov										1DV	es 2 No
	the 28s	Director	10e. Street end Number	George S	Landov	EI	10f. Zip Cod	le.				10a Cit	izen of V	Whet Cour	ata i2	
	with po o	ā	6704 West Forr	oct Dood #1	02									ALIBI COUL	itry r	
	within 72 hours effer death with the Marylend ene. than "natural", or Hema 23a or 28a-f show he Modical Evantine must be notified at	Funeral				40.14	20785	_		1 0 10		U.S.				
	er de	nu	11. Maritel Stetus	12. Wes Decedent Armed Forces?		13. W	as Decedent of Yes, specify C	of Hisp Juban,	Mexican,	Puerto	ecity Yes or N Rican, etc.)	0-		e - Americ k, White,	en Indien, etc.	
20	s eff	by F	1 Never Merried 2 Married	if Yes, Give	10	1	□Yes 2X	No .	Specify:				Specify	<i>r</i> :		
Maryland 21215-0020	nour Plant		3 Widowed 4 Divorced	Yeer or Detes:		1								B1	ack	
5	hin 72 ho s. In *natur	Completed	15. Decedent's (Specify only highest of	Educetion rede completed)	160.	. Decede (Give k	ent's Usuel Oc ind of work do O NOT use rei	cupetione dur	on ring most	of work	ing	16b. K	ind of Bu	siness/In	dustry	
12	filed within Hygiene.	du	Elementary/Secondery (0-12)	College (1-4or 5												
2		S	0		N/	A -	Infant							Infan	t	
nd	0 = 0 >	Be	17. Fether's Name (First, Middle, Le	st)				1	8. Mother	r's Name	e (First, Middle	e, Maiden	Sumam	10)		
Na Na	should be and Mental marked o	10	Rodney Jerome	Matthews				R	lose	Noe	lie Ron	nan				
a	ts:		19e. Informent's Neme/Reletionship	(Type, Pnint)	19b	. Mailing	Address (Str	eet en	d Number	r or Run	al Route Numi	ber, City o	or Town,	State, Zip	Code)	
Σ	i end 2 Health e em 27 le		Rose Beamus - 1	Mother	6	704	West F	orr	est	Roa	d #102,	Lan	dove	er, M	D 20	785
9	f He frem		20e. Method of Disposition		20b. Plece o	f Disposi	ition (Neme of				Dete	T	-		wn, Stete	
5	age onto		1 N Buriel 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spec				emoria.		ark	10/0	18/06	Lan	dorro	~ M	aryla	nd
Baltimore,	it. F		21. Signature of Funeral Service Lic		Harmon		Neme end Ad			_1_	70/90	Lall	dove	I, II	агута	.11d
Ba	permit. Pages 'Department of Himportant: If its any Injury or of once.					Fr	ancis	Gas	ch's	Son	ns Fune	eral	Home	, P.	A.	
_		Ш	W. D.	Jesse			39 Bal						vill	Le, M	D 20	781
			23a. Pert1. Enter the disease, or co shock, or heert failure. List on	mpficetions thet ceused y one ceuse on eech lir	the deeth. Do:	not enter	the mode of	dying,	such es c	cardiac	or respiretory	errest,			Approximintervel B	Between
8	Physician														Onset an	d Deeth
1	/Medicai		Immediete Ceuse (Final diseese or condition	, Severe P	rematur	itv	(26 Wa	oke	Cos	tat	(an)					
В	Examiner		resulting in death)		Due to (or as a			CKS	063	Lat.	LUII)					-
_	7 2	ner	14	. Pneumoni		-	Shock									
	ficete be executed physician end ss the buriel-transit	Examiner	Sequentially list conditions	D	Due to (or es a		1		_							
ó	exe th er		Sequentieily ilst conditions, if eny, leading to Immediate cause. Enter Underlying													
19/	e be rsicie	cal	cause. Enter Underlying Ceuse (Diseese or Injury that initiated events	c. Maternal	Oue to (or es a									-		
68760,	entificete be executed ding physician end se es the buriel-transit	Medical	resulting in deeth) Lest		Jue to (oi es a c	conseque	ence oi).									
×	0 2 4			d												
Bo	thet the death hed by the etter detached for u	Physician														
0.	0 0 8	ys	Pert II. Other eignificant conditions	contributing to death bu	it not resulting li	n the unc	derlying ceuse	given	in Pert I.		23b. Did			ntribute to	the caus	e of death?
	requires thet the leen signed by the hould be detache										1□	Yes 2	K) No	3 Prol	pably 4	Unknown
Records,	8 50	b													ASS	
50	v require been si should	te o									24e. Wes	s an eutopormed?	osy	av	ere autops alleble prio	or to
ec	B E E	ple					-							of	mpletion of death?	r cause
œ	0 - 5	Completed									10	Yes 2	X No	10	Yes 2	□No
ā		Be C	25. Wes cese referred to medical					2	6 Place	of Death	n (Check only					
of Vital		To B	examiner? 1 ☐ Yes 2 🖔 No	Hospitel:	nt 2 ER/Ou	strations	3 DOA	Other:			me 5 Res	-	e Cloth	or /Consid	ia)	
	Physical d		27. Menner of Death	28e. Dete of Injur	v 28b. 1	Time of		niurv at			28d. Describe		_		0	
5	Attending Ph or death. ector: After thi by the funeral	ţ	1 Netural 5 Pending investigati	(Month, De)	Year)	njury	28c. Ir V		s 2 N			,,	,			
S	death death ctor: A y the f	Ica	3 ☐ Suicide 6 ☐ Could not	be on Dian dia	n. Athama ta	- ot-o					28f. Location	(Cimat no	d Numb	or or Burn	I Pouto Ali	umbar
Division	or Attendent after deatl Director:	Certification:	4 ☐ Homicide determine	28e. Plece of inju- building, etc	. (Specify)	ımı, stree	et, rectory, onto	OB.	,	- 1	City or To			er or nure	I HOUSE IVE	imber,
	urs urs illed		20-0-0-0									100 1100				
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	(Check only 2 Medical Exa	hyelcian: To the best of miner: On the basis of	examinetion en	deeth o d/or inve	occurred at the estigetion, in m	time, y opini	dete end lon, deeth	plece, on occurr	end due to the ed et the ti <i>m</i> e,	cause(s) date end	and ma plece, a	nner as at and due to	ated. the cause	9(s)
	the plan	Med	one)	end manner ste	led.	Α	A 00 11					00 L D	i de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela	. 40.0	2	
	O T W		29b. Signeture end title of certifier	- ()A	18 /	MEG	29c. Lice	9050 ñ	umper			290. Del	e signed	/ (Month,	Dey, Year)	
1			Artonia K-	tomused	UIJ. M	EDNOL	TOLOGY	DI	62'	39		10	17	19	6	
1	1)		30. Name end eddress of person who	completed ceuse of de	eath (Item 23a)	(Type, Pi	rint)							-		
1	1		Antoine K. IAMI	Hos, mis	3001	Hosp	PITAL &	RIV	€.0	HET	FRU .	N	D.	20	785	
	Sta	te	31. Date filed (Month, Dey, Year)	32 Registre	r's Signeture				1		11				1	
	Registr	ar	OCT 0 8 19	30 July 10	Wester	Well.										

DHMH 16 Rev 6/95

20 E 0 F 1

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Deta of Daath 3. Time f th Month Day **Physician** Yaar Nathan Α. Mills October 4, 1996 1:30AM /Medical 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** 506 Wilson Bridge Dr. B2 Oxon Hill Prince George's if Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 8. Deta of Birth (Month, Day, 8/25/21 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foraign **Funeral** 1 M 2 F Months Days Hours Hoadley, Va. Yrs. 75 Director 577-16-2230 Usual Rasidance of Decedant to or 28a-f show 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits Maryland Prince George's Oxon Hill 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? USA "natural", or items 23a 20745 506 Wilson Bridge Dr. B2 death v Funeral 12. Wes Decadant Evar in U,S. Armed Forces? 1 ⊠ Yes 2 □ No If Yas, Giva Yaar or Datas: WW I I 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Rece - Amaricen Indien, Biack, Whita, atc. 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or frem any injury or other traumatic avent, in a Mexical Expansion. 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Spacify: Specify: White þ 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decadant's Educetion (Spacify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coliana (1-4or 5+) 6th Elevator Mechanic Repair&Construction 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be Fairfax Nathan A. Mills Effie 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mardehl G. Mills same as item 10 20b. Placa of Disposition (Nama of camatary, cremetory or other placa) 20a, Method of Disposition 20c. Location - City or Town, Stata 1 Surlal 2 Peremation 3 Ramoval from Stal Maryland Veterans Cem. 10/7/96 Cheltenham, Md. 21. Signature 22. Nama and Addrass of Facility George P. Kalas Funeral Home cla 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 cations that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, a cause on pach line. Approximata intarval Between Onsel and Deeth **Physician** immediate Ceuse (Finel disaasa or condition rasulting in daath) /Medical e Acuto Mycenzoial Infartion MINUTHS **Examiner** Dua to (or as a consequence of): Examiner ARTERIASORARATIC HOART DISTAST 10 GARRS The law requires that the deeth certificate be executed ician end buriel-trans Saquantially list conditions, if any, leeding to immadiata ceusa. Enter Underlying Cause (Diseese or Injury that initiated avants rasulting in death) Lest Dua to (or as a consequence of): P.O. Box 68760, Physician/Medicai the Due to (or es e consequence of): use as Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by i 1 Yee 2 No 3 Probably 4 Unknown Records, by 24b. Were eutopsy tindings eveileble prior to completion of ceuse of death? Completed 24a. Wes en eutopsy performed? certificate has been 1 Yas 2 XX 1 ☐ Yes 2 ☐ No of Vital To the Hospital or Attending Physician: "
within 24 hours after death.
To the Funeral Director: After this certification and services of the funeral director; to Be 25. Was cesa rafarrad to medicel axaminar? 26. Placa of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) Hospital: 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Certification: To 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28c. injury at Work? 28b. Tima of 28d. Dascribe how injury occurred Division 1 Netural 5 Pending investigation 1 Yas 2 No 2 Accident 6 Could not be detarmined 3 Suicida 28a. Place of Injury - At home, ferm, street, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 4 D Homicida 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a, Cartifian Medical 29b. Signatura and title of certifiar 29c. License number 29d. Deta signed (Month, Day, Year) D07348 October 4, 1996 30. Nema and addrass of person who completed ceusa of death (item 23a) (Type, Print) Robert M. Nedzbala, M.D. 11701 Livingston Rd. Ft. Washington, Md. 20744

32 Registrar's Signature

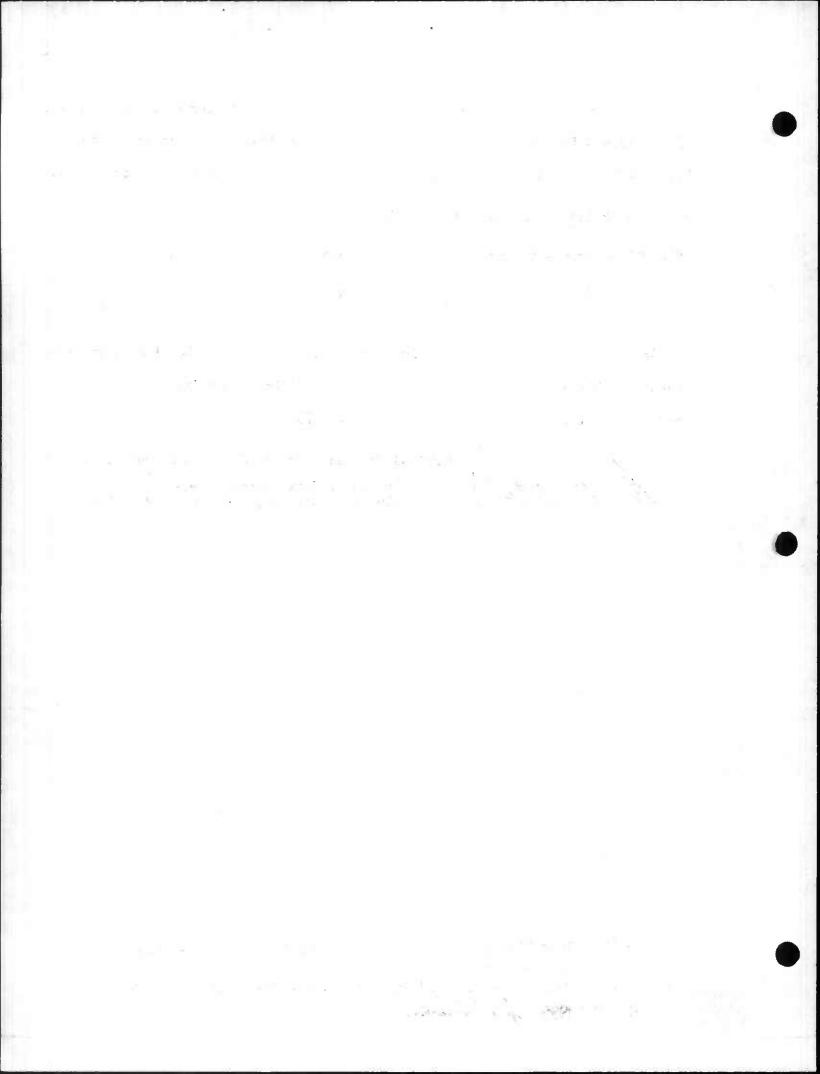
DHMH 16 Rev 6/95

State

Registrar

31. Data filed (Month, Day, Year)

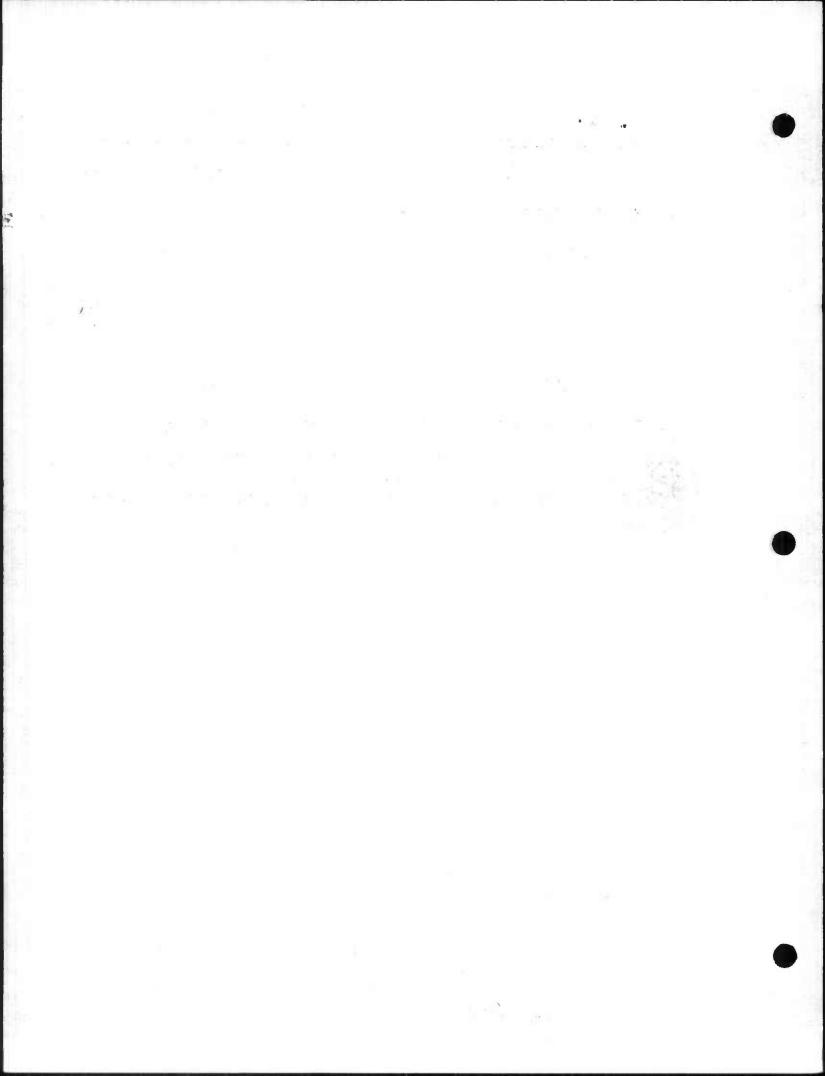
DCT 0 8 1996



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 6 3 1 7 9 9

								Death	F	Reg. No.))	1122	
т	Physic	ian	Decedent's Neme (First, Middle, Last)				M	CAA	2. Dete of Dea Month	ith Day	Yeer	3. Time of Death	1
	/Medi		JANE	С.				EAD	Octob		996	0510	
	Exami	ner	4a. Facility Name (If not institution, give						Location of Deeth				
			PENINSULA REGIONA: 5. Social Security Number 6. Sec.		ENTER yrs. last birthday)	lf Hod	er 1 Yeer	SALIS If Under 24 Hr			COMIC		
	Funeral Director		470-14-8453	IM 22(F 78		Month		Hours Mir		,1918	9. Birthp Coun I O	ace (State or Forei try) NA	gn
	Bud W		Usual Residence of Decedent 10a. State 10b. County	10c.	. City, Town or Le	ocation					1	Od. Inside City Limit	ls
	Sa-f show	ctor	MARYLAND MONTGOME	ERY	BRINKL	.OW						1 Yea 2 X	
	th with the 23a or 28a	Funeral Director	10e. Street and Number 20410 NEW HAMPSHIF	RE AVENUE		10f. 2	ip Code 2 (0862		UNITED			
020	72 hours effer deeth with the Marylar naturel, or items 23a or 28a-f show dical Examiner must be notified at	by	11. Maritei Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates:	1		edent of Pecify Cub	lispanic Origin? (en, Mexican, Pue Specify:	Specify Yea or No- rto Rican, etc.)	14. Rad Bla Specifi	ce - Americ ck, White,		
2-0	72 hours "neturel",	te	15. Decedent's Educ (Specify only highest grade	cetion	16a. Dece	dent's Us	uai Occup	pation	artina	16b. Kind of B	usiness/inc	lustry	
21215-0020	within ene. then	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		BONOT EMAK		during most of wi d)	orking	OWN HO	MF		
	should be filed ad Mental Hygi marked other imatic event, it	Bec	17. Father's Neme (First, Middle, Last)					18. Mothar'a Na	ame (First, Middle,				
/ar	Mental Mental arked o	To B	MATTHEW E. COLFO)RD				HAZEI	L HEAT	H			
Maryland	2 sho and 3 is me		19a, Informant's Name/Relationship (Ty	pe, Print)	19b. Maili	ing Addra	ss (Street	and Number or F	Rural Route Numbe	r, City or Town.	State, Zip	Code)	
-	1 and Heelth em 27		ROBERT E. MEAD, HU		2041	0 NE	W HAN	1PSHIRE	AVENUE, BR	RINKLOW	MD.	20862	
Ore	Pages 1 nent of H rnt: If ite		20a. Method of Disposition 1 ■ Burial 2 □ Cremetion 3 □ R		b. Place of Dispo cemetery, cre				Dete	20c. Location			
Ħ,	tant:		4 ☐ Donetion 5 ☐ Other (Specify)	G/A	TE OF H				10/21/96		SPRI	NG, MD.	
Baltimore	permit. Pages 1 and Department of Heelth Important: If Item 27 any injury or other tr once.		21. Signature of Funerel Service Liganose	1. Barke					FUNERAL H AYTONSVIL		2088	32	
	Lane L		23a. Part1. Enter the disease, or compli- ahock, or heart failure. List only on	cations that caused the decause on each line.					-to-to-			Approximate Interval Between	
	Physician /Medical Examiner		Immediate Cause (Finat disease or condition resulting in death)	Carde	egeni	c S	Loc	k				Onset and Deeth	
Box 68760,	h certificate be executed ending physician and r use as the burial-transit	an/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that inhitated events resulting in death) Last	Arderos	Masur o (or as a consec class o o (or as a consec	quence of	Ca.	rier-d adiove	la Gerol scular	myou	ease	Sparetion	- -
	deat death	sicis	Pert II. Other significant conditions con	tributing to death but not	resulting in the u	underlyling	cause gi	en in Part I.	23b. Dld t	obacco uss co	ntributa to	the cause of deat	h?
, P.O	that the	by Physician/N	Pulmonary	Jemon.	Loge				101	(88 2) No	3 Prob	ebly 4 Unkno	wn
Records,	The law requires that the death cer sie has been signed by the attendin pege 2 should be deteched for use	Completed b							24a. Was a	an autopsy med?	ave	re autopsy findings illable prior to appletion of cause death?	
2	The is	mo:							1 🗆 Y	aa 2000	10	Yes 2 No	
Vital		Be (25. Was case refarred to medical examiner?						eath (Check only o	ne)			
of \	5 00 0	2	1 ☐ Yes No	ospital:	2 ER/Outpatie	nt 3 🗆 [4 LI Nursing	Home 5 ☐ Resid	ence 6 Oth	ar (Specif))	
ion	Attending P or death. ector: After the funered by	atlon:	27. Manner of Death 1 Natural 5 Pending 2 Accident Invastigation	28a. Data of Injury (Month, Day Year	28b. Time o Injury	of M	28c. Inju Wo 1 🗆	yat rk? Yas 2 ☐ No	26d. Describe h	ow injury occur	red		
Division	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Sulcide 6 Could not be 4 Homicide determined	26e. Plece of Injury - A building, etc. (Sp.		reet, facto	ory, office		28f. Location (S City or Tow		er or Rura	Route Number,	
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edical	29a. Certifler (Check only one) Certifying Phys 2 Medical Examin	Iclan: To the best of my er: On the basis of exam and manner stated.	knowl edge, dea ti Inetion end/or in	h occurre vestigation	d at the th	ne, date and place plnion, death occ	a, and due to tha coursed at the time, o	ausa(s) and made,	and due to	ated. the causa(s)	
	Withir To the	Me	29b. Signature and title of certifier			2	9c. Licens	e number		29d. Date signe	d (Month, i	Day, Year)	_
			Pholle	1/ that	Con		1)10	1289		10/1-	7/9	6	
			30. Nama and address of person who co	mplated cause of death (Item 23a) (Type,	Print)				1	1-		
_			CLAYTON MAAB, M	- 4	RNERSIDE	5 DR	. B1	101 SALI	isoury, m	1 2180	/		
	Sta		31. Date filled (Month, Day, Year)	32. Degistrar's Si	gnature P. I	16							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State of M	aryland /		rtment d			nd Menta		200	6	3180	10
Physici	an	1. Decedent's Neme (First, Middle, La					-			te of Deat	n Dey	Year	3. Time of	Death
/Medic		RONALD FLE		WNAM,	SR.				OC'	TOBE			6:13	PM
Examir	ner	4a. Facility Neme (If not Institution, gh							n, or Location		4c. County	of Deat	h	
		DORCHESTER GEN	ERAL HOS	PITAL					BRIDGE				STER	
Funeral Director		219-36-6516	10 M 2DF	e (In yrs. last b 55	Yrs.	If Under 1 Months C	Year Deys		Min. 6. De	te of Birth onth, Dey, RCH	14,19	9. Birtl	nplace (State or untry) MD	Foreig
and and		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, To	wn or Loc	ation							10d. Inside City	v I imite
f show	ōN	ANDALYMD DOD	CHECMED										1 💢 Yes	
28e1	ect.	40 - Charat and Markey	CHESTER			IDGE				1.,				
N O M	ក់	10e. Street and Number MALL	ARD BAY		2	10f. Zip Co				10	g. Citizen of	What Co	untry?	
ath 23	rai	220 GI	ENBURN A					1613					USA	
or de	Funeral	11. Maritel Stetua	12. Wes Decedent Armed Forces?		13. W	les Deceden Yea, specify	Cub	lispenic Origir en, Mexican, I	n? (Specify Ye Puerto Rican,	etc.)		ck, White	rican Indian, e, etc.	
within 72 hours after death with the Maryland ane. Then "netural", or frems 23s or 28s-f show he Medical Examiner must be notified at	þ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 ☑ If Yes, Give X Yeer or Detes:	40	1	□Yea 28	No	Specify:			Specifi	y:	WHITE	
netu Oraș	ete	15. Decedent's E (Specify only highest gra	ducation ade completed)	16	. Decede	ent's Usuel C	occup done	eation during most o	of working	1	6b. Kind of 8	usiness/l	ndustry	
filed within Hygiene. ther then ent, the Me	Completed	Elementery/Secondery (0-12)	College (1-4or 5	i+)		O NOT use I	retire	d)	•		CONS	TRU	CTION	
	Be	17. Fethar's Neme (First, Middle, Last)					16. Mother's	s Neme (First,	Middle, N	le <i>id</i> en Su <i>m</i> an	ne)		
should be nd Mental marked o	To		UNKNOW	N				M	IARJOR	IE N	EWNAM			
jes 1 and 2 of Health a f item 27 is r other tra		19e. Informent's Name/Reletionship (RONALD F • NEWN 20e. Mathod of Disposition 1	AM, JR.	20b. Piaca	732 of Dispos	7 SHI ition (Neme etory or othe	RI of or ple	EY DR	RIVE, Dete	EAST	ON M	ID 2	1601	ID.
Department Pag Department Important: 1 any Injury c		21. Signeture of Funerel Servica Lice	nsee		22. F	Neme end A	Addre	ss of Fecility	ENBEI	N &	NEWNA	M F	UNERAL	H(
huoleien '		shock, or heart feilure. List only	one cause on each li	na.	TION OTHO	i ale mode c	n dyn	19, 300/1 03 00	ardiac or respi	atory one	31 ₁		Interval Betw Onset and D	reen
Physician /Medical Examiner		Immediate Cause (Finei disease or condition resulting in deeth)	a RESP	IRATOR	Y F	AILUR	E						1 WEE	K
	a	California access	Gun o	Due to (or as a										
nsit ted	- Lu		b	VIC OB			E	PULMO	NARY	DISE	ASE	1	YEARS	
cate be executed physician and sthe burial-transit	ai Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	c	Due to (or as a	consequ	ence of):						i		
quires that the death certificate be executed in signed by the attending physician and fuld be detached for use as the burial-transit	Physician/Medical	that initieted evants resulting in death) Last	d	Due to (or es a	consequ	enca of):						1		
by the atter	ysicia	Pert II. Other significant conditions of	contributing to death be	ut not resulting	in the un	derlying caus	se giv	en in Pert I.	2	3b. Dld tol	secco use co	ntribute	to the cause of	f death
ries that the signed by d be detact	by Ph	S/B CVA								1)() Ye	8 2□ No	3□ Pr	obably 4□U	Inknov
quire an sig	8	(D) in (1)	1 5	100 L					24	a. Wes ar	autopsy	24b. V	Vere autopsy fir	ndings

To the Hospital or Attending Physician: The law rec within 24 hours after dear attent to carificate has bee To the Funeral Director; After this carificate has bee completely filled in by the funeral director, page 2 sho Division of Vital Reco

Complet Be Certification: To

27. Manner of Death

1 Naturel 2 Accident

3 Suicide

29e. Cartifiar (Check only one)

4 Homicide

Pherod Vascular Disease Hostic Stenosis 25. Wes case referred to medical examiner?
1 ☐ Yes 2 ☒ No

28a. Dete of Injury (Month, Dey Year)

26. Place of Deeth (Check only one)

completion of cause of deeth? 1 ☐ Yes 2 ☐ No

1 ☐ Yes 2 ☐XNo

Hospitel: 1 Zunpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)

26b. Time of Injury 28c. Injury at Work? 26d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

26f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Tell Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) end manner as stated.

2 Medicat Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted.

29b. Signeture and title of certifie

5 Pending Investigation

6 Could not be determined

29c. License number

29d. Dete eigned (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

EDMUND J. MacLAUGHLIN, M.D., 4 AURORA ST., CAMBRIDGE, MD 21613 31. Date filed (Month, Dey, Year) 32. Registrer'a Signature

State Registrar

Medicai

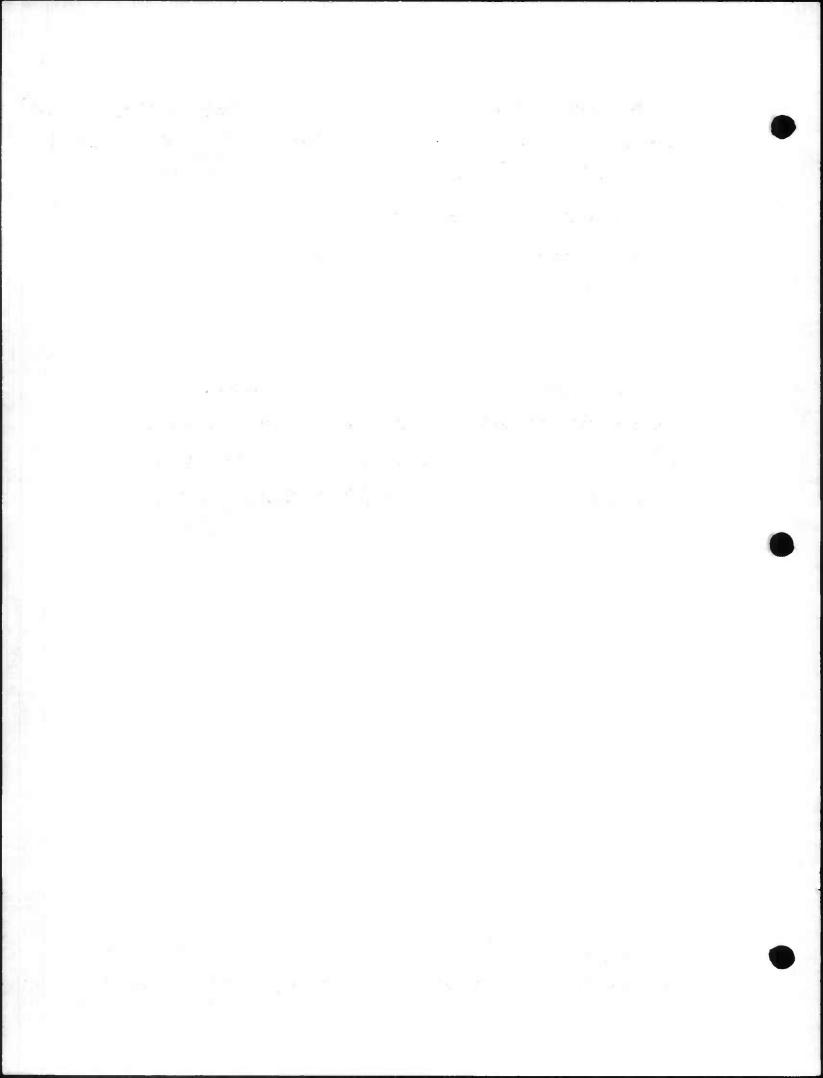
Lelia Sevidson-Randalle OCT - 8 1996

The Table 1972 III Specially Co. VI 40, 130000 AMENDED 10.11.96 #20A, 20B, 20C MA

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 | 80 |

						Cert	ificate	of	Death			Reg. N	0.) 0	•
P	Dharia	t	1. Decedant's Name (First, Middla, La								2. Data of D Month	eath Qa	011	Voor	3. Tima	of Death
	Physic /Medi		PAULINE	NEAL							Oct	- 4	19	796	17	:20"
ì	Exami		4a. Facility Nama (If not Institution, giv								ocation of Des			of Death		
			ANNE Arundel M	EDICAL CE	NIER				ANNA	4POI	15		Ann	ve Ar	undo	2
	Funeral Director		5. Social Sacurity Number 6. S 217-58-1178	Sax 7. Age	(In yrs. last blr 47	thday)_ Yrs.	If Under 1 Months [Yaar Days		24 Hrs. Min.	8. Data of B (Month, D MAY 13	irth ay, Year 194	9	9. Birthp Cour MARY	piaca (State	a or Foreign
			Usuai Rasidance of Decedanf								1111				221110	
	yland		10a. Stata 10b. County		10c. City, Tow	n or Loca	ation							1	0d. inside	City Limits
	Mar	to	MARYLAND CITY		BALTIM	10RE									1 🕅 Ya	as 2 No
	r 28	Director	10e. Street and Number				10f. Zip C	oda				10g. C	itizen of \	What Cour	ntry?	
	3a o		1410 CYPRESS ROA	AD.			21	122	26				US			
	ter death with the Marylan items 23e or 28e-f show ther main be notified at	Funeral	11. Marital Status	12. Was Decedent E	evar in U,S.	13. W	as Deceder	nt of F	Hispanic Ori	igin? (Sp	ecify Yas or N Rican, atc.)	0-			can Indian,	
21215-0020	sl', or	by	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Forcas? 1 ☐ Yas 2 ☒ N If Yas, Giva Yaar or Datas:	lo		Yas, specify □Yas 20				Hican, atc.)		Specify	ck, Whita, y: BL		
5-0	"natural",	Completed	15. Decedant's Ed (Specify only highast gra	ducation	16a.	Deceda	nt's Usual (Occup	pation during mos	t of work	ina	16b. I	Kind of B	usinass/in	dustry	
21	5	pje	Eiemantary/Secondary (0-12)	Coilega (1-4or 5	+)	lifa. Do	O NOT usa	retire	during mos	I OF WORK	wig		НО	SPITA	AL	
	TI TO L	00	llth	0	I	DIETA	ARY		,			ANN	E AR	UNDE	L GEN	ERAL
pu	0 = 0 5	Be	17. Fathar's Nama (First, Middla, Last,)					18. Mothe	ar's Nam	a (First, Middl	a, Maida	n <i>Suman</i>	na)		
yla		9	EDWARD SPENCER	}					ALI	CE W	IALLACE					
Maryland	and and		19a. informant's Name/Ralationship (Type, Print)	19b	. Melling	Addrass (5	Street	t and Numb	er or Rui	ral Routa Num	ber, City	or Town,	State, Zip	Code)	
			HARRISON LITTLE, 1	III (SON)				-	ROAD	BALT	CIMORE,	MD.	212	26		
Baltimore,	50 5		20a. Mathod of Disposition Surial SCramation 3 □ □ Donation 5 □ Other (Specif	Ramoval from Stata	20b. Placa of Annaham	Disposi ry, crema CRE	tion (Nama atory or other	of ARI	BENS	10	Pata 2 18/96-	ANN	APOL	City or To		
alti	pemit. Pag Department Important: I any injury o		21. Signature of Funaral Sarvice Licer	nsee					ess of Facili				V.			
m	88 E 5 8		Larry H. Roy	40							RTUARY LIS, M					
	_		23a. Part1. Entar the diseasa, or com shock, or haart failura. List only	plications that caused	tha daath. Do								1401		Approxim	ata
1	Physician		snock, or haart failura. List only	one causa on aach iin	a.									i	Interval B Onset and	etween d Death
	/Medical		Immediata Causa (Finel disaasa or condition	Acuto	Ren	0	En.	١						1	3.4	1 -1
	Examiner		resulting in death)	a. A cute	Dua to (or as a	consequ	ance off.	ια	7	_				1	0	100
_	7 7	ě			is, Si					MICV	main C	6	itn	Off	3-4	10
	certificate be executed ording physician and use as the burial-transit	Examiner	Sequentially list conditions.		Dua to (or as a			+	20.97	·IIC	obial	ven	11.	CY		
o,	an a		Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Ceusa (Disease or Injury	HIV/	AIDS										6 yes	
68760,	nte b	edical	that initiated events rasulting in death) Last	C	Dua to (or as a	conseque	ence of):							1	0	
99	ng pt	Me e	Tuoding in County East	Chro	nic Pro	mo	MILLE	+	tenati	7.5				1		
Box			_	d		9.0	71100		Pace	113				1		
. E	0 0 2	Physician/	Part II. Other significant conditions of	ontributing to death bu	t not rasulting in	n tha und	terlying cau	se giv	ven in Pert I) .	23b. Dfc	tobacc	0 USO CO	ntribute to	the cause	e of death?
P.O.	by the	Phy	Stertonlate	1000-1	2.00	C	elsit	71	1000 (ada	10	Yes	2 No	3 Pro	bably 4	Unknown
Ś	S E 8	by	- Chellogic	1100 31	7110	1 3			nce	The state of	1					
Division of Vital Records,	law requires that as been signed b 2 should be dett		Electrolyte Abuse						`		24a. We	s an auto	opsy	av	era autops allabie prio	ir to
900	2 S C	pie												of	mpietion of daath?	cause
2	6 2 0	Completed									1□	Yas 2	30 No	10	□Yas 2	DNO
ita	ilclan: The certificata rector, pag	Be	25. Was casa rafarred to medical						26. Place	a of Deat	th (Check only	ona)				
>	0 0	To	examinar?	Hospital:	nt 2 ER/Ou	tpatient	3□ DOA	Ott	har: 4 N	ursing Ho	oma 5□Ras	sidanca	6 Oth	ar (Specif	(v)	
0	g Physer this neral di		27. Manner of Death	28a. Data of Injur (Month, Day	y 28b. 7	Tima of	280	inju	ry at		28d. Dascribe	how inju	ury occur	red		
0	Attending or death. actor: After by the fune	atio	1 ☑Natural 5 ☐ Panding 2 ☐ Accident invastigation		rear) 1	njury	м		Yas 2	No						
Vis	or Attending I after death. Director: After i in by the funer	Ific	3 ☐ Sulcida 6 ☐ Could not b 4 ☐ Homicida datarmined	28a. Place of Inju	ry - At homa, fa	rm, stree	et, factory, c	offica			28f. Location			per or Run	I Routa Nu	ımber,
ō	s after all Direction by	Certification:	4 D Floritoda	building, atc	. (Зреспу)						City or To	JWII, SIBI	a)			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	yeician: To the best of niner: On the basis of and mannar state	axamination and	, death o	occurred et stigation, in	the tir	me, dete en opinion, daa	d place, th occur	and due to the red at tha tima	e cause(s	s) end ma nd placa,	annar as s and dua to	tated.)(8)
	To the within 2 To the comple	Σ	29b. Signature and title of certifier						sa number			29d. D	ata signe	d (Month,	Day, Year)	
			(elfour	(Mi)			D	3	199	7		10	115	196		
			30. Nama and address of person who	completed causa of da	ath (Itam 23a)	(Type, Pr						^	1	1 -	A	
			ANDREW GORI		2003	3 M	edicz	l F	hwa	y Ste	100	Hnr	1200	lis V	nd 2	1401
	Sta	ate	31. Data filed (Month, Day, Year)	32. Registra	r's Signatura											
	Registi	rar	OCT 0 8 1996	Freh Das	ridson-Ran	ndalis										
DH	MH 16 Day 6M	E		U												



Amended # 8

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 96-5697-510 ITEMS: 23 PART I, 27, State of Maryland / Department of Health and Mental Hygiene CIP PER MED FILM G-740 10/30/96 t.t Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Counth **Physician** OCTOBER 3, NULL 11:50 M /Medical 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** UNIVERSITY HOSPITAL BALTIMORE Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6. Sax 7. Aga (In yrs. last birthday) **Funeral** 8. Data of Birth (Month, Day, Year) 9. Birthpiaca (State or Foraign Country) 1⊠M 2□ F Months Days Hours 220-45-8294 Yrs. Director 0 18 Feb 1519,1996 MD Usuai Rasidance of Decedent death with the Maryland 10a. Stata 10b. County r than "natural", or hems 23s or 28s-f show the Medical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits MD Anne Arundel Director Pasadena 1 ☐ Yes 2 No 10e. Straat and Number 10f. Zip Coda 10g. Citizan of Whet Country? 21122 180 Glen Road USA 11. Marital Status 12. Was Dacadant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No if Yas, Giva Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Biack, Whita, atc. Peges 1 and 2 should be filed within 72 hours efter nent of Health end Mental Hygiene. 1 Naver Marriad 2 ☐ Married 21215-0020 1 Yas 2√ No Spacify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b, Kind of Business/Industry (Specify only highest grada complated) I Hygiene. Eiamantary/Secondary (0-12) Coilaga (1-4or 5+) None None 0 traumatic event. Baitimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Boyd Null, Jr. Stacy Darnell 2 nt of Health end N If item 27 Is man or other traumat 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) 180 Glen Road, Pasadena, Md 21122 Loretta Kerner Data 9 20b. Piaca of Disposition (Nama of camatary, cremetory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Oct 1 ☐ Burlai 2 🖾 Cramation 3 ☐ Ramoval from State permit. Pege Department of Important: If any Injury or Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 1996 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Barranco & Sons Funeral Home MD 21146 495 Ritchie Hwy, Severna Park, 23a. Part1. Entar tha disaasa, or complications that causad tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrast, shock, or haart failure. List only one cause on each line. Approximata Intarvai Batw Onset end Death Physician /Medical immadiata Causa (Finai SUDDEN INFANT DEATH SYNDROME (SIDS) disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): Examiner or Attending Physician: The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Diseasa or injury that initiated avants rasulting in daath) Last buriel-trar pue Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760 physician Physician/Medical the Dua to (or as a consaquenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? s been signed by t 2 should be detach 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate hes 1 Yas 2 □ No 19 Yas 2 No Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Hospitai: 1XXopatiant 2 ER/Outpetient 3 DOA Othar: 4 Nursing Home 5 Rasidanca 6 Othar (Specify) 2 XXX as 2 No this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After 1XX Naturai 5 Panding Investigation death. 1 ☐ Yes 2 ☐ No the 2 Accident within 24 hours efter death To the Funeral Director: completely filled in by the 3 ☐ Suicide 6 Could not be 28a. Place of injury - At homa, farm, street, factory, office building, atc. (Specify) Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital 29a. Certifian Medical 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, deta and place, end due to tha cause(s) and mannar as stated. Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner_stated. 29b. Signatura and title of cortifier 29c. Licansa number 29d. Data signad (Month, Day, Year) OCTOBER 6, 1996 O.C.M.E. 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) Javid ferre-111 Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State Julia Davidson-Randella

DHMH 16 Rev 6/95

Registrar

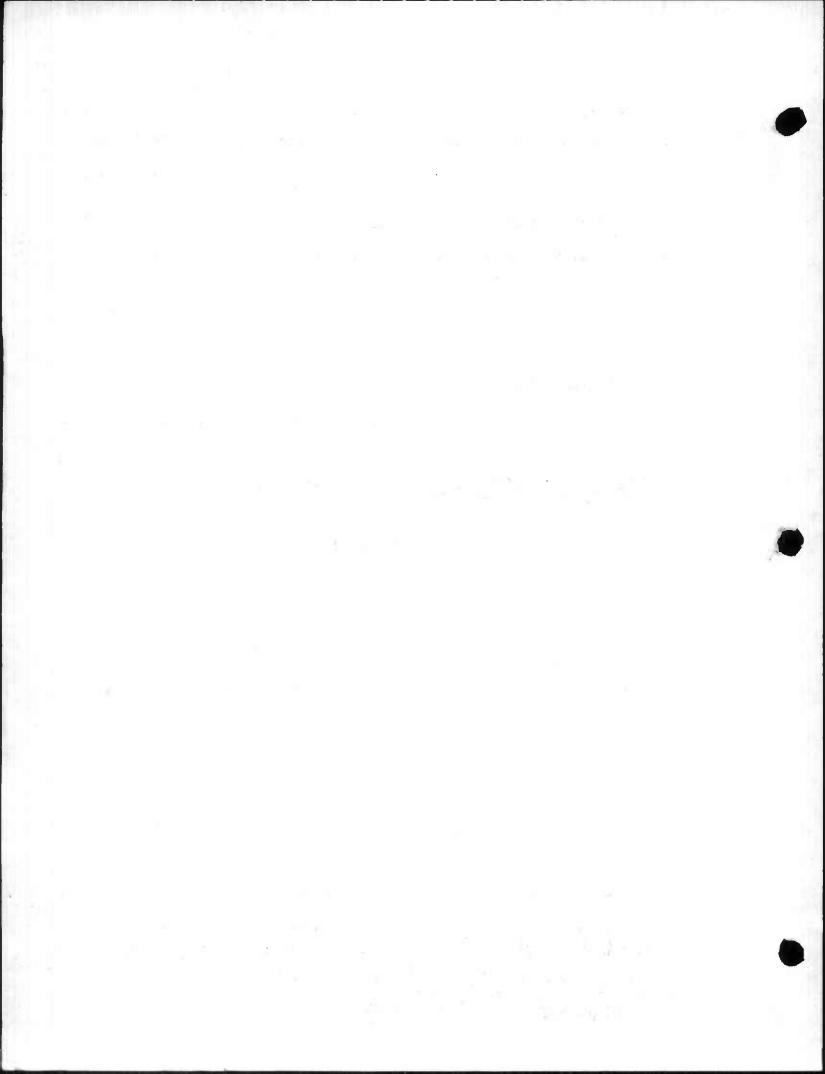
OCT 1 0 1996

• **

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 31803

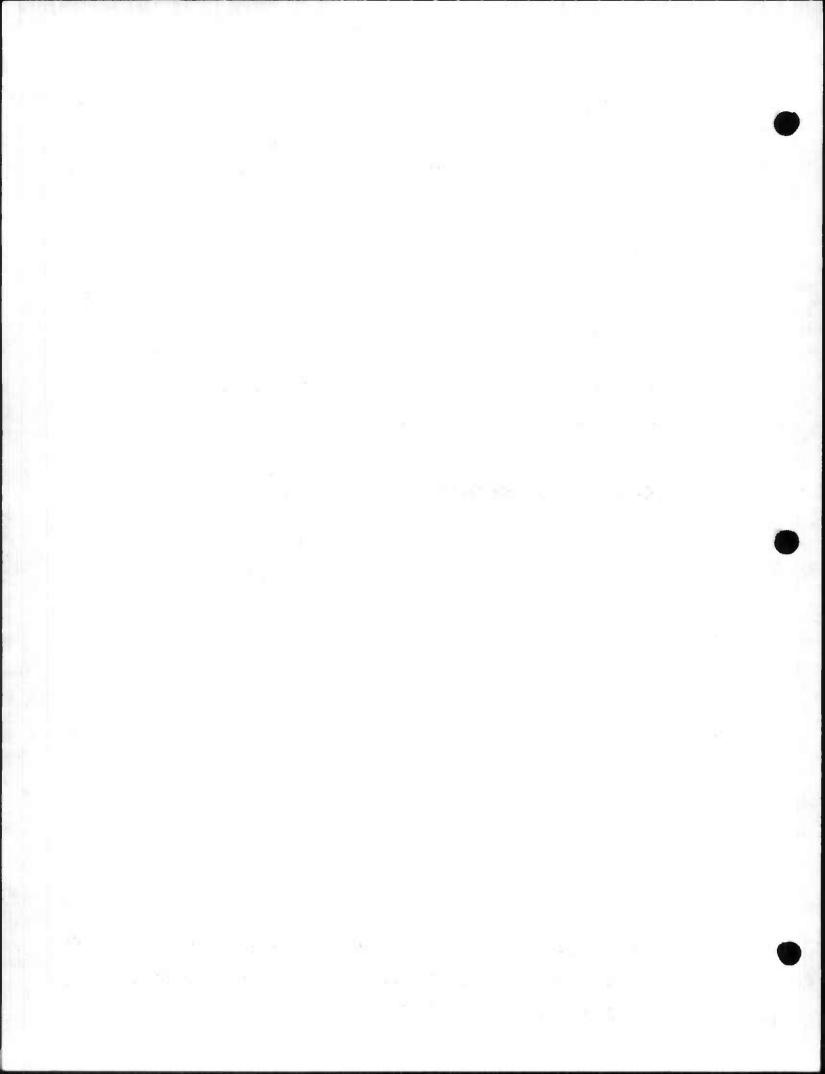
						Certi	ificate of	Death		Re	eg. No.	0	01000	
			1. Decedent's Name (First, Middle,	Last)						2. Date of Deat	h		3. Time of Death	
	Physic /Medi		SHANIA Gaanya			NAMUTEBI				Month	Day Year		1:30 00	
	Exami		4a. Facility Name (If not institution,			4b. City, Town, or I			wn, or L	ocation of Deeth	h 4c. County of Dea		1.50 pm	
1			Washington Adv	entist Hosp	oital			Tak	oma	Park	Mon	tgome	ry	
П	Funeral	Г		S. Sex 7. Ag	je (In yrs. fest b		If Under 1 Year	If Under		8. Date of Birth (Month, Dey,	Manak	9. Birthp	place (State or Foreign	
k	Director		579 21 4743	1□M 2¬F	27	Yrs.	Months Days	Hours	Min.	Sept. 20	1969		anda	
	9		Usuel Residence of Decedent					11 11						
	aryta d.mt		10a. State 10b. County		10c. City, To	wn or Loca	ition					1	Od. Inside City Limits	
	M P S	cto	MarylandPrince (George's	Hyat	tsvil	lle				XXYes 2 □ No			
	# 90 m	Directo				10f. Zip Code 20783					10g. Citizen of What Country?			
	238										Ugar	nda		
	ather death with the Marylac or thems 23e or 28e-f show miner must be notified at	Funeral	11. Maritei Status	12. Was Decedent Armed Forçes?	Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No		as Decedent of Fres, specify Cub	s Decedent of Hispanic Origin? (Specify Yes or es, specify Cuban, Mexican, Puerto Rican, etc.)				ce - Americ		
20			1 Never Married 2 Married	if Yes, Give	No		Yes 2 No	Specify:			Specif	v		
8	uraf.	d by	3 Widowed 4 Divorced	Year or Dates:								BI	ack	
21215-0020	72 mg	Completed	15. Decedent's (Specify only highest)	Education grade completed)	16	a. Deceder (Give kin	nt's Usuel Occup nd of work done NOT use retire	pation during mos	t of work	king	16b. Kind of B	usin <i>e</i> ss/In	dustry	
12	Man Man	E G	Elementary/Secondery (0-12)	College (1-4or 5	5+)			(a)			No	ne		
	P. P. Sec		17. Fether's Name (First, Middle, La	stl			None	18 Moths	ar'e Nam	ne (First, Middle, N				
an	d be d be d be d be d be	9 Be	Abubakeı	•				TO. WIOUTE	51 3 1 4 G(1)	Florence				
Maryland	d Me d Me mark	To	19a. Informent's Name/Relationship		10	h Mailina	Addrson /Stract	and Mumb	or or Ou	rel Route Number,			Codel	
Ma	d2s Franch		Florence Gaany										,MD. 20783	
œ,	Haal Haal Haal		20a. Method of Disposition		20b. Place	of Dispositi	ion (Neme of							
altimore	Pages ant of ry or o		1 ☐ Buriai 2 ☐ Cremation 3	camet	lery, cremetory or other piece) 10/13/96					20c. Location - City or Town, State Kamplla, Uganda				
Ē	of the second		4 □ Donation 5 □ Other (Spe		/	- 1 22 A	lama and Addre	on of Facilit	1		-	IIa,	uganda	
Ba	Depti Depti		21. Signature Funeral Service Licensee 22. Name and Address of Fecility McGuire Funeral Service Inc. 7400 Georgia Ave., N.W., Washington, D.C. 20012											
_		_	Marve	w C. N.	uein							, D.(20012	
			23a. Part1. Enter the disease, or co	mplications that caused ly one cause on each lir	ne.	not enter	the mode of dyli	ng, such as	cardiac	or respiratory erre	est,		Approximate interval Between	
	Physician /Medical		Immediate Gause (Fins)	0		0						1	Onset and Death	
	Examiner		disease or condition resulting in(death)	a Sops	s ES/	7.6	sifur	/						
		5			Due to for es	conseque	nca vi):	111	7.		2	, !		
	B #	Examine	esse complime sources	b. Stay	shyk	" CC	X 1	~ fe	011	0~/1.	shai	~		
	be executionand interaction		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	A 1 la		conseque	nce of	100	de	,/				
68760	cata be execu physician and s the burial-tra		Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of):											
687	artificate ding phys se as the	edical												
×	Cartifi ding as as	1		· a A Cyru	dirid	. 1	MMU	LNL	ay	1 Cier	1 X	1		
B	death e atter ed for	Physician						5	YN/		4			
o.	9 5 5	1ys	Part II. Other significant conditions	contributing to death bu	ut not resulting	In the unde	ertylng cause giv	rangen Party	0				the cause of death?	
Ω.	that it		Methi al	kin ru	21117	n ~ 1	12	pec	# ci	1 🗆 Ye	s 2 No	3☐ Prol	bably 4 Unknown	
Records,	een sign	Completed by	Meshi Gil Gasteroi	40.7	1	11	2.1	1		24a. Was ar	autoney	24b. W	ere autopsy findings	
õ			Gastervi	n 16311~	77	りし	ary			perform		av.	eilable prior to mpletion of cause	
Re	has pe 2 s						\mathcal{O}					of	death?	
	icate ha									1 □ Y <i>e</i>	s 20 No	1 [Yes 2 No	
Vittal	iciar cartif recto	Be	25. Was case referred to medical examiner?	Hospital:			all pos Oth	a dec		th (Check only one				
ō	Phys. This of	: To	1 ☐ Yes 2 No 27. Manper of Death	28e. Dete of Injur			3LI DON	4 L NU	irsing Ho	ome 5 Reside)	
5		Certification:	Natural 5 Pending	(Month, De)		Time of Injury et Work? M 1 □ Yes 2 □ No					ibe how injury occurred			
S	the the	ical	2 Accident investigation inves	arm alread		165 2	NO	28f Location (Str	Charles (Charles and Muschan and Charles a					
Division of	유원들도	erti	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Roll City or Town, Stete)							Houte Number,				
	Hospital 24 hours Funeral staly filled		29a. Certifier Certifying F	Physician: To the best o	of my knowled-	a death c	nourrad at the st	ma data -	d place	and due to the	uee(s) = s d :	nner e	atad	
	Hos 24 h Fun etaly	edical	(Check only 2 Medical Expone)	aminer: On the basis of and manner sta	examinetion at	nd/or Inves	tigetion, in my o	plnion, dea	th occur	red at the time, de	te and placa,	end due to	the cause(s)	
	To the Hospital within 24 hours To the Funeral completely filled	Me	29b. Signature and title of certifier	Jany mailtion sta			29c. Licens	se number		29	d. Date signe	d (Month	Dav. Year)	
	F 5 F 8		ball	pal A	lan	D 2 2 2 2 2						4	1 (
,	3		7 12 777, 01	3/-		_0	()	15/	1 6	00	1 5	Th	1996	
			30. Name and address of person wh		eeth (item 23a)	(Type, Pri	Buit	32	4					
			31. Date filed (Month, Day Year)	32. Registre	A Signatura	0 90	1							
	Sta Registr			2006 Julia	Davidson	-Aanda	282							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 | 80 4

						Cert	ificate o	f Death	•	Reg. No.		0,001	
	Physic	ian	1. Decedent's Neme (First, Middle,	NEVERDOI	J				2. Dete of D Month	Dey	1ववि	3. Time of Deeth	
U	/Medi		EDWARD							8:06 Am			
	Exami	ner	4e. Facility Neme (If not institution,)			4b. City, Town, or L					
			Sinai Hospita		ge (In yrs. lest	highday	If Under 1 Yes	Baltimor or If Under 24 Hrs.			timor		
	Funeral Director		579-44-1669	Sex. 7. A(1 → M 2 → F		Yrs.	Months Dey		(Month, D	25, 1933	Wash	elece (State or Foreign htry) ington, D. (
	and w		Usuel Residenca of Decedent 10e. Stete 10b. County		10c. City, To	own or Loca	etion				1	0d. Inside City Limits	
	the Marylar 28a-f ahow notified at	0	Maryland Baltim	ore	Balt	imore						1 Yes 2 No	
Maryland 21215-0020	the 28s	Jec.	10e. Street end Number		Dure	I III C	10f. Zip Code			10g. Citizen of	Whet Cour	ntry?	
	3a o	0	4013 Oakford Ave	nue			21215			United	Stat	95	
	death	ner	11. Maritel Status	12. Wes Decedent	Ever in U,S.	13. W		f Hispenic Origin? (Spuben, Mexicen, Puerto	pecify Yes or N	lo- 14. Rac	ce - Americ	an Indian,	
	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show edical Examiner must be notified at	by Funeral Director	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces; 1 Yes 2 If Yes, Give Yeer or Detes:	No		Tes, specify Ct		o Hiden, etc.)	Specif	ck, White, by: B1	etc. ack	
5-0	72 ho	ted	15. Decedent's	15. Decedent's Education (Specify only highest grade completed)		6a. Decede	nt's Usuel Occ	upetion	kina	16b. Kind of B	usiness/Inc	dustry	
21		Completed	Elementary/Secondery (0-12) College (1-4		5+)			ne during most of work red)	way.	II-days			
7	filed within Hygiene. ther than "	S	12			Sec	urity			Univer			
and	ntal H	To Be	17. Fether's Neme (First, Middle, La Edward David N	•		18. Mother's Ne							
7	12 should be fill and Mental His marked out	2	19e. Informent's Neme/Reletionship			Elna Edwards 9b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Co						0.41	
Ma	d 2 s th en 7 Is r traul		Rose Q. Neverdo					reet, N.E.				20019	
e,	Health Health em 27 other tr		20e. Method of Disposition	-	20b. Pleca	of Disposi	tion (Neme of	1	Dete	20c. Location			
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Item 27 Is marked other than 's high joliury or other traumatic event, the Means.		1 XBuriel 2 ☐ Cremetion 3		came	itery, crema	atory or other p						
=======================================	artme prtan		4 Donetion 5 Other (Special Signature of Euneral Service Lice		GIEII		Cemeter			Washing			
Ba	permit. Departmingorta any inju		21. Signeture of Funeral Service Licensee 22. Name and Address of FacilityMcGuire Funeral Service Control of Funeral Service Control of Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of FacilityMcGuire Funeral Service Control of Facility McGuire Funeral Service Control of Facility										
	-		23a Part1 Enter the disease or co	molications that Ausa	d the death D								
Ų	Physician /Medicai Examiner		23a. Part1. Enter the disease, or co shock, or heart failure. List on	y one cause on each li	ne.	o not antai	the mode of d	yang, soon os cardioc	or respiratory	011001,		Approximete Interval Between Onset end Deeth	
			Immediete Cause (Finel		Primary	VARY EMBOLISM MULTIPLE 36 HOURS							
			disease or condition resulting in deeth)	е	Due to (or es e consequenca of):								
	_	je			ALCOL		WITH			1			
	law requires that the death certificate be executed es been signed by the attending physicien and 2 Should be deteched for use as the buriel-trensit	Examiner	Sequentielly list conditions.	b	Due to (or es e consequence of):								
ó	en ar		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury										
68760,	ate b	Medical	that initiated events resulting in deeth) Lest	e conseque	ence of):								
9	artifica ing ph e as t	Mec											
Box	that the death ce ed by the attendia deteched for use	Physician/									1		
o O	the a		ysic	Part II. Other significant conditions	contributing to death b	ut not resulting	In the und	lerlying cause g	given in Pert I.	23b. Dic	tobacco uss co	entributs to	the cause of death?
P. 0.	hat the by detection							V TO	1 □ Yes 2 □ No 3 □ Probably 4 💢 t			bably 4 Unknow	
of Vital Records,	signed be del	1 by					04. 11/2		24h W				
Ö	v requir been s should	Completed	LEFT LUNG				24e. We	s en eutopsy formed?	avi	ere eutopsy findings elleble prior to mpletion of ceuse			
ě	hes law	d E									of	death?	
ā	E at a								1 🖾	Yes 2□No	10	Yes 200No	
=	Physician: The this certificate and director, per	Be	25. Wes case referred to medical exeminer?	Hospitel: >> .				26. Piece of Deal					
o	Physical direction	To :	1 ☐ Yes 2 ☐ No 27. Manner of Deeth	1 Launpatie		Outpetient Time of	3LI DOM	4 Li Nuising no		idenca 6 Oth		v)	
	5 5 5	tlon	1 X Natural 5 ☐ Pending	(Month, De	(Month, Dey Year)			o. Time of 28c. Injury et Work? M 1 Yes 2 No			28d. Describe how injury occurred		
Division	Attending or death.	fica	3 ☐ Sulcide 6 ☐ Could not	be Diagonal India	urv - At home.	ferm. stree			28f. Location	ion (Street and Number or Rural Route Number,			
2	after Dire	Certification:	4 ☐ Homicide	Homicide determined 28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)				City or Town, Stete)					
	spita nours neral		29e. Certifier 1 Certifying F	hysician: To the best	of my knowled	ge, death o	occurred at the	time, dete end plece,	end due to the	cause(s) and ma	anner as si	ated.	
	To the Hospital or Attendil within 24 hours after death. To the Funeral Director: A completely filled in by the fu	edical	(Check only 2 Msdical Expone)	miner: On the besis of end manner ste	examination a	and/or inve	stigetion, in my	opinion, death occur	red at the time	, date and plece,	and due to	the cause(s)	
	within To th	X	29b. Signeture end title of certifier				29c. Licer	nse number		29d. Dete signe	d (Month,	Dey, Year)	
			Pour seach	AS2	52402321 PS9945 OCTOBER 02, 1996								
	4		30. Name and address of person who		leeth (Item 23s	(Type, Pr	int)	EWE BA					
	Sta		31. Dete filed (Month, Day, Year)	32. Registr	ar's Signeture					/ / / / /	41 .00		
	Registr	ar	OCT 0 8 1	996	AL HAMPING	4-North							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day 1996 OCT. 5 6:40PM NIXON R. 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth P.G. ALLEGIS OF SOUTHERN MARYLAND CLINTON 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Months Days Hours Min. JULY 4 Birthplace (State or Foreign Country) M 20 F 246 02 8365 1960 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits TØ Yes 2 □ No CLINTON P.G. 10f. Zip Code 10g. Citizen of What Country? 20735 USA 7905 CANBERRA PLACE Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American indian, Black, White, etc. 1 XYes 2 No If Yes, Give Year or Dates: UNK 1 X Never Married 2 ☐ Married Specify: BLACK 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Eiementery/Secondery (0-12) Coilege (1-4or 5+) ARMY RECRUÍTER ARMY 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) LENORA SHAW SANDERS WILLIAM E. NIXON JR. 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7905 CANBERRA PL., CLINTON MD. 20735 EVELYN NIXON HINTON/SISTER 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removel from State SELMA MEM.GARDENS OCT 12 1996 5 Other (Specify) SELMA, N.C. 21. Signature of Fuperal Service Licenses 22. Name and Address of Fecility WATSON F. H. INC. 3435 14th ST., N.W. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heer failure. List only one cause on each line. Approximate Interval Between Onset and Death 2 months Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 20 No 1 ☐ Yes 2 ☐ No 26. Place of Beath (Check only one)

Box 68760.

The law requires that the death certificata be axecuted Bud attending physician I for use as the buna Division of Vital Records, P.O. signed by i certificata Is or Attending Physicien: The state doubt.

Is after doath.

In Director: After this certificate ed in by the funeral director, pe

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hygians. Important: if them 27 is marked other than "naturel", or frems 23a or not once.

Physician /Medical

Examiner

BRIAN

5. Social Security Number

10a. State

MD.

10e. Street and Number

4 Donation

immediate Cause (Final

disease or condition resulting in death)

Director

Funeral

þ

Completed

Be

2

To the Hospital within 24 hours a To the Funeral Completely filled the Hospital

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Ď Completed 25. Was case referred to medical Other: 4 ursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Maturai 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide

29d. Dete signed (Month, Day, Year)

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

Suite 1 A 3710 Rivion St. EM MAGHEL VARKEY 31. Dete filed (Month, Day, Year) OCT 1 0 1996

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

State Registrar

Be

To

Certification:

edical

29a. Certifier (Check only one)

29b. Signature apertitie of certifier

32. Registrer's Signature

Subject State of The

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible

State of Maryland / Department of Health and Mental Hygiene

1	II Copies A	re L	eglble.						
Mental Hygiene			96	3		8	0	6	
	Reg	. No.							
	2. Dete of Deeth	Day.			3.	Γima	of D	eeth	

					Cer	tificate o	i Death		Reg. No.				
Dhuaic		1. Decedent's Neme (First, Middle, Las	it)					2. Dete of D	Deeth Dev	Year	3. Time of Deeth		
Physici /Medi		David Elliott		Nicl	hols		October 8, 1		11:18 A				
Examir		4a. Fecility Neme (If not institution, give	street end num	ber)			4b. City, Town	n, or Location of Dec	ath 4c. Coun	ty of Death			
		Memorial Hosp	ital @	Easto	n		Eas		on Talbot				
Funeral Director		5. Sociel Security Number 6. Security Number 231-42-3357	ex M 2□F	7. Age (In yrs. la: 59	st birthdey). Yrs.	if Under 1 Yes Months Dey		Min. (Month, L	8. Dete of Birth (Month, Dey, Year) 9. Birthplace Country) IOV 15 1936 Virgin				
P		Usuel Residence of Decedent											
anylan ahow		10e. Stete 10b. County		10c. City,	Town or Lo	cation				10	d. inside City Limits		
the Marylar r 28a-f ahow notified at	cto	Maryland Caroline	9	Rid	gely						1⊠Yes 2□No		
with the Maryland a or 28a-f ahow the notified at	Directo	10e. Street and Number				10f. Zip Code	•		10g. Citizen of	Whet Countr	y?		
23a	a	202 Maryland Ave.	Apt. 2			216	60		U.S	S.A.			
ter des	Funeral	11. Maritel Stetus	12. Wes Deced	dent Ever in U,S. ces?	13. V	Ves Decedent of Yes, specify Co	f Hispanic Originuben, Mexican, I	n? (Specify Yes or Puerto Rican, etc.)	14. Ra	ce - America			
	by	1 ☐ Never Married 2/5 Merried 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:			□Yes 2√2N		,		יי Whit			
d 2 should be filled within 72 hours af th and Mental Hygiene. 7 is marked other than "naturel", or traumatic avent, the Medical Examples.	ed	15. Decedent's Ed	ucation		16a. Deced	ent's Usuel Occ	upation	According	16b. Kind of I	Business/Indu	istry		
within 7 ene. than "r	Completed	(Specify only highest grade Elementery/Secondary (0-12)	College (1-	4or 5+)	life. L	NOT use reti	ne during most o ired)	r working					
giene.	5	10			equipment operator			r	Midsho	ore Paving			
e filed al Hygie other vent, tr	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's	Neme (First, Middle	le, Meiden Sume	me)			
12 should be for and Mental I is marked of raumatic ava	To	James Nichols					Inez	Green Ni	chols				
of E		19e. Informent'e Neme/Reletionship (7	ype, Print)		19b. Meilin	g Address (Stre	et end Number	or Rural Route Num	ber, City or Town	n, Stete, Zip C	Code)		
s 1 and 2 should be filed Health and Mental Hyg tam 27 is marked othe other traumatic avant,		Betty Jane Schmitt	Nichol	s/wife	P.O.	Box 25	Ridgely	v. Marvla	nd 21660				
of He		20e. Method of Disposition		20b. Pie	ce of Dispos	sition (Neme of setory or other p		Dete	20c. Location		m, Stete		
bermit. Pages 1 ar Department of Hea Mportant: If Itam 3 nny Injury or other MGs.		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		1919		ro Ceme		10/12	Greens	boro.	Maryland		
pemit. Pages 1 and 2 Department of Health s Important: If Itam 27 is any injury or other tra once.		21. Signeture of Funeral Service Licens				Neme end Add		1					
Depa Impo Impo any is		1 Auch	- C	, e_1/	-	P.O. Box	x 160 (oein Fune: Greensbor	o. MD 21	639			
		23a. Pert1. Enter the disease, or comp shock, or heart tellure. List only of	lications that ca	used the death.	Do not ente	or the mode of d	ying, such es ca	rdiec or respiratory	arrest,		Approximete nterval Between		
Physician		Onset											
/Medical Examiner		trimediate Cause (Fine) disease or condition Acute Hepatorenal Failure											
Examiner		Due to (or as e consequence ot):											
D #	ine	Chronic Liver Failure									ears		
and trans	Examiner	Sequentially list conditions, Due to (or as e consequence ot):											
an sian sian sian sian sian sian sian si	n n	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	_		i i								
ate b hysic the b	edicai	that initiated events resulting in death) Last Due to (or as a consequence of):											
certificate be executed ding physician and ise as the burial-transit	/Mec									i 1			
th ce tendi	an		d							1			
death ne etter ed for u	sici	Pert II. Other significant conditions co	ntributing to dea	th but not result	ing in the un	derlying cause	given in Pert t.	23b. Di	d tobacco use c	ontribute to t	the cause of death		
ires that the death or signed by the etten d be detached for u	Physician	Calan Canada							Y00 20 No	3 Probe	ibly 4 Unknow		
th se do	by	Colon Carcino	ma						_ ^				
v requires been sign should be									es en autopsy formed?	24b. Wer	a autopsy findings lable prior to		
- D W	pie							_		com	pletion of cause seth?		
The law ata has page 2	Completed							10	Yes ANO	10	Yes 2010		
ician: Th certificata rector, pa	BeC	25. Wes case reterred to medical					26 Place o	t Deeth (Check only			7		
Physician: The I this certificata ha	ToB	examiner?	Hospitel: 1 1 In	patient 2 E	NOutpatient	3□ DOA C	Whor	ing Home 5□Re		her (Specify)			
Phys eral di		27. Menner of Deeth	28a. Dete of	Injury 2	8b. Time of	28c. In			e how injury occu				
th.: Afte	atio	Netural 5 Pending investigetion	(Month	, Day Year)	Injury		/ork? □Yes 2□No						
Attar dea	fice	3 ☐ Suicide 6 ☐ Could not be	of Injury - At hom	e, ferm, stre	et, tectory, offic	e		ocation (Street end Number or Rural Route Number,					
P effe	Certification:	4 ☐ Homicide	building	g, etc. (Specify)				City or T	own, Stete)				
To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		29a. Certifier 1□ Certifying Phy	rician: To the b	est of my knowle	edge, deeth	occurred at the	time, dete and r	olece, and due to th	e cause(s) and n	nanner as sta	ted.		
Ho 24 h Fur etely	edicai	(Check only) 2 Medical Exam	ner: On the bas	is of examinetion	n end/or inv	estigetion, in my	opinion, deeth	occurred at the time	, dete end piaca	, and due to t	he cause(s)		
X C Z O	Me	29b. Signature and title of certiles	MT	>		29c. Lice	nse number		29d. Date sign	ed (Month, D	ey, Year)		
\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			NI	1		0.4	0 - 1			, , , , ,			
withi To th		Macx	V	1.		n u	6011		0 0	1000			
withi To th	_	Muss					806	7	Oct. 8	, 1996			
To the To the Coming Co		30. Name and address of person who co				Print)		7 n, MD 2160		, 1996			

a ravidson-Randelle

State Registrar

OCT 15 '96

Physician /Medical Examiner

attending physician

signed by the s

peen

To the Hospital or Attending Physician: "And 24 hours aftar death."

To the Funeral Director: After this certifica

Director: d in by the

ylely

page certificate

2

Certification:

Medical

27. Mannar of Death

4 Homicida

88

be axecuted hysician and the burial-transit

Box 68760.

P.O. F

Records,

Division of Vital

with the Maryland

death

filed within 72 hours after

ehow

7 is marked other than "natural", or items 23a or 28a-f show treumatic event, the Medical Examiner must be notified as

nd Mental Hygiena. marked other than

26. Placa of Death (Check only ona) Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 1 XYas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatieni 3 █ DOA

28a. Date of injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred

5 Pending invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Suicide 28a. Place of injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Cartifian

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and litia of certifiar 29c. Licansa number 29d. Data signad (Month, Day, Year)

30. Nama and addrass of person who completed cause of daath (Item 23和)外中中enn Street, Baltimore, Maryland 21201

O.C.M.E

OCTOBER 08,1996

Radentz, MP phen ate tilad (Month, Day, Year) 32. Registrar's Signatura

State Registra

Product of the state of the sta

					State of M	laryland		rtment o			nd Me		giene	96 3	31808
	Physic		Decedant'a Nama (Firs Howar	_	Lawren	ce	01	Neale,	Sr	• .		Data of De Month Octobe	ath Day	996	3. Tima of Death
	/Medi		4a. Facility Nama (If not in					neare,				tion of Deat	-	ty of Death	LIN
<i>k</i> *	Examil Funeral Director	ner	Annapolis 5. Social Security Number	Nurs 6.8	ing & Reh		atio r t birthday) Yrs.	Ctr. If Undar 1 Y Montha	rear	Annap If Undar 2 Hours	olis 4 Hrs. 8 Min.	Data of Bir (Month, Da June	l l	Anne Ar	cunde 1 ce (State or Foreign) Land
	pu *_		Usual Rasidence of Dece 10a. Stata 10b.	County		10c. City, 1	Fown or Lo	cation						100	d. Insida City Limits
	he Maryi 28a-f sho ottfed a	Director	MD		rundel			nnapol							XX Yea 2□No
	E 0 8		10e. Street and Number					10f. Zip Co	oda				10g. Citizen of		
21215-0020	n 72 hours after death with the Maryland "natural", or Herns 23a or 28a-f show id cal Examinar must be notified at	by Funeral	822 Bouches 11. Marital Status 1 Navar Married 2 3 Widowed 4 D	☐ Married	12. Was Decedant Armed Forcas' 1 Yas 2 X If Yaa, Giva Yaar or Datas:	?		Vas Decedant Yas, specify	t of His Cubar	1403 spanic Origin, Maxican, Specify:	in? (Speci Puarto Ri	fy Yas or No can, atc.)	14. Ra Bi	ed Stat ace - Amaricar ack, Whita, at thy: Whit	n indian, c.
5-0	72	etec	15. D (Specify only	ecedent's Ed	lucation da complated)	1	(Giva	ant's Usual O	iona di	urina most o	of working		16b. Kind of	Businass/Indu	atry
121	- A	Completed	Elamantary/Secondary		Coilaga (1-4or	5+)	lifa. L	OO NOT use r	etired)			ectric			
	77 1		8 47 Fath-da Nama (First)	letateta di a an			Comp	any Wo						lity	
Maryiand	S and S	Be	17. Fathar's Nama (First, I								- 1		Maidan Suma		
Z	and Mental and Mental	1º	Robert Mor										a McKi		
Ma	C1 00 72 10		19a. Intormant's Name/Ra										er, City or Tow		
	of Health item 27 in other tr		Howard L. O		, JrSon			Burle sition (Nama	-	load A		OILS,	Mary 1 an	- City or Tow	
altimore,	3 4 5 4		1 Burial 2 Crar		Ramoval from Stata	cem	atany, crem	atory or otha	r place	-	1				, Marylan
Balt	permit. Pages Department of Important: If it any injury or conce		21. Signature of Funaral S	1	. Vi	le	14		of	Glou	John	er St.	Annap	olis, 1	
	Physician /Medical Examiner	94	23a. Part1. Enter the disa shock, or heart tellur Immediata Causa (Final diaeasa or condition resulting in death)	e. List only	ona causa on aach i	Due to (or as	lac	20	l dying	y HE	ardiac or i	aspiratory a	rrest,	1 1	Approximata ntarval Batween Onset and Death
Box 68760,	death certificate be executed e attending physician and ed for use as the burial-transit	Physician/Medical Examiner	Sequentially list condition if any, leading to immedia cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	s, ta	ь. <i>Сочена</i>	Due to (or as		/		sea	se			Mea	y Jaor
	death he atte	sicie	Part It. Other significant of	onditions co	ontributing to death t	out not resultir	ng in tha ur	darlying caus	a giva	n in Part i.		23b. Dtd	tobacco use c	ontribute to t	he cause of death
, P.O	that the dended by the a	by Phy										1 🗆	Yes 2□ No	3 Probe	bly 4 Nunknow
Records,	law requires as been sign 2 should be	Completed b										24a. Was	an autopsy rmed?	avail	a sutopsy tindings able prior to pletion of cause seth?
	0 - 0	Son										10	Yas 20 No	10	Yas 2□ No
Viitai	ician: The	Be	25. Was casa rafarred to axaminar?	-		_				26. Place	of Death (Check only	ona)		
of	G to S	10	1 ☐ Yas 2 页 No		Hospitai: 1 ☐ inpati	ant 2 ER	VOutpatien	3□ DOA	Otha	r: 4□XNurs	sing Homa	5 □ Rasi	dance 6 □O	ther (Specify)	
	Attending Ph r death. ector: Atter th by the funeral	atlon:	27. Mannar of Death 1 Natural 5 2 Accidant	Panding investigation	26a. Data of Inju (Month, Da	ary Year) 26	Bb. Tima of injury	28c.	Injury Work	at ? ′as 2 □ N		d. Describe	how injury occi	urred	
Division	i or Atte after de Directo d in by th	Certification:	3 ☐ Suiclda 6 ☐ 4 ☐ Homicide	Could not be datarmined	28a. Place of In	jury - At home c. (Specify)	a, farm, stre	eat, factory, of	ffice		28	f. Location (City or To	Street and Num wn, Steta)	ber or Rural I	Routa Number,
	To the Hospital or A within 24 hours after To the Funeral Director Completely filled in b	edical C	29a. Cartiflar 1 € C (Check only one) 2 ■ M	ertifying Phy edical Exam	vsician: To the best strer: On the basis of and manner st	fexamination	dge, daath and/or inv	occurred at the astigation, in	ha tima my opl	a, date and Inion, death	piace, end	d dua to the et tha tima,	cause(s) and n data and place	nanner as state, and dua to t	led. ha cause(s)
	Within To the	Me	29b. Signature end the of	compet		-	X	29c. Li	cense	number			29d. Data sign	ed (Month, Di	ay, Year)
	->-0	ı i	4///	10	//	(12	_	DOS	102			0 +	7	1006

Richard I. Hochman, M.D. 1833A Forest Drive Annapolis, MD 21401(410-263-0770)

D05192

October 7, 1996

State Registrar

31. Data tiled (Month, Day, Xe

30. Nama and addrass of person who complated causa of death (itam 23a) (Type, Print)

er village of the state of the property of the party of t

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month **Physician** John Randall Owen October 3, 1996 2:25 AM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Suburban Hospital Bethesda Montgomery If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (Stete or Foreign Country) **Funeral** 1X M 2□ F Months Days Hours 76 Yrs. Director 553-18-6861 April 12, 1920 California Usual Residence of Deceden the Maryland 10a Slale 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, tre Medical Examiner must be notified at 1X Yes 2 □ No Directo Maryland Montgomery Chevy Chase 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4400 Elm Street 20815 United States Funeral 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours after 1 ⊠ Yes 2 □ No If Yes, Give Year or Dates: WW II 1 Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorcad Specify: White Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry United States Department permit. Pages 1 and 2 should be filed withit Departmant of Health and Mental Hyglena. Important: if flam 27 is marked other than any injury or other traumetin. Elementery/Secondary (0-12) College (1-4or 5+) of Agriculture Writer/Editor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) Florence Marie Randall Alva George Owen 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zlp Code) Margaret S. Owen/Wife 20815 4400 Elm Street, Chevy Chase, Maryland 20b. Place of Disposition (Name of cametery, crematory or other place) Oct. 4, 1996 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlai 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) M00846

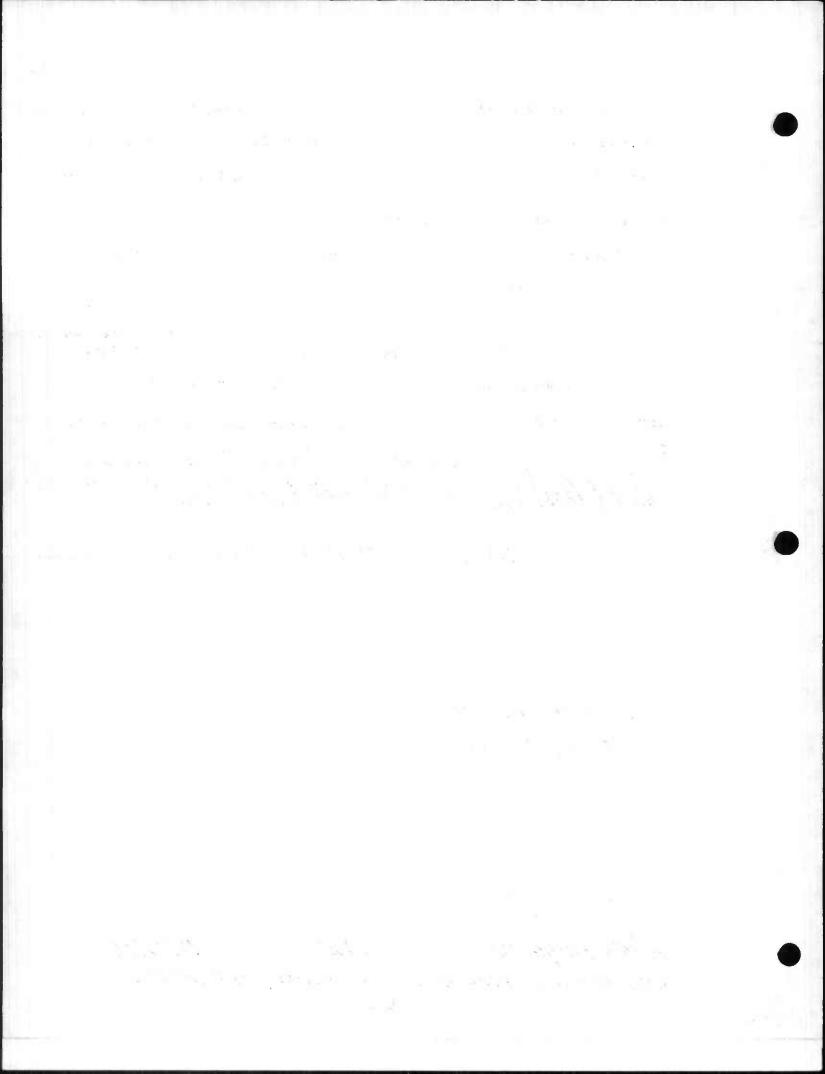
ROBERT A. Pumphrey Funeral Home/Bethesda-Chevy Chase, 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501

artockat caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, Approximate Montgomery Crematorium, Inc. Bethesda, Maryland the the disease, or complete the disease, or c **Physician** /Medicai Immediate Cause (Final MASSIVE PNEUMONIA WITH SEPSIS disease or condition resulting in death) Examiner and Sequentially list condillons, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of) Box 68760 physician that the death certificate be Physician/Medical the Due to (or es e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 3 DIABETES MEUITUS 1 Yss 2 No 3 Probably 4X Unknown signed b Records, 9 24b. Were eutopsy findings evaileble prior to completion of cause of death? 24a. Was an autopsy performed? Completed RENAL WSUFFICIENCY Deed 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificata Division of Vital al or Attending Physician: The safter death.

I Director: After this certificated in by the funeral director, pagin by the funeral director director, pagin by the funeral director dir Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 XInpatlent 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 X Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide To the Hospital or within 24 hours aft To the Funeral Di completaly filled in 1 Cartifying Phyafclan: To the best of my knowledge, death occurred at the time, date end plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a, Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Dele signed (Month, Dey, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 10+1 11420 ROCKVILLE PIKE# 20 ROCKVILLE, MD. 20852 32. Degistrar's Signature 31. Date filed (Month, Dey, Yeer) State Registrar

DHMH 16 Rev 6/95



					State	of Ma	ryland				Health a Death	and M	lental Hy			6	318	10
	Physic	ian	1. Decedent's Neme (#			ומ	OTOP.				Doutin		2. Dete of De Month OCT.	Dev	- 100	996°		of Deeth
3	/Medi	cal	ROBE		AIDEN		RICE	Sl	۲.					9,	-		11:	26 AM
1	Exami	ner	4e. Fecility Neme (If no PHYSICI.		ve street end nu MORIAL		SPITA	A T			LA PL		ocation of Deet		-	of Deeth		
H	U	-	5. Social Security Num		Sex			st birthdey	If I Inde	r 1 Yea			0 0-1- (0:		HAR		40.	
	Funerai Director		578-10-823 Usual Residence of De	35	M 2□ F		85	Yrs.	Months			Min.	8. Dete of Bir (Month, Di July 1	1, 1	911	Cou	ntry)	e or Foreign
	dand			0b. County			10c. City	Town or L	ocation								10d. Inside	City Limits
	Many	to	Maryland C	Charles			La P	lata									1 🗆 Ye	es 2/JNo
	28s	Directo	10e. Street end Number						10f. Zi	o Code				10g. Citi	zen of V	Vhet Cou	ntry?	
	3a o		6150 Kerri	ck Driv	10				206	16				II C	٨			
	me 2	Funeral	11. Meritai Stetus	CK DI II	12. Wes Dec	edent E	ver in U,S	3. 13.			Hispenic Orig	gin? (Sp	ecify Yes or No Rican, etc.)	U.S.		e - Americ	can Indien,	
020	filed within 72 hours effer death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ent, the Modical Examinet must be notified.	by Fur	1 ☐ Never Merried 3 ☐ Widowed 4 ☐	**	Armed Fe 1 Yes If Yes, Gi Yeer or D	2 X No			If Yes, spe 1 ☐ Yes			, Puerto	Rićan, etc.)			k, White, Whi		
0	2 ho			. Decadent's E	ducation			16e. Dece	dent's Usi	al Occu	petion	11		16b. Ki	nd of Bu	siness/In	dustry	
Maryland 21215-0020	s 1 and 2 should be filed within 7 f Health end Mental Hygiene. Itam 27 Is marked other than "n other traumatic event, the Men	Completed	Elementary/Seconda	only highest gra ary (0-12)	ede com <i>pleted)</i> Cotlege ()		Driv		e during mosi ed)	of work	ing	D.C.			t Aut	hority
D	of Hy	Be C	17. Fether's Neme (First	st, Middle, Last)						18. Mothe	r's Neme	First, Middle	, Maiden	Sumer	10)		
<u> a</u>	Mental Mental arked o	To	Jesse Buch	er Pric	ce						Ann	a Ge	neva M	alco	lm			
an	should land Men		19e. Informent's Neme	/Reletionship (Type, Print)			19b. Meil	ng Addres	s (Stree			al Route Numb			Stete, Zip	Code)	
-	and 2 ealth e n 27 is		Evelyn Mar	rion Pr	rice / S	Spou	se	6150	Kerri	ck I	Drive,	La	Plata,	Mary	/lan	d 20	546	
Baltimore,	00- 5		20e. Method of Disposi 1	remetion 3 [State	20b. Ple	netery, cre	osition (Ne metory or	me of other pla	есе)		Dete /12/19	20c. Lo	cation -	City or To	own, Stete	and
Balt	permit. Pag Department Important: I any Injury o	J	21. Signeture of Funer PK Mark G 23e. Pert1. Enter the c shock, or heert fe	ei Servica Poer	wn MO						e = 100e							unu
·	Physician		23e. Pert1. Enter the c shock, or heert fe	diseese, or com oilure. List only	plicetions thet one ceuse on o	caused to	he deeth.	Do not en	ter the mo	de of dy	ing, such es	cardiac (or respiretory e	rrest,	10	2060	Approxim Intervel B Onset en	ete etween d Deeth
1	/Medicai Examiner		Immediate Ceuse (Find disease or condition resulting in deeth)	el	e. A	_		RE3			Ry (2A1	LURE	•		-	30	MINS.
	D #	ner			Ch		NIC				TIVE	Ou	Lmon	MRY	210	ME		
o,	cate be axecuted bhysician and the buriel-transit	Examiner	Sequentially list condition if any, leeding to imme cause. Enter Underlying Ceuse (Disease or injury)	lons, edlete	b			es a conse			,,,,,							
68760,	ificate be g physici es the bu	edical	Ceuse (Diseese or inju thet Initieted events resulting in death) Lest		C	D	ue to (or	es e consec	quenca of):			M-98-						
ŏ	leath certific attending p	2			d													
n	death e atte	icia	Pert il. Other significar	nt conditions o	antributing to d	eath hut	not resuit	ting in the	nderlying	Palles A	iven in Pert I		23h Did	tobacco	uee cor	stribute to	o the cours	of death?
8, P.O. Box	ras thet the de igned by the a be detached t	by Physician/M	Conf	ESTIVE	= HEA	RT	FA	1 _ 4										☐ Unknown
Records,	been should	ompleted b	PANC	REAT	ic T	14	mok	2.					24e. Wes	en eutopormed?	osy	av co	ere eutops ellebte prio mpletion o	r to
He He	The law	Comp	Die	BETES	me	221	-171	15					10	Yes 2	20 4o		death? ∃Yes 2l	□No

28e. Dete of Injury (Month, Dey Year)

25. Wes case referred to medical exeminer?
1 ☐ Yes 2 ☐ No Hospitet 1 npatient 2 ER/Outpetient 3 DOA

27. Manner of Deeth 1 Neturel 2 Accident 5 Pending investigation

6 Could not be determined 3 Sulcide 4 Homicide

29e. Certifier (Check only one)

The certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as steled.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner steted. 29b. Signeture and title of certifier

29c. License number 028281

28c. injury et Work?

1 ☐ Yes 2 ☐ No

29d. Dete signed (Month, Dey, Year) 109

28f. Location (Street end Number or Rural Route Number, City or Town, Stele)

28d. Describe how injury occurred

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

26. Plece of Deeth (Check only one)

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Benjers, Nelson, MD 6B Industrial Park Drive, Preston Drive, Waldorf, MD 20602 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture

State Registrar



28b. Time of

28e. Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

To the Hospital or Attending Physician: The law requires thet the within 24 hours after death.

Within 24 hours after death.

To the Funeral Director: After this cartificate has been signed by completely filled in by the funeral director, page 2 should be detacted.

Division of Vital Records,

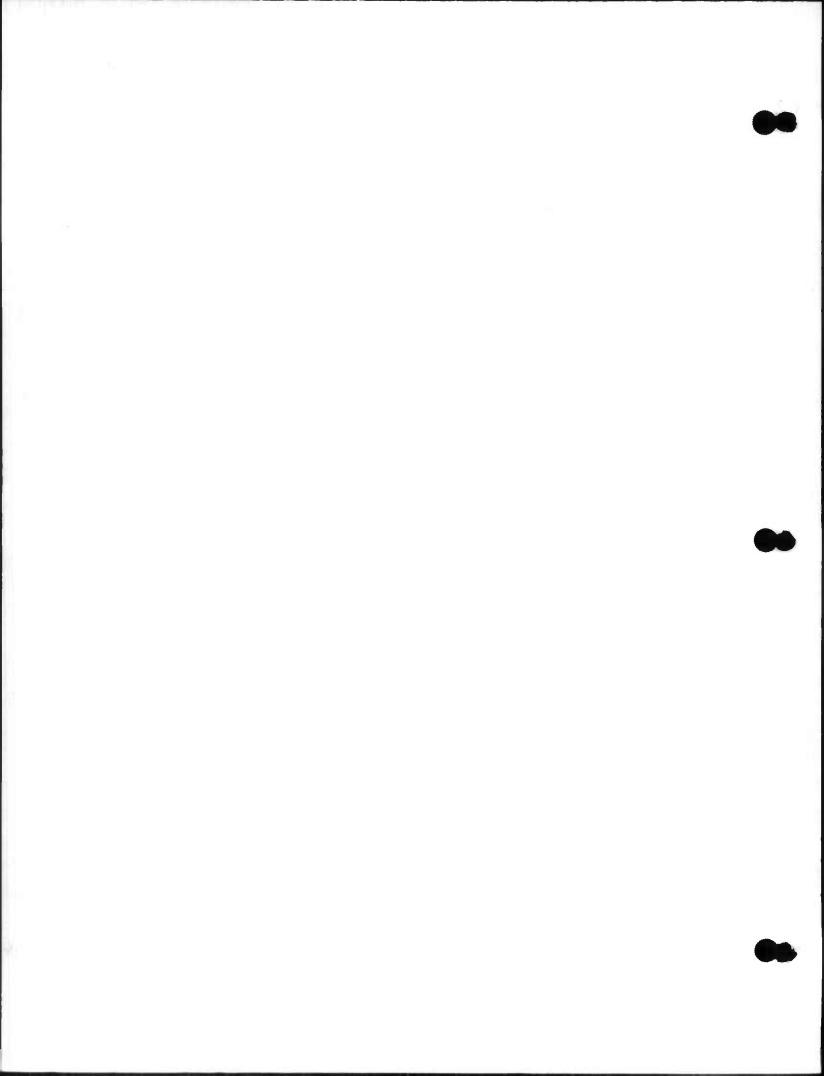
Be

Medicai Certification: To

DIVISION OF VITAL RECORDS, P.O. BOX 68760, G BALTIMORE, MARYLAND 21215-0020

age 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	er must be notified at once.
ours after death.	d in by the funer or removal.	medical exam
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARY!	LAND / DEPART			ENTAL HYGIENE		
	1. DECEDENT'S NAME (First, Midgle, Last)	Prot	F,++		2. DATE OF DEATH	1. 1995 A	3. TIME OF DEATH 454 PM
	252-05-2488 1 □ M 2X F		F UNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS. THOURS MIN. A	ODATE OF BIRTH (Month, Day, Year)	907 Geo	CHPLACE (State or Foreign orly) Orgia
TOR	98. FACILITY NAME (If not institution, give street and number) Holy Cross Hospital RESIDENCE OF DECEDENT	9		Spring	Н	Montgo	
DIRECTOR	Maryland Montgomery		town on Locat ver Spr	17.1			10d. INSIDE CITY LIMITS? 1 YES 2 \ NO
FUNERAL	9505 Thornhill Road		10f	20901		109. CITIZEN OF	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR DR (2 X NO	If yes, spi	ENDENT OF HISPANIC policy Cuben, Mexican, 12 X NO Specify:	ORIGIN? (Specify Year Puerto Rican, etc.)	Bla	E — American Indian, ck, White, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1.2 College (1-4 or 5+)	life. Do NOT use i	rk done during mo retired.)		16b. KIND OF BUSI	NESS/INDUSTRY	ion Assoc.
OM	17. FATHER'S NAME (First, Middle, Lest)	Bookke	eper	18. MOTHER'S NAME	National Nation S		Ton Assoc.
BE (Warner Austin Camp				nces Hairs		
2	John L. Proffitt / Son	196. MAILING AI			t . Torren		lfornia 90503
	20a. METHOD OF DISPOSITION 20	b. PLACE AND DATE OF metery, crematory or othe OTT LINCO	DISPOSITION (Na	me of		ATION - City or 1	Town, State
	21. SIGNATURE OF FOMERAL SERVICE LICENSEE		22. NAME AN 11800	New Hamp		inaldi I nue	Funeral Home
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF	enter the model of senter to the senter to t	en of dying, such a service of the s	demi	etory ariest.	Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death if				1 YES 2	MEDT	B. WERE AUTOPEY FINDINGS ARALABLE PROOF TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINERY HOBEPITAL:	10	36. PL	ACE OF DEATH (Check	only and		
	7 YES 2 ONO Inpetient 2 ER/Out 27. MANNER OF DEATH S Pending 1 Pending		Mursing Home	HC7	Other (Specify) Bid. DESCRIBE HOW IN.	JURY OCCURED	
TED BY	Suisside B Could not be determined 256. PLACE OF BULIFF	Y — At home, farm, stre lofy)	100	7	Bt. LOCATION (Street an City or Town, Stale)	nt Number or Runif	Route Number
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of examination						(a) and manner as stated.
TO BE C	296. SIGNATURE AND PITLE OF CERTIFIER	AME		29c, LICENSE NUMBE	6757	29d. DATE SIGNE	D (Month, (Pey, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI 2440 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	. Just-	(80 mm)	14 1/	ash ingt	En De	20037
	OCT 0 8 1996 Julia Dai	ridson-Randal	2		/		



State of Maryland / Department of Health and Mental Hygiene

		Certificate (eg. No. 96	3 8 2
Physicia		GOODSELL MAUDE PIERCE	Į	Month	Day Yea	
/Medic Examin		4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Lo	OCTOBER cation of Death	3, 1996 4c. County of De	eath
EXAMINIT	er	NONE 6512 CARRIE LYNN COURT	MT. AIRY		CARROL	L
Funeral Director		5. Social Security Number 134-10-3313 6. Sex 1 M 2 F F 86 7. Age (In yrs. last birthday) Wonths D Worth Residence of Decedent	/aar If Under 24 Hrs. Pays Hours Min.	8. Date of Birth Month Day AUGUST	18", 1910 S	Sinthplace (State or Foreig VRACUSE, N. Y
with the Maryland a or 28a-f show Lbe notified at	tor	10a. State 10b. County 10c. City, Town or Location ARLINGTON ARLINGTON				10d. Inaide City Limit
th with the 23a or 28a	Funeral Director	10e. Street and Number 10f. Zip Co 6536 NORTH 27TH STREET 2227		1	0g. Citizen of What (
urs o	by	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Evar in U,S. Armed Forces? 1 Yes 2 No If Yas, apecify 1 Yes, Give Yaar or Detes: 13. Was Decedent Evar in U,S. Armed Forces? 14. Was Decedent Evar in U,S. Armed Forces? 15. Was Decedent Evar in U,S. Armed Forces? 16. Yas, apecify 1 Yes, Give Yaar or Detes:	of Hispanic Origin? (Spe Cuban, Mexicen, Puarto I No Specify:	ecity Yas or No- Ricen, atc.)	Bleck, Wi	nericen Indian, hite, etc. UCASIAN
within 72 ho ena. than *natur he Medical	Completed	15. Decedent's Educetion (Specify only highest grade completed) Elementary/Secondary (0-12) 2 16a. Decedent's Usual O (Give kind of work d life. DO NOT use in HOME MAKER	lone during most of working	ing	16b. Kind of Busines	ss/Industry
mount be med with the marked other than imatic avant, the materials	To Be Co	17. Fathar's Nama (First, Middle, Last) ERNEST GOODSELL	18. Mother's Name	(First, Middle, I		
27 is		19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (St 6512 CARRIE	treet and Number or Rura LYNN COURT,	MT. AI	RY, MARYL	AND 21771
_ T 5 8		20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Name of Content of Columbia Garden).	r place)		20c. Location - City of RLINGTON,	
Department of Important: If I any Injury or once.		ROBERT J.	ddress of Facility MURPHY FUN SON BLVD. AR		ME, INC.	
		23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of shock, or heart failure. List only one cause on each line.	dylng, such as cerdiac o	or respiratory arr	est,	Approximata Interval Between
hysician /Medical xaminer		Immediate Causa (Final disease or condition resulting in death) Pneumonia				Onset and Death
- 1	Je.	Due to (or as a consequance of):	· + a.			1 mont 2 years 3-5 years
ician end buriel-transit	Examiner	Sequentially list conditions. Due to (or as a consequence of)!	Iranon			- Eyear
ician er burtelt		Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Causa (Disaase or Injury	Diseas	ie		3-5480
ding physics as the b	Medical	that initiated events resulting in death) Last Due to (or as a consequence of):				
ettending for use as	clan					
by the	Physician/M	Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceus	a given in Part I.		. /	ate to the cause of death
signed b	by P			1 U Y	es 2 No 3 🗆	Probably 4 Unkno
ins aw requires that the deem centificate be exait at a has been signed by the ettending physician e page 2 should be detached for use as the buriel-	Completed			24a. Was a perion		 Were autopsy findings available prior to completion of ceuse of death?
	Con			1 🗆 Y	as 2 No	1 Yes 2 No
s certificata director, pag	Be	25. Was case refarred to medicel examiner? Hospital:	26. Place of Death	(Check only or	10)	
S 50	5	1 Inpatiant 2 ER/Outpatient 3 DOA			once 6 Other (S)	pecify)
r deeth. ector: After by the funer	tion		Injury at Work? 1 Yes 2 No	200. 20001100 11	ow mijory documed	
within 24 hours after deeth. To the Funeral Director: A completely filled in by the fu	Certification:	3 Sulcide 4 Homicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, of building, etc. (Specify)	flice 2	28f. Location (Si City or Town		Rural Routa Number,
within 24 hours after To the Funeral Dir completely filled in	Medical	29a. Cartifler (Check only one) Check only one) Continue The Continue Con	ha tima, date and place, a my opinion, death occurre	and dua to the co	ause(s) and manner ate and place, and d	as stated. lue to tha cause(s)
Within To the comp	X	29b. Signature and title of certifier 29c. Lie	cense number	2	9d. Date signed (Mo	onth, Day, Year)
		· (Barer MO)	34386		10/3	196
	-	30. Name and addrass of person who completed ceusa of deeth (Item 23a) (Type, Print)	0			1 0 . 4 4
		C Baier MD I North Mai.	n Dt. N	1+, A	iry, M	D 2177
Stat Registra		30. Name and addrass of person who completed ceusa of deeth (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) OCT 1 0 1996 32. Registrate Signature OCT 1 0 1996	J		1 '	
110913110		- I 0 1000 P//				

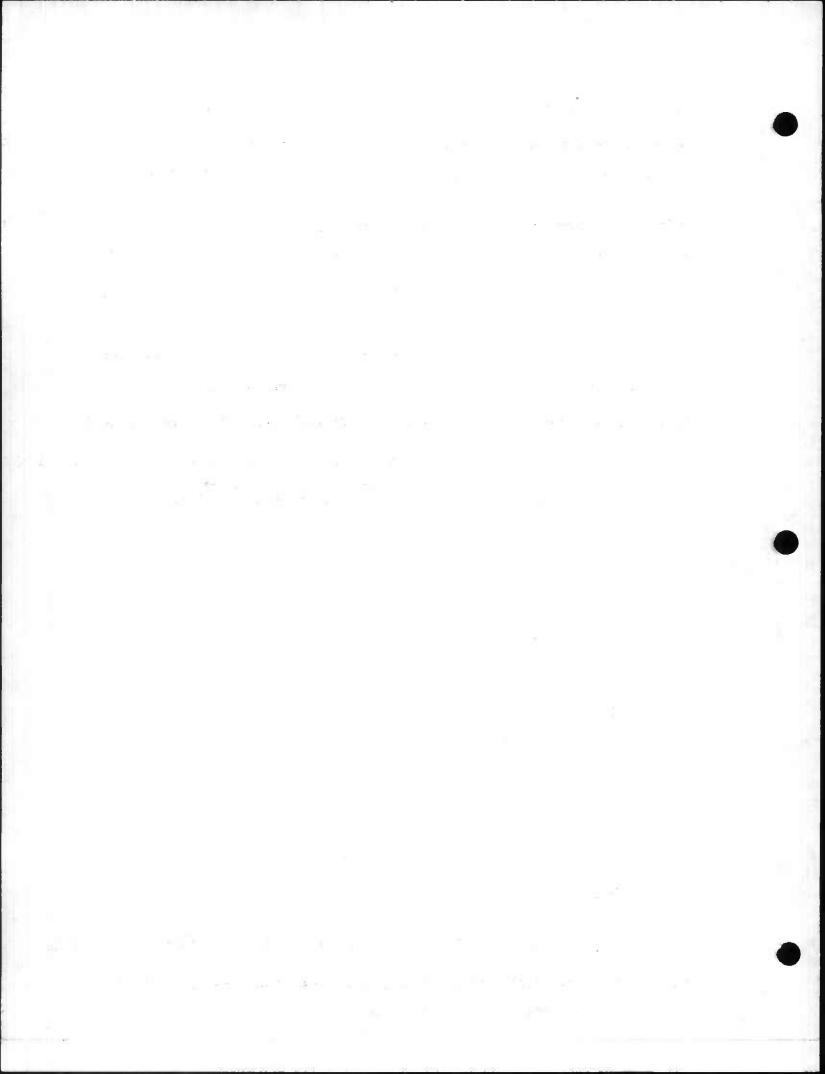
DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Month Parlato Domenica 1996 October 7:30 PM /Medical 4a. Facility Nama (If not institution, giva straet and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Meridian Nursing Center at Aspenwood Silver Spring

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Yaar) Montgomery 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Birthpleca (Stata or Foreign Country) 1□ M 2⊠F Months Days Discion Yrs. 578-14-8006 81 Oct. 11, 1914 Washington D.C. Usual Rasidance of Dacadani tha Maryland r 28a-f show 10a Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 No Directo Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ò must be 4407 Ives Street 234 20853 USA death Нете: 12. Was Dacadent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Give Yaar or Dates: 11. Maritai Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, the Medical Examiner filed within 72 hours after thygiena. Black, Whita, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White by 3 Widowad 4 Divorced Completed 16a. Dacadant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Spacify only highast grade complated) Elamentary/Secondary (0-12) College (1-4or 5+) nent of Health and Mantal Hygien nt: If Item 27 is marked other the Homemaker Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Meidan Surnama) Salvatore DiBella Antonina Cifala 19e. Informant's Name/Ralationship (Typa, Print) 19b. Meiling Addrass (Streat and Number or Rurel Routa Number, City or Town, Steta, Zip Coda) Thomas Parlato, Sr. 4407 Ives Street, Rockville, Maryland 20853 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Page Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Othar (Spacify) Gate of Heaven Cemetery 10/10/96 Silver Spring, Maryland 21. Signature of Funaral Service Licensaa 22. Nama and Addrass of Facility
Francis J. Collins Funeral Home, Inc. 500 University Blvd.W. Silver Spring, MD 20901 23a. Part1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batw Onset and Death **Physician** /Medical Immadiate Ceusa (Final neumonia disaase or condition resulting in daath) Examiner Dua to (or es a consaguance of) Examiner The law requires that the death certificate be executed physicien end Sequentielly list conditions, if eny, laading to immediata causa. Enter Underlying Cause (Disaasa or Injury that initieled events rasulting in death) Last Dua to (or es e consequance of): Box 68760. Physician/Medical Dua to (or as a consaquanca of): usa as atten for u P.O. Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Winknown signed b Records. by 24b. Wara autopsy findings available prior to completion of causa of daath? page 2 should Completed 24a. Was an autopsy performed? e Pressio 2 No Division of Vital or Attending Physician: director, Be 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) 2 No Other: Nursing Homa 5 Residence 6 Other (Specify) 1 Yes Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA After this tha funarai 27. Menner of Deeth 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 5 Pending Investigation death. 1 ☐ Yas 2 ☐ No s after death 2 Accidant 6 Could not ba determined 3 Suicida 28a. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rurel Routa Number, City or Town, Steta) filled in by 4 Homicida 24 hours Hospital Certifying Physician: To tha best of my knowledga, daath occurred at tha time, deta end place, and due to the causa(s) and menner as steted.

2 Medical Examiner: On tha basis of examination and/or invastigation, in my opinion, death occurred at tha time, data and place, and due to the cause(s) and mannar stated. Medicai completely (Check only one) within 2 To the 29b. Signature and titla of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) 30. Nama and address of person who completed causa of death (Item 23a) (Type, Print) W.J. Ninala, M.D. 18111 Prince Phillip Drive, Suite 212, Olney MD 20832 32. Register's Signetura 31. Data filed (Month State 1 0 1996 -Randell Registrar



State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	e of	Death	1	F	Reg. No.	20	31014
	Dhusia		1. Decedent'a Neme (First, Middle, L	ast)		5					2. Data of Dea	ith Day	Year	3. Tima of Death
	Physic /Medi			ELIN		PF	7Lm	A			OCTOB	ER	8.1996	17-20 7
9	Exami		4a. Excliity Name (If not institution, g	444					4b. City, To	or Lo	cation of Death		ounty of Death	
			SOUTHERN	MARY		Hosi	77776	1 7	_	111	UTON		PLINE	
	Funeral Director	_	5. Social Security Number 6. 432–05–8617	Sex 1□M Ž(XF	7. Aga (In yrs. II 82	ast birthday) Yrs.	Months	Days		Min.	8. Data of Birtl (Month, Day 10/25/	(, Year)	9. Birth Cou Ft.	place (State or Foreign intry) Smith, Arkar
	D >		Usual Residence of Decedant		40.00	-								
	show a show	2	10a. State 10b. County Maryland Charles			Town or Lo	cation							10d. Inside City Limits 1 🕅 Yes 2 🗆 No
	the N	ecto	10e. Street and Number			14011	10f. Zip	Codo				On Ohi-	4 14ff 1 C	
	with w	Funeral Director	2827 Harrison Ct				206						n of What Cou	intry?
	Jeath me 23	era	11. Maritai Status	12. Was Dece	edent Evar in U.S	5. 13.			Hispenic Or	igin? (Sp	ecify Yas or No- Rican, atc.)	USA 14	l . Race - Ameri	can Indian,
020	permit. Peges 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural; or items 23a or 28a-f show any injury or other treumatic event, the Medical Evaluation must be recitied at applies.	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed For 1 Yes, Given Year or D	2 🕅 No /8		lf Yes, speci 1 □ Yea 2				Rican, atc.)		Black, White, pecify: Whi	
21215-0020	within 72 ho ene. than *natur	Completed	15. Decedent's I (Specify only highest g Elementary/Secondary (0-12)	Education rade completed) College (1	1-4or 5+)	(Give	dent's Usual kind of work DO NOT use	l Occu k done e retire	pation during mos d)	st of work	ing		of Business/Ir	
	Hygier there there		12th			Secre	etary		40. 15-41	. 4. 44	(C) 1 1 C 1 H			vernment
Maryland	Mental H arked ot	Be	17. Father's Nama <i>(First, Middle, Las</i> Unknown	Wyant							(First, Middle,	Maiden St	umeme)	
Z	should and Man is marke sumatic	2	19e. Informant'a Name/Relationship			19h Mailie	na Address	(Street	-	nkno	W I I al Route Numbe	r City or T	Town State 7	n Code)
Ma	and 2 sauth or 27 is or treu		Larry Palma,Jr.	(1)/20(11111)						0. 0. 7.0.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r, ony or .	ovvi, Otola, zi	<i>p</i> 0000)
re,	other tr		20a. Method of Disposition			ace of Dispo	e as i	e of		T	Dete	20c. Loca	tion - City or T	own, State
m	Peges nent of h int: If he iry or of		1 Nurial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec		State	urrect		*		10/1	1/96	Clint	on, Md.	
Baltimore,	pemit. Peg Department Important: It any injury o		21. Signature of Fundral Service Lice	onsee /	//	22	2. Nama and	d Addre	ass of Facili	ity E				
•	82 5 8		Sol.	Valas.	1.						eral Ho Oxon Hi		ld. 207	45
			23a Part1. Inter the disease, or coo shock, or heart failure. List on	plications that c	au wid the death	. Do not ent	er the mode	of dyi	ing, such as	cardlac	or respiratory an	rest,		Approximate intervai Between
	Physician /Medical		Immediate Cours (Class		1	1			Δ	1				Onsat and Death
	Examiner		immediate Cauae (Finai disease or condition rasulting in death)	8		april		1	1914	94				tams.
		ē			0 1	as a consec		100	16-				1	/
	but	Examiner	Sequentially list conditions	b	Due to (or	as a consec	menca of):	MALL	na 1				<u> </u>	
o,	icate be executed physician and s the burial-transit		Sequentially list conditiona, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		And	TAMO	MAI	At A	dia		Marci	tim		
68760,	hysici the bu	Medical	that initiated events resulting in death) Last	C	Dua to (or	as a conseq	uence of):	041	74,040		11			
9 x	leath certific attending pl			d	An	ma	,				V		i	
Box	attend for us	Physician/												
O	that the de ed by the detached	hysi	Part II. Other significant conditions	A	. 1	1	nderlying ca	ause gi	ven in Pert	1.				to the cause of death?
٥,	signed b	by PI		Mulm.	nohm	M					101	** 2 D	4No 3∐ Pro	bably 4 Unknown
Records,	v requires that the death certificate be executed been signed by the attending physician and should be detached for use es the burial-transit	ped th		Asthr	no						24a. Was a		24b. W	/ere autopsy findings vallable prior to
ecc	9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	ple		110000									of	ompletion of ceusa death?
<u>=</u>	E # 8	Completed									1 🗆 Y	es 2 D	No 1	☐Yes 2☐ No
Vital	Physicien: The I this certificate har ral director, page	Be	25. Was case rafarred to medical axaminer?	I to a single				100		e of Deat	(Check only o	ne)		
of		10	1 ☐ Yes 2 ☐ No 27. Manner of Death			R/Outpatier		Α			me 5 Resid			(fy)
Lo	P F	tlon	1 □Natural 5 □ Pending		of Injury th, Dey Year)	28b. Time of Injury	M 20	Bc. Inju Wo	nyat ork?]Yes 2 □		28d. Dascribe h	ow injury o	occurred	
Division	or Attending after deeth. Director: After	Ical	3 Suicide 6 Could not	00 000	of injury - At hor	me farm str			1103 2		28f. Location /S	treet and I	Number or Rur	ral Route Number,
Ö	after Dire	Certification:	4 ☐ Homicide determined	buildir	ng, atc. (Specify,)	001, 100101,	, 000			City or Tow			
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29a. Certifier 1 Certifying P	miner: On the ba	best of my know asis of examinati nar stated.	rledge, death on and/or in	occurred a vestigation,	t the ti	me, date ar opinion, des	nd place, ath occurr	and dua to the c ed at tha tima, c	ause(s) ar late and pi	nd manner as a laca, and due t	stated. to the cause(s)
	Withir To th	Me	29b. Signature and title on certifier	Humbo	mo		29c.	Licens	se number	797	6	29d. Data	signed (Month,	Day, Year)
	(()		30. Name and address of paraon	completed cays	e of death (item	23a) (Type,		VIA	0	201		1 . 1	10	
	Sta	ate_	Glenn R Ed 31. Date filed (Month, Dey, Year)	gRLon/V 32. A	egistrar's Signati	- 11	000	10	Bran	1ch A	He C	lint	in mi	20735
	Regist	rar	OCT 1 0 19	96 90	a divide	Made	4							

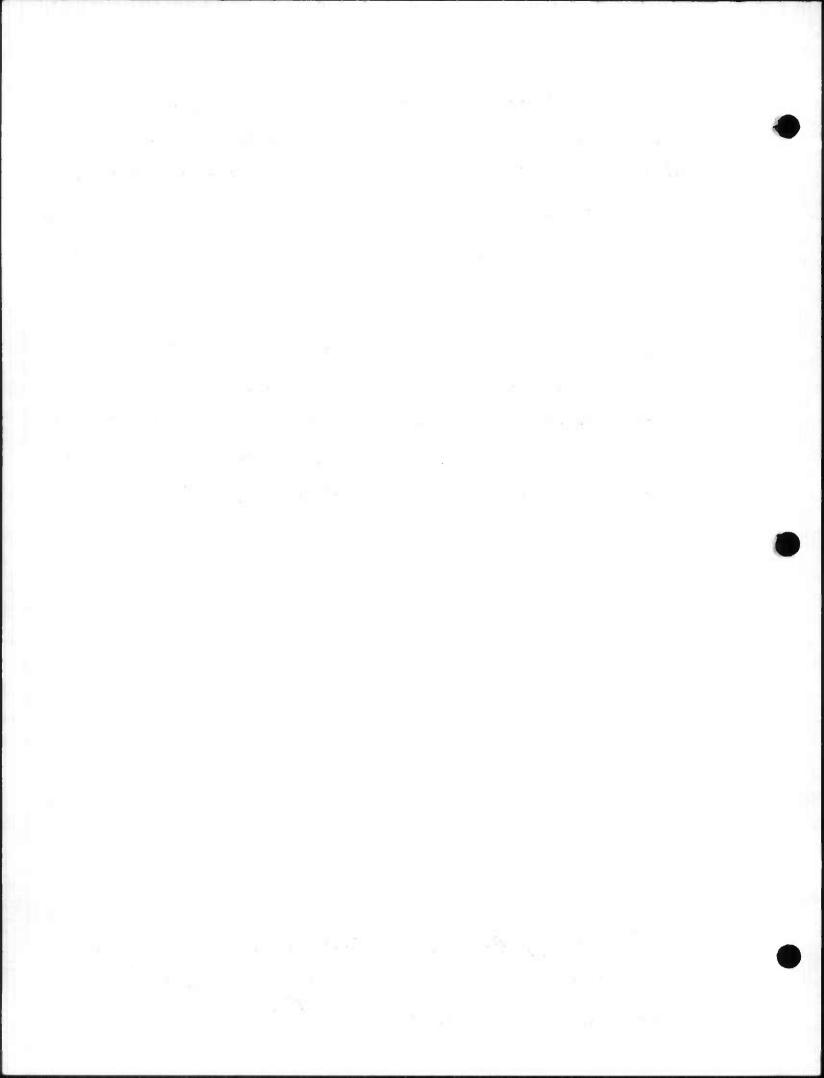
Amended	# 2	26. P.G.C. 10-10-9	State of Maryla		artment of rtificate of		Mental Hy	giene Reg. No.	96 31815
Physic	ian	1. Decedant's Nama (First, Middla, La					2. Data of De	eath Day	3. Tima of Death
/Med		ISABELLE PULLE					Septer	ber 24.	1996 4:16pm
Exami	ner	4a. Facility Nama (If not institution, giv				4b. City, Town, or			
Funeral Director		PRINCE GEORGES 5. Social Sacurity Number 6. S	Sax 7. Aga (In yı 1 □ M 2 □ F	rs. last birthday, Yrs.	If Undar 1 Year Months Deys		8. Deta of Bir Month, Di June	PRINC	E GEORGES 9. Birthplaca (Stata or Foreign North Carolina
		220-30-2505 Usual Rasidance of Dacedant	66					,	
show	_	10a. Stata 10b. County		City, Town or L					10d. Insida City Limits
n the Marylar r 28a-1 show	ecto	10- 04-4-4-11	Wa	shingto	on, D.C.				1 ∑ Yas 2 □ No
death with the Maryland ms 23s or 28s-f show Linust be notified at	Funeral Director	10e. Street and Number 4316 Ord St., N.E	1.		10f. Zip Coda 20019)		10g. Citizan of U.S.A	
death	era	11. Marital Status	12. Wes Decedant Evar in	U,S. 13.		Hispanic Origin? (S ban, Maxican, Puer	Specify Yes or No		ce - American Indian,
P # 2	by	1 ☐ Navar Merried 2 ☐ Marriad 3 🕅 Widowad 4 ☐ Divorced	Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva X Yeer or Datas:		If Yes, specify Cut 1 ☐ Yas 2 ☐ No		to Rican, atc.)	Specify:	ck, Whita, atc. Y: Black
72 hc	eted	15. Dacedant's Ed (Specify only highast gra	ducation ade complatad)	16a. Dace	dant's Usuai Occu	pation during most of wa	orkina	16b. Kind of B	usinass/Industry
within ene.	Completed	Elamantary/Sacondary (0-12)	Collega (1-4or 5+) 3yrs	lifa.	DO NOT usa ratire ibrarian	ed)	9	Priva	+-
and 212 be filed withi tel Hygiene. d other than	ပိ	17. Fethar's Nama (First, Middle, Last,		. دا	IDIALIAN	18. Mothar's Na	ma (First, Middla		
E Salaby	To Be	Charles Nixon				Mary S			
Marylia d 2 should th and Mer 7 Is marke traumatic		19a. Informant's Name/Ralationship (Type, Print)	19b. Maiłi	ng Addrass (Strea	t and Number or R	ural Routa Numb	er, City or Town,	Stata, Zip Coda)
		Mary Ward (Da 20a. Mathod of Disposition	ughter)		3 Shell I	uck Cour			o Md. 20772
0 00 - 2		1 Surial 2 ☐ Cramation 3 ☐	Ramovai from Stete	cematary, cra	matory or other pla	ice)	Data	20c. Location	City or Town, Stata
Baltimo permit. Pag Department Important: I any Injury o		4 ☐ Donation 5 ☐ Other (Specify 21. Signature of Funeral Service Licer		Harmony	Memoria 2. Nama and Addr		0/96		er, Md.
Ba Deem Deepa Impo any I		B. A.) O K			J	ohnson &		
		23a, Paga, Entar the disease, or com	plications that caused the da			edy St.,			Approximete
Physician		23a. Pagt. Entar tha disaasa, or com shock, or haart failura. List only	ona cause on each lina.	atti. Do not att	iai ilia ilioda ol dy	ing, such es cerdia	c or raspiratory a	11631,	Intarvat Batween Onset end Death
/Medical Examiner		Immediata Causa (Final diseasa or condition	a. Cardiopu	long gr	y Arn	est			I mundiare
LAdilille	h	rasulting In daath)		(or as a consa					
bed is	- Pu		b. Cormany	1 Ar		izense			& Weeks
'60, be exacuted lician and buniel-transit	Examiner	Sequantially list conditions, if eny, laading to immadiate causa. Entar Undertying Cause (Disaasa or Injury	_	(or as a consec	- 250 12			Document	weeks
0 8 0	dical	triat iritiated avants	c. Diabete	(or as a consec	llitus				weeks
oertifical rding physe as th	0	rasulting in daath) Last			,				L weeks
Box 68 Jeath certifica ettending ph	and		d. Hyper.	teus 10V					weeks
- 0 0 0	Physician/M	Part II. Other significant conditions of	ontributing to death but not re	esulting in the u	nderlying ceusa gi	ven in Pert t.	23b. Dld	tobacco use co	ntributa to the cause of death?
P. dby	by Phy						1 🗆	Yes 2 No	3 Probably 4 Unknown
	Completed						24a. Was perfo	an autopsy rmad?	24b. Wara eutopsy findings availabta prior to completion of causa of death?
I Rec	E							dela	
Vital Rec	Be Co	25. Was cesa ratarred to medical				00 Ph 4 Da	10		1 ☐ Yas 2 ☐ No
of Vital Re Physician: The Lattice of this certificate har ral director, page	ToB	axaminar? 1 ☐ Yas 2 🕱 No	Hospitat: 1 ☐ tnpatient 2	☐ ER/Outpatian	n 300 DOA Ot		ath <i>(Check only o</i> Ioma - 5 (2 fic si		ar (Snacify)
n of og Physics terthis neral di		27. Mannar of Daath 1. Natural 5 □ Panding	28a. Data of injury (Month, Day Year)					how injury occur	
Vision Attending or death. ector: After by the fune	atic	2 ☐ Accidant investigation	9/24/96	30		Yas 2 No			
Division of the Hospital or Attending Phywithin 24 hours effer death. To the Funeral Director: After this completely filled in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Could not be datarminad	28a. Place of Injury - At building, atc. (Space	homa, farm, stf	aet, factory, office	- 4	28f. Location (City or To	Straat and Numb vn, Stata)	er or Rural Route Number,
To the Hospital within 24 hours to the Funeral completely filled	edicai	29a. Cartifiar (Check only one) 12 Certifying Physics Check only one)	ysician: To the bast of my kr ntner: On the basis of examinand manner stated.	nowladga, daath nation and/or in	n occurred at tha ti vastigation, in my	ma, data and place opinion, daath occu	e, and dua to tha urred at tha time,	causa(s) and ma data and ptace,	annar as stated. and dua to tha cause(s)
vithin Fo the	X S	29b. Signatura and title of certifiar	57 5 54 5 54 54 54 54 54 54 54 54 54 54 54		29c. Licens	se numbar		29d. Data signe	d (Month, Dey, Year)
		1h	MD HON	16	D4	18350			9/25 196
(10)		30. Nama and address of person who			Print)				9/25 /96 DC 20010
()		Mun K. He				. NW	48-1	Wash.	DC 200/0
Sta		31. Data filad (Month, Day, Yaar)	and oglistrar's Sign	nature Conf.	0		·		

DHMH 16 Rav 6/95

1. 2 1896 W. B. Frod. W.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Day 1996 Month **Physician** Evelyn Q. Patrick October /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** 23860 Wilkins Branch Road Preston Caroline 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Months, Deys, Hours Min. 0 3 / 0 4 / 0 3 / 0 4 / 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** 1□M aXTX 218-05-5428 Director Maryland Usual Residence of Decedent the Maryland 10a Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23s or 28s-1 show thing or other traumatic avent, the Medical Examples must be notified at once. MD Caroline Preston 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 23860 Wilkins 21655 Branch Road United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐XNo If Yes, Give Year or Detes: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 10 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be J. Harvey Quillen Elizabeth Thawley ပ္ 19e. tnforment's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 21655 Raymond Patrick 23860 Wilkins Branch Rd., Preston, MD 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Denton Cemetery 10 - 9Denton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Framptom-Hawkins-Eskow Funeral Home Box 43, Federalsburg, MD 21632 21. Signature of Funeral Service Licansee Eskow 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Que to (or as a consequence of) Examiner ermonia Hospital or Attending Physician: The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as e consequence of): signed by the at id be deteched for Pert ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown à ate has been signated bage 2 should b Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? certificate 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No Be 25. Was case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this Medical Certification: 27. Manner of Death 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? After 5 Pending investigation 1 Netural s after death. 1 Yes 2 No 2 Accident illed in by the 3 Suicide 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide To the Hospital of within 24 hours of To the Funeral D completely filled it 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piaca, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Manth, Day, Year) not 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) DUTCHMANS LANE EASTON 60° DENNEN 31. Date filed (Month, Qey, Year) 32. Registrer's Signature State 9 Registrar 28

DHMH 16 Rev 6/95



				State o	f Maryla				Health and I Death		iene 9	6	31817
Physi	cian_	1. Decedant's Nem		ast)						2. Data of Deet Month	th Day	Year	3. Time of Daath
/Med Exam	lical	RICHAI 4a. Facility Nama (iva straat and nur	n <i>ber)</i>		P(RTE	ER 4b. City, Town, or L	OCTOBE	R 6 1	996 of Deeth	6:17 PM
Funera	ıl i	PRINCE 5. Social Security N	GEORGE Number 6.	Sax		ENTER		ar 1 Year Deys		Y 8. Data of Birth (Month, Day,			EORGES blace (State or Foraigntry)
Directo	r	020-10- Usual Rasidance o		1∭ M 2□ F	83	Yrs.			11,00.0	3-24-13		Kans	
5-0020 72 hours efter death with the Maryland neturel; or items 23s or 28s-f show giest Exertive must be notified at	Director	Conn. 10e. Street and Nu	New Ha	ven '	10c. C	ity, Town or L North	Bran	ford		1	0g. Citizen of \		0d. Insida City Limits 1 💢 Yas 2 □ No
23a or		369 Ever	green Wo	ods 88 N	otch H	ill Rd		064	+71		USA		
urs efter des st', or items Exercise m	by Funeral	11. Marital Status 1 Navar Marr 3 Nowed	ried 2 Married	12. Was Deca Armed For 1 1 Yas If Yas, Giv Yaar or Da	rcas? 2 No	11	Was Dece It Yas, spi 1 Yes		Hispanic Origin? (Spen, Maxicen, Puart Specify:	pacify Yas or No- o Ricen, atc.)		ck, Whita,	
within within the Mer.	Completed	(Spec	15. Decedant's I cify only highast g ondary (0-12)	ducetion rade complatad) Coliaga (1		lifa.	dant's Usi kind of w DO NOT	ork done usa ratire	during most of wor	king	Conorso		dustry
d be filed ental Hygiced other cevent, I	e	17. Fathar's Nama	(First, Middle, Las			Porter	lauti	.ca.t	18. Mothar's Nan	na (First, Middla, M Dora	Maidan Suman	na)	merhorn
Marylai d 2 should b th end Ments 7 is marked treumetic e	To	19a. Informent's N				19b. Maii			t and Number or Ru Ct. Rest	ral Route Number	City or Town,		
had a		20a. Mathod ot Dis		☐Ramoval from S	20b.	Piace of Disponentary, cra	osition (Na matory or	ima of othar pla		Deta	20c. Location -		own, Stata , Virginia
Baltimor permit. Pages Department of I Important: If its any Injury or of		21. Signature of Fu			1	2	2. Nema a	nd Addr	ass of Facility Kalas Fi				
Physiciar /Medica	_	Immediete Causa	(Finai			th. Do not an	tar tha mo	de of dy	ing, such as cerdiac	or raspiratory arm	est,	1	Approximete Interval Batween Onsat and Deeth
Examine		disaasa or condition rasulting in death)	on	a.		or es e conse			TETOLIC	caruio	vascu.	Lar	Disease
cate be executed ohysician end the buriel-transit	Examiner	Sequantially list co	anditions,	b	Dua to (or as a conse	quence ot):			•	1	
o / oU, cate be executed chysician end the buriel-transit	dicai	Sequantially list co if any, laeding to In causa. Entar Unde Causa (Disease or that Initiated avents rasulting In daath)	5	c	Due to (or as e consec	quance of)	:					
Certific certific ding p	an/Me			d									
hat the d	by Physician/Me	Part II. Other algnif	licant conditions	contributing to da	ath but not re	sulting in tha u	ndarlying	ceusa gi	van in Part I.		obacco use co		the cause of death
aw raquin	Completed b									24a. Wes a performinspe	n autopsy med? Ction	av.	ere autopsy findings allabla prior to mplatlon of ceuse death?
F 75										1 □ Yε	as 2X No	10	Yas 2□ No
Physician: The this certificate rai director, pa	o Be	25. Was cesa ratar exeminar?		Hospital:	patiant 2X	ER/Outpatie	* 2 D	OA Ot	har	th (Check only on	4	an /Cmaaii	
Alter San S	Certification: T	27. Manner of Death 1 Natural 2 Accident 3 Suicide		28a. Data o (Monti	of Injury h, Day Year)	28b. Tima o Injury	f M	28c. Inju Wo 1 [oma 5 ☐ Raside 28d. Dascribe ho	ow Injury occur	red	
DIVISION OF Attent cours after death of the	100	4 Homicide	daterminad	buildin	ig, atc. (Speci				ma data and slass	28f. Location (St. City or Town	n, Stata)		
the Hospital hin 24 hours the Funeral npletely tilled	Aedical (29a. Certifiar (Check only one)	2€Medical Exa	hyeician: To the I miner: On the be end mann	sis of axamin	owledga, deet etion and/or in	vastigation	n, In my	me, data and place, opinion, death occur	red at tha tima, da	ause(s) and me ata and piace,	and dua to	tha causa(s)

OCTOBER 07,1996

30. Nama and eddress of person who completed ceusa of death (Itam 23a) (Type, Print)

Durid Remover 111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

Registrar

and the same of the K

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 3 | 8 | 8

Dhualai		1 Decedentis Name /First Middle I	not)		011111001	te of Death	7	eg. No.		70.40
Physici	an	Decedent's Nama (First, Middla, I	asi)				2. Data of Deal Month	Day	Yaar	Tima of Death
/Medic	ai	Joseph Munn 4a. Facility Nama (If not institution, g	Robey iva street and number)			4b. City, Town,	October or Location of Death	5 19 4c. County):45a.m
LXaiiii	eı	7725 Kent Driv				Charlot	te Hall			
_				e (In yrs. last birtho	(av) If Unda	r 1 Yaar If Undar 24 H			rles	/Ctata as Faraian
Funerai Director		219-12-3045 Usual Residence of Decedant	1⊠M 2□F	72 Yrs	Months		in. 8. Data of Birth (Month, Day,	Year) 30,1924	Country) Mary	(State or Foreign
* * **		10a. Stata 10b. County		10c. City, Town o	r Location				10d. I	nside City Limits
28a-f ahow notified at	ğ	Maryland Charles		Charlot	to Hal	11			1	□Yas 2 No
128	ě	10e. Street and Number		onal lot		p Coda	1	Og. Citizan of V	What Country?	
23a or	Funeral Director	7725 Kent Drive			2	20622		Unite	ed State	20
from Char	ner	11. Marital Status	12. Was Decedant 8 Armed Forces?	Evar In U,S.		dent of Hispanic Origin? scify Cuban, Mexican, Pu	(Specify Yas or No-	14. Rac	e - Amarican Ir	
8 1	by Fu	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ⊠ Yas 2 □ N If Yas, Giva Yaar or Datas:	ю	1 ☐ Yas		arto Hican, atc.)	Specify		
natural'.	8	15. Decedant's	Education	16a. De	ecedent's Usu	al Occupation		16b. Kind of Bu	White usiness/industr	
- 9	Completed	(Specify only highast g Elementery/Secondary (0-12)	rada complated)	(G	iva kind of we a. DO NOT u	al Occupation ork dona during most of a use retired)	vorking			
Hygiene. other than	E O	12	College (1-4or 5		nistra	tion/Manage	ment.	Oil Co	ompany	
- 0 5	Be C	17. Fathar's Nama (First, Middla, La.	st)				lama (First, Middla, I	Maldan Sumam	na)	
marked o	TOE	Joseph Austin Rob	ey			Mabel	Beatrice	Wille	et.t.	
BEE		19e, Informant's Name/Ralationship	(Type, Print)	19b. M	elling Addras	s (Straat and Number or				le)
		Nellie Elizabeth	Robey/Wife	7725	Kent	Drive Charl	otte Hall	. Marvl	and 200	622
if of Healt if item 2 or other		20a. Method of Disposition	4.2	20b. Place of Di		ma of		20c. Location -		
nt: H		1 Burial 2 Cramation 3 4 Donation 3 Donat (Spec	☐Removal from State	St. Pau	*		Oct.9 W	laldonf	Manul	and
ortan Inju	1	21-Signstone SyFuneral/South Lig	2/0/		22. Nama a	nd Addrass of Facility		laldorf		and
Department of the important: If its any injury or of once.			tthews M-00	658	The Hu P.O. E	intt Funeral Box 156 Wald	Home, In	c. Tand 20	0604	
		23a. Part1. Enter the disease, or co shock, or heart failure. List on	mplications that caused y ona causa on each lin	tha daath. Do not	enter the mo	de of dylng, such as card	lac or respiretory arr	est,	App	proximete prval Between
nysician										set and Death
/Medical xaminer		Immediata Causa (Final diseasa or condition	a. Cancer	of the	Colo	on –			1.	YV.
xammet		rasulting in death)		Due to (or as a cor						-
#	ine.								1	
ng physician and as the burial-transit	Examiner	Sequentially list conditions,		Due to (or es e cor	sequance of)	*			1	
cian		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or Injury								
the t	Aedical	that initiated evants resulting in death) Last	1	Dua to (or as a con	sequance of)					
D 6	Me	· ·	d							
attendin for use	an		· ·							
00	유	Part II. Other significant conditions	contributing to death bu	it not rasulting in th	a undarivino	CARCARITATION .			ntribute to the	cause of death?
52	57	Tarin. Other eigimount conditions				causa givan in Part I.	23b. Did to	pacco nse col		The state of the s
d by the letached	Phys	Tarrii. Other eigenmeant continue			, , ,	causa givan in Part I.			3 Probably	4 DUnknown
signed by the attendir	by Physician/	, atti. Ottor agrinount continuous				causa givan in Part I.				
ag p	sted by Phys	, at it. Otto significant conditions				causa givan in Part I.		ee 2□No	24b. Wara a	utopsy findings le prior to
seen sign should be	npleted by Phys	Tarin one significant conditions				causa givan in Part I.	1 □ Y	ee 2□No	24b. Wara a	utopsy findings le prior to tion of causa
ate has been sign page 2 should be	Completed by Phys	Takin oliki sigimodili conditions				causa givan in Part I.	1 □ Y	ee 2 □ No n autopsy ned?	24b. Wara a availab comple	utopsy findings le prior to tion of causa h?
ate has been sign page 2 should be	Be Completed	25. Was case rafarred to madical axaminar?				26. Placa of I	1 🗆 Y	n autopsy med?	24b. Wara a availab comple of deati	utopsy findings le prior to tion of causa h?
is certificate has been signi director, page 2 should be	To Be Completed by Phys	25. Was case rafarred to madical	Hospital: 1 ☐ Inpatie	nt 2□ER/Outpe		26. Place of E	1 Y. 24a. Was a perform	n autopsy ned?	24b. Wara a availab comple of death	utopsy findings le prior to tion of causa h?
is certificate has been signi director, page 2 should be	To Be Completed	25. Was case rafarred to madical axeminar? 1 Yas 2 0 27. Mannar of Death	Hospital: 1 ☐ Inpatie	y 28b. Tim	attent 3 D	26. Place of E	24a. Was a perform	n autopsy med?	24b. Wara a availab comple of deati	utopsy findings le prior to tion of causa h?
is certificate has been signi director, page 2 should be	To Be Completed	25. Was case rafarred to madical axaminar? 1 Yes 2 No 27. Mannar of Death 40 Natural 5 Panding 2 Accident Invastigati	28a. Data of Injur (Month, Day	y 28b. Tim	attent 3 D	26. Placa of I OA Other: 4 ☐ Nursin	24a. Was a perform	n autopsy med?	24b. Wara a availab comple of deati	utopsy findings le prior to tion of causa h?
is certificate has been signi director, page 2 should be	To Be Completed	25. Was case referred to madical axaminar? 1	28a. Data of Injur (Month, Day	y 28b. Tim Inju	titlent 3 D a of	26. Placa of I	24a. Was a perform	n autopsymed? as 2 No as 2 No ance 6 Oth	24b. Wara a availab comple of deati 1 Ya	utopsy findings le prior to tion of causa ?? s 2 No
is certificate has been signi director, page 2 should be	Certification: To Be Completed	25. Was case rafarred to madical axaminar? 1	28a. Data of Injunon be de 28a. Place of Injuniding, atc	y Year) 28b. Tim Inju iry - At homa, farm . (Specify) f my knowladga, daxamination and/o	attent 3 D D a of ry M streat, factor	26. Placa of I	24a. Was a perform 1 Ye 24a. Was a perform 1 Ye 25 Raside 28d. Describe ho 28f. Location (St. City or Town	n autopsy med? as 2 No as 2 No ance 6 Oth ow injury occurred and Numbo, Stata	24b. Wara a availab comple of death 1 □ Ya arr (Specify) ared	utopsy findings le prior to tition of causa ?? s 2 No
is certificate has been signi director, page 2 should be	To Be Completed	25. Was case referred to medical axaminar? 1	28a. Data of Injur (Month, Day 28a. Place of Injur building, atc	y Year) 28b. Tim Inju iry - At homa, farm . (Specify) f my knowladga, daxamination and/o	attlent 3 D a of y M streat, factor	26. Placa of I	24a. Was a perform 1 Ye 24a. Was a perform 1 Ye 25 Raside 28d. Describe ho 28d. Location (St. City or Town acce, and dua to tha carcurred at the time, do	n autopsy med? as 2 No No No No No No No No No No No No No	24b. Wara a availab comple of deati 1 □ Ya ar (Specify) red	utopsy findings le prior to to tion of causa ?? s 2 No
is certificate has been signi director, page 2 should be	Certification: To Be Completed	25. Was case referred to medical axaminar? 1	28a. Data of Injunon be de 28a. Place of Injuniding, atc	y Year) 28b. Tim Inju iry - At homa, farm . (Specify) f my knowladga, daxamination and/o	attlent 3 D D a of ry M streat, factor aath occurred r Invastigation	26. Place of E OA Other: 4 Nursing 28c. Injury at Work? 1 Yes 2 No y, office at the time, date and plate, in my opinion, death occ.	24a. Was a perform 1 Ye 24a. Was a perform 1 Ye 25 Raside 28d. Describe ho 28f. Location (St. City or Town ace, and dua to tha concurred at the time, do	n autopsy med? as 2 No as 2 No as 2 No ance 6 Oth ow injury occur reet and Numb n, State) ausa(s) and ma eta and place, i	24b. Wara a availab comple of death 1 □ Ya arr (Specify) red per or Rural Romannar as stated and dua to tha	utopsy findings le prior to to tion of causa 7? s 2 No uta Number, cause(s)
is certificate has been signi director, page 2 should be	Certification: To Be Completed	25. Was case rafarred to madical axaminar? 1	28a. Data of Injunt (Month, Day on be do 28a. Place of Injunt building, atc	y Year) 28b. Tim Inju iny - At homa, farm (Specify) If my knowladga, di axamination and/o	attlent 3 D a of y M streat, factor atthe occurred r Invastigation	26. Placa of I	24a. Was a perform 1 Ye 24a. Was a perform 1 Ye 25 Raside 28d. Describe ho 28f. Location (St. City or Town ace, and dua to tha concurred at the time, do	n autopsy med? as 2 No No No No No No No No No No No No No	24b. Wara a availab comple of death 1 □ Ya arr (Specify) red per or Rural Romannar as stated and dua to tha	utopsy findings le prior to to tion of causa 7? s 2 No uta Number, cause(s)
ate has been signi page 2 should be	Certification: To Be Completed	25. Was case referred to medical axaminar? 1	28a. Data of Injunded description on be description 28a. Place of Injunded description of the best of	y Year) 28b. Tim Inju Iny - At homa, farm. (Specify) If my knowledge, deaxamination and/outed.	a of ry M streat, factor aath occurred r Invastigation	26, Place of DOA Other: 4 Nursing 28c. Injury at Work? 1 Yes 2 No y, office	24a. Was a perform 1 Ye 24a. Was a perform 1 Ye 24a. Was a perform 24a. Was a perform 25 Check only on a perform 28d. Describe ho 28d. Describe ho 28d. Location (St. City or Town 26ce, and dua to tha captured at the time, do	n autopsy med? as 2 No as 2 No as 2 No ance 6 Oth ow injury occur reet and Numb n, State) ausa(s) and ma eta and place, i	24b. Wara a availab comple of death 1 □ Ya arr (Specify) red per or Rural Romannar as stated and dua to tha	utopsy findings le prior to to tion of causa 7? s 2 No uta Number, cause(s)



State of Maryland / Department of Health and Mental Hygiene 96

							Certificate o	f Death		Reg. No.		
	Physic		1. Decedant's Nama (First, Middla, Las	t)		×			2. Data of De Month		Veer	3. Time of Death
Ų.	Physic /Medi		SAMUEL M. RO	OSS					Oct	0 ^{Day} 1	996	0538
λ	Exami	ner	4a. Facility Name (If not institution, give		,			4b. City, Town, or	ALTO CALCALLA			
			Anne Arundel (Annap			A	
	Funeral Director		5. Social Sacurity Number 6. Sec. 218-20-1917	3x 7. Age 3x M 2□ F	e (In yrs. la 83	st birtho	Montha Day		(Month, De	oy, <i>Year)</i> 28 1913	Count	aca (Ststa or Foraign ry) 'LAND
	and and		10a. State 10b. County		10c. City,	Town	r Location				10	d. Inside City Limita
	death with the Maryland	to	MAARYLAND CIRY		BAL	TIMO	DRE					₩ Yas 2 No
	r 28a	Director	10e. Street and Number				10f. Zip Code)		10g. Citizen of \	What Count	ry?
	th wit		408 E. FEDERAL	STREET			2	21202			US	
	r dea	Funeral	11. Maritai Status	12. Was Decedent 8 Armed Forces?	Evar in U,S	.	13. Was Decedant o	f Hispanic Origin? (Suban, Maxican, Puer	Specify Yas or No)- 14. Rac	e - America ck, Whita, a	
Maryland 21215-0020	within 72 hours after death with the Manylan ene. than "natural", or flems 23s or 28s-f show he Medical Examiner must be notified at	þ	Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yas 2 A If Yas, Give Year or Datas:	No		1□ Yes 2☑N		, ,		BLACK	
2	72 ho	Completed	15. Decedent's Ed (Specify only highest grad				ecedent's Usual Occ		rikina	16b. Kind of B	usiness/Indi	ustry
121	within ene.	mple	Elementary/Secondary (0-12)	College (1-4or 5	i+)	li	fe. DO NOT use reti	red)	· Ally			
7	be filed with the filed of the		9th 17. Fathar's Name (First, Middle, Last)	0			LABORER	10 Mathada Na	mo /First Afishelis		RUCTI	ON
and	ould be f Mental I arked of atic eva	Be	SAMUEL ROSS,	ÇD				18. Mothera Na	me (First, Middle TRAV	, Meiden Sumen FDC	na)	
Ž	d 2 should be filed within the and Mental Hygiene. 7 is marked other than trsumatic event, the Mental traumatic event, the Mental traumatic event.	2	19a. informent's Name/Relationship (7		Т	19h A	falling Address (Stre	et end Number or B			State Zin	Code)
	and 2 is saith ar n 27 is er trau		MARY WEGNER (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			TAGE 11 CF					,
re,	-155		20a. Method of Disposition		20b. Pia	ce of D	isposition (Nama of crametory or other p	v(aca)	Date	20c. Location -	City or Tov	vn, Stata
Ĕ	Pages nent of int: If its iry or o		1 ☐ Buriai 2ND Cremation 3 ☐: 4 ☐ Donation 5 ☐ Other (Specify				CREMATORY		0/7/96	BALTIMO	DRE, M	ID.
Baltimore,	permit. Pages Department of Important: If it any Injury or once.		21. Signature of Funaral Service Licens	7 7 00	200		22. Name and Add		RTUARY,	P.A.		
	_		23a. Part1. Entar the dispase, or comp	lications that caused	the daath.		321 WEST S	ST. ANNAPO	LIS, MD	. 21401		Approximate
V	Physician		shock, or heart failure. List only o	ne cause on aach lin	10.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Approximate interval Between Onset and Death
	/Medicai		Immediate Cause (Final disease or condition	Arterio	scle	rot	ic Hear	t Diseas	: e		į	Unk
	Examiner		resulting in death)	8			nsequence of):					01111
*	D #	liner		h								
	artificate be executed ing physician and e as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or a	as a cor	sequence of):					
60,	be exicten buria		Cause (Disease or injury	c								
68760	ficate phys s the	edical	that initiated events resulting in death) Last	ľ	Due to (or a	s a cor	sequence of):				į	
×	2 5 8	2		d								
n	death e atte	Physician/	Part II. Other significant conditions co	ntributing to death bu	it not result	ina In th	e undarlying cause	niven in Part i	23h Did	tobacco use co	ntribute to	the cause of death?
J.	that the de ed by the a detached f	hys		mouning to down bo			io unduriying ouddo	given arr arr.		Yes 2 No		abiy 4⊠ Unknow
	es that igned be del	by F	COPD		_							
Records,	law requires that the death as been signed by the atter 2 ahould be detached for t	ted								sn autopsy	24b. Wer	re autopsy findings liabla prior to
Ö	has be	ple									of d	pletion of cause eath?
	E se	Completed							10	Yas 210 No	10	Yes 2□No
	ysicien: The la s certificate he director, page	Be	25. Was case rafarred to medical examiner?	Distance in the second					ath (Check only	ona)		
0	£ II	To	1⊠ Yes 2□ No 27. Mannar of Death	Hospital: 1 ☐ Inpatie			HIBIT 3L DOA		· · · · · · · · · · · · · · · · · · ·	dence 8 Oth		
	After After funer	ion	1 Neturai 5 ☐ Pending	28a. Data of injur (Month, Day	Yeer) 2	8b. Tim inju	ry W	juryet /ork? □Yas 2□No	28d. Describe	how injury occur	red	
Division of Vital	if or Attanding Physician: after death. Director: After this certific d in by the funeral director,	fical	2 Accident investigation 3 Suicide 6 Could not be	28e Place of inju	inv - At hom	e farm	street, factory, offic		28f. Location /	Street and Numb	er or Rural	Route Number
5	る世大三	Certification:	4 ☐ Homicide determined	building, etc	. (Specify)		, otroot, ractory, offic		City or To	wn, Stete)		, real or real real real real real real real rea
	To the Hospital within 24 hours a To the Funeral C completely filled	edical C	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami	sician: To the best of ner: On the basis of and manner stat	examinatio	edge, d n and/o	eeth occurred at the r investigation, in my	time, date and place opinion, death occi	e, and due to the arred et the time,	cause(s) and ma date and piaca,	nner as sta and dua to	ted. the cause(s)
	To the Hos within 24 ho To the Fun completely	Me	29b. Signature and title of certifier	7.7			29c. Lice	nse number		29d. Data signe	d (Month, D	ley, Year)
			Miller &	1		put	-	06054		10-02	-1996	;
			30. Name and address of person who co William P. Jo				Pe, Print) America	Ct. 21	.035			

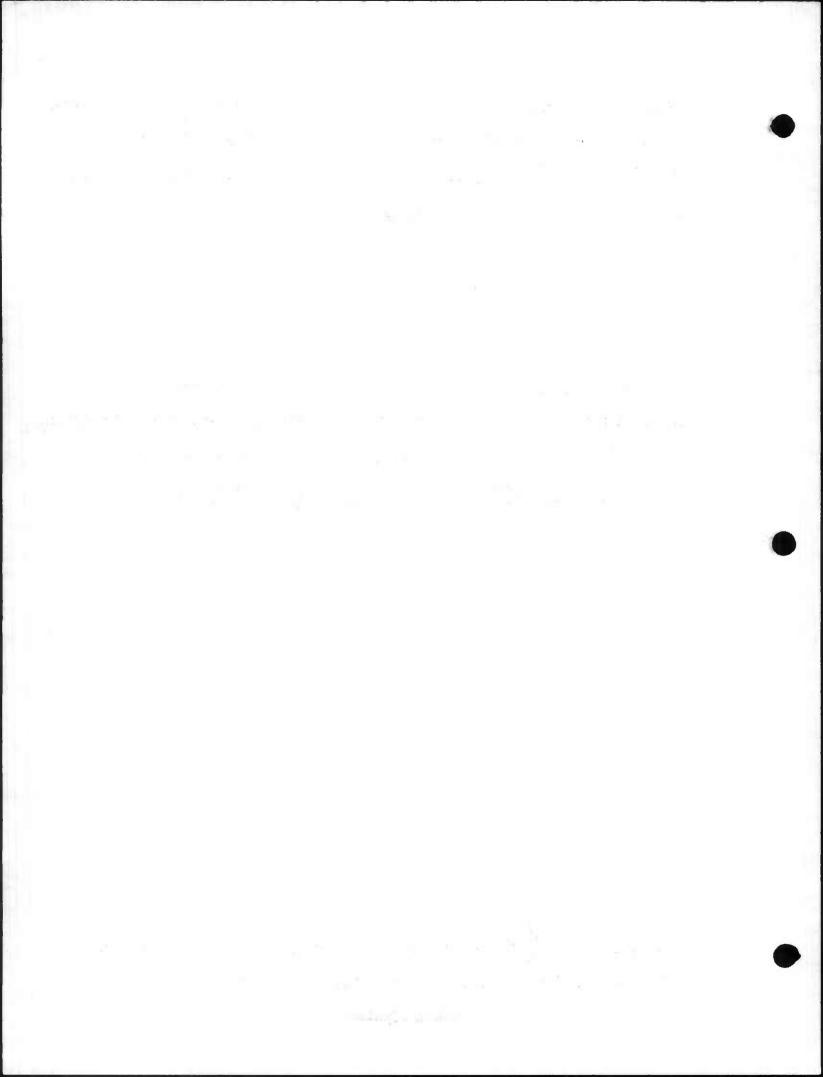
Registrar

State

31. Date flied (Month, Dey, Year)
OCT 0 8 1996

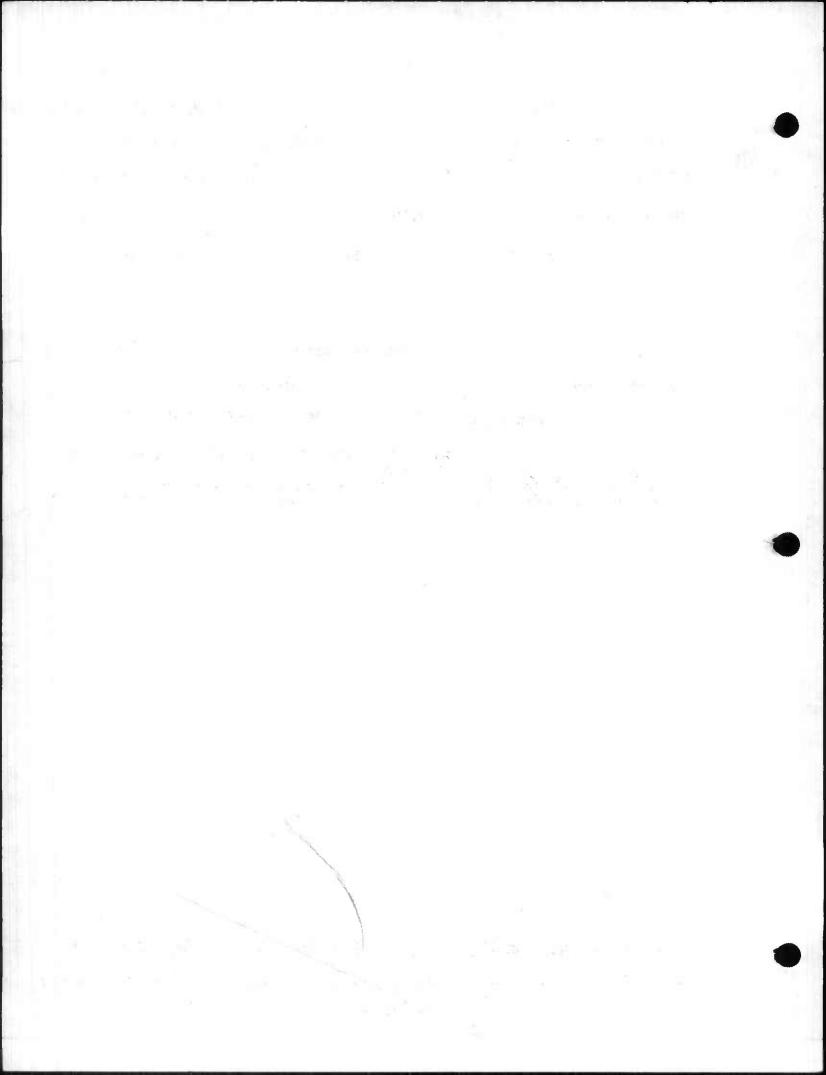
32. Register's Signature

Julia Davidson Randell.



State of Maryland / Department of Health and Mental Hygiene 96 3 | 820

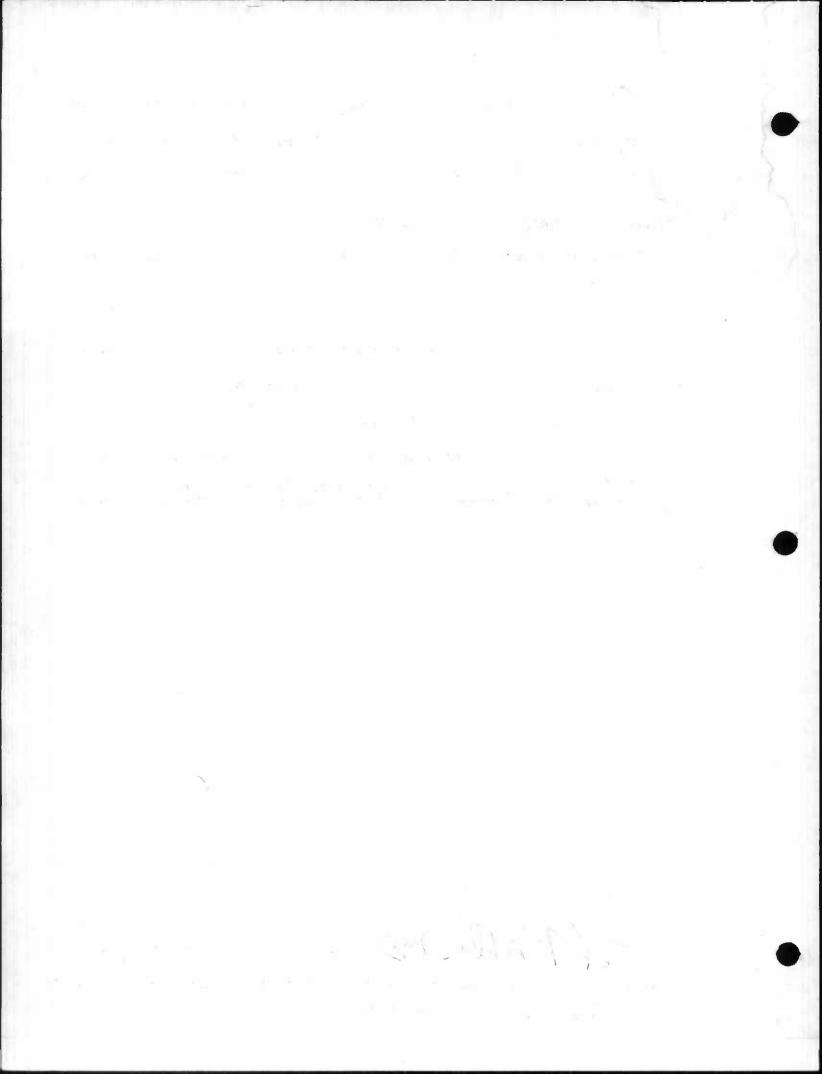
					Ce	rtificate of	Death		Reg. No.		1020
Dharaiai	N.	Decedent's Name (First, Middla, in the control of the control	.ast)					2. Date of De Month	ath Day	Year	3. Time of Deatl
Physici: /Medic		Edna 7	lem se	7		3"			ber 28,	1996	7:35 P.
Examin		4a. Facility Name (If not institution, g					4b. City, Town, or	Location of Death	4c. County	of Death	
		Rockville Nursin	g Home		,	/	Rockvill	.e	Monto	gomery	у
unerai irector		5. Social Security Number 6 105-36-3014 Usuel Rasidence of Decedent	Sex 7 1 □ M 2 √□ F	'. Aga (In yrs. Ii 96	ast birthday) Yrs.	Months Days		(Month, Da	h y, Yaar) 29,1899		laca (Stata or Fore try) York
× ==		10e. Stata 10b. County		10c. City	, Town or Le	ocation				10	0d. Inside City Llm
28a-f sho	ector	Maryland Montgon	ery	Roc	kvill						XXYes 2□I
23a or 3	Funeral Director	12266 Wilkins Av	enue Bay-	-0		10f. Zip Code 2085.	2		10g. Citizen of V United		
pone. the Modical Examinat must be notified at	by	11. Marital Status 1 □ Never Married 2 □ Married 3 ➡ Widowed 4 □ Divorcad	12. Was Decad Armed Ford 1 Tas 2 If Yes, Give Year or Dat	es?		Was Decedent of If Yas, specify Cul 1 ☐ Yes 2 ☐ No	Hispanic Origin? (Span, Mexican, Puer Spacify:	Specify Yas or No to Rican, etc.)		ca - Americ ck, Whita, cy: Whit	etc.
Jicel	Completed	15. Dacedent's (Specify only highest of	Education trade completed)		16a. Dece	dent's Usual Occu	pation during most of wo	rkina	16b. Kind of B	usiness/inc	dustry
Men a	npl	Elementery/Secondary (0-12)	College (1-4	4or 5+)					Public	Cabe	201
ont, the M		12	4		Mus	ic Super					<i>X</i> 01
pò	To Be	17. Father's Name (First, Middla, La Herbert Markle	57)					me (First, Middle, Bishop	Meiden Surnan	ne)	
27 is		19a. Informant's Name/Relationship Madeline R. Rude		ghter	19b. Maili 12266	ng Address (Stree Wilkins	Avenue,	Pay-0, R	or, City or Town,	Stete, Zip MD 2	0852
Important: If Itam 2 any injury or other once.		20a. Mathod of Disposition 1 Burlal 2 Cremation 3 4 Denation 5 Other (See	nify)	tate G20	ical C					gton,	D.C.
physician and edical aminer sthe prival-transit	Examiner	shock, or heart failure. List on immodiate Cause (Final disease or condition feauting in death) Sequentially list conditions, if any, leading to immediate	. 3	Due to (or	as a conse	quence of):	massha	8			thierval Between Onset and Daath one day 2 mas
for use a	Medical	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c		as a consec						
detached	Physician/	Pert II. Other eignificant conditions Service dem							Yes 2 No		the cause of dea bably 4@Unkno
s been sign 2 should be	Completed by			23,0	rrec) (()	370-		an autopsy rmed?	cor	ere autopsy finding aitable prior to appletion of causa death?
page	COL							101	res 2de No	1	Yas P No
is cartificeta director, pag	Be (25. Was case referred to medical examiner?					26. Place of De	ath (Check only o	ne)		
0 0	2	1 Yes 2 No	Hospital: 1 🗆 Inp	patient 2 E	R/Outpatie	nt 3□ DOA O	ther: 4 Nursing H	forme 5 Resid	dence 6 Oth	er (Specify	1)
or: After the		27. Menner of Death 1 Netural 5 Panding 2 Accidant Investigati	on	Injury Day Year)	28b. Time o Injury	Wo	iryat ork?]Yes 2 □ No	28d. Dascribe i	now Injury occur	red	
	Certification:	3 ☐ Sulcide 6 ☐ Could not determine	d 286. Placa o	f tnjury - At hor g, etc. (Spacify)	me, farm, st	reet, factory, office		28f. Location (S City or Tox	Street and Numb vn, State)	ber or Rura	l Route Number,
To the Funeral Direct completaly filled in by	edical (29a. Certifier (Check only one) Certifying F	hyelclan: To the be miner: On the bes and manne	is of examination	rledge, deat on and/or in	h occurred at the t vestigation, In my	ime, dete and place opinion, death occu	a, and due to the urred at the time,	cause(s) and medate and placa,	anner as st and due to	ated. the cause(s)
To the	Me	29b. Signature and title of cartifier				29c. Licen	se number	T	29d. Date signe	d (Month, I	Day, Year)
		1000	2000	2 1	100	D 3	3443	2	Sep à	99. 1	1996
Stat	te	30. Name and eddress of person wh Ala n R. Polle 31. Date filed (Month, Day, Year)	ck, M.	of death (Item	30 9	Print)	m:11 F		-		



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Year 5, 1996 10:15 PM Helga Rempel October /Medical 4b. City, Town, or Location of Deeth 4a. Facility Name (If not Institution, give street and number) 4c. County of Death Examiner Gaithersburg Montgomery 923 Beacon Square Court, #157 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, Y Dec. 19, Birthplace (State or Foreign Country) **Funeral** 1□M 2X)F Deys 32 Yrs None Director Canada Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner naunt be notified at 1X Yes 2 No Director Gaithersburg Maryland Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 20878 Herns 23a 923 Beacon Square Court, #157 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Dales: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Black, White, etc. pemit. Pages 1 and 2 should be filed within 72 hours after d
Department of Health and Mental Hygiena.
Important: If Item 27 Is marked other than "natural", or Item
any Injury or other traumatic event, the Medical Experiment once. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No þ Specify: 3 Widowed 4 Divorced white Completed 15. Decedent's Education fy only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify Elementery/Secondary (0-12) College (1-4or 5+) Registered Dietician Self-employed 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Henry Rempel Helen Siemens 19e. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Ramsay R. Walker 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removel from Stete 4 Donation 5 Other (Specify) Glen Eden Cemetery 10-11-96 Winnepeg, Manitoba 22. Name and Address of Facility
Rapp Funeral Services, P. A. 21. Signeture of Funeral Servica Licansee, 933 Gist Avenue, Silver Spring, MD 20910 23a. Pert1. Enter the disease, or complications that caused the dealh. Do not enter the mode of dying, such as cardiac or respiratory arrest, shook, or heert failure. List only one cause on each line. Approximate Intervel Between Onset end Death TW **Physician** /Medical Immediate Cause (Finel Cervical Cancer diseese or condition resulting in deeth) Two Years Examiner Due to (or es e consequença of): Examiner ician and burial-transit The law requires that the daath certificata be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): P.O. Box 68760, Physician/Medical the Due to (or as a consequence of): signed by the at d be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the causa of death? 1 Yes 2 No 3 Probably 4 Unknown of Vital Records. by 24b. Were autopsy findings available prior to completion of cause of death? should Completed 24e. Was an autopsy performed? page 2 certificate 1 Yes 2 No 1 ☐ Yes 2X No Physician: director. Be 25. Was case referred to medical 28. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Nesidence 6 Other (Specify) Certification: To this filled in by the funeral 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After Division Hospital or Attanding 1 Natural 5 Pending investigation death. 1 Yes 2 No 2 Accident after death 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homleide To the Hospital within 24 hours a To the Funeral Completaly filled 29a, Certifier 1X Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as steled.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. cal 2 29b. Signature and title 29c. License number 29d. Date signed (Month, Day, Year) D33686 October 6, 1996 30. Neme and address pason who completed cause of deeth (Item 23a) (Type, Print) Kenneth D. Miller, M.D., 18111 Prince Phillip Drive #327, Olney, Maryland 20832 31. Date filed (Month, Day, Year) 32. Registrar's Signature State OCT 07 1996 ia Davidson Registrar

DHMH 16 Bey 6/95



State of Maryland / Department of Health and Mental Hygiene

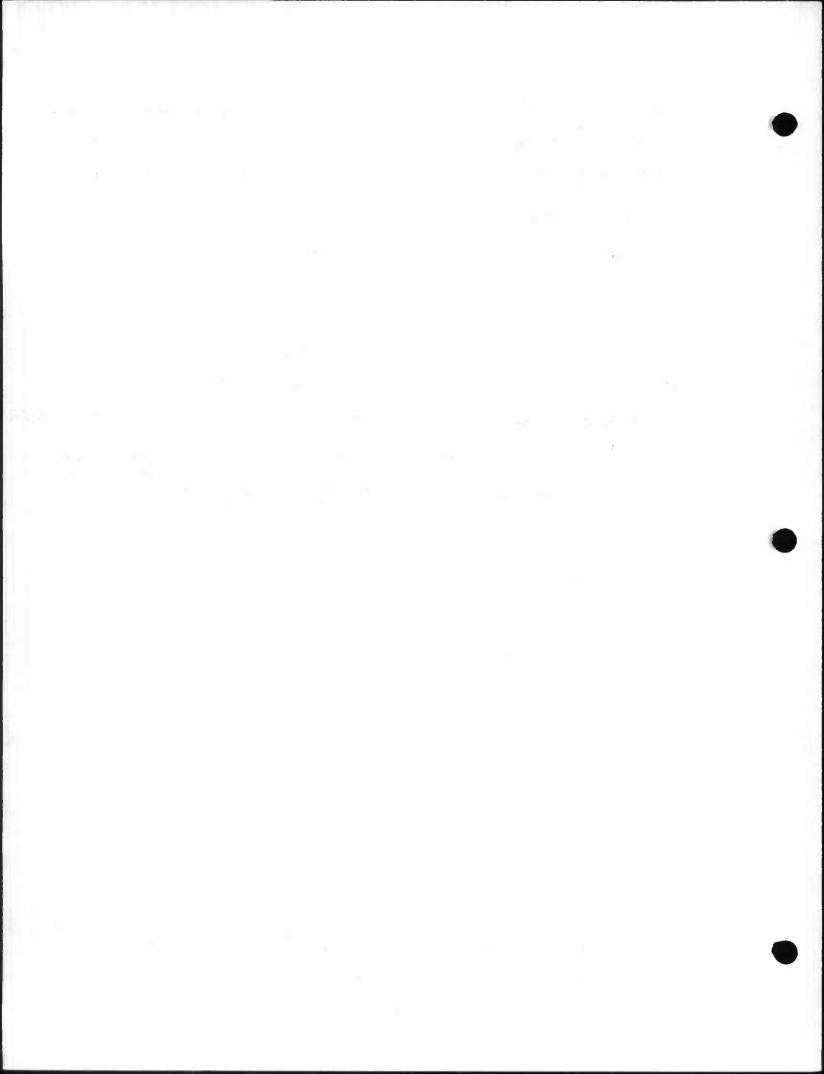
822 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Year **Physician** The1ma Range E. 10:45 PM 30, 1996 Sept. /Medical 4a. Facility Name (tf not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Springbrook Nursing Home Silver Spring Montgomery If Under 1 Year If Under 24 Hrs. 5. Sociei Security Number 8. Date of Birth (Month, Dev. Year)
Mar. 19, 1904

8. Birthplece (Stete or Foreign New York) 7. Age (In yrs. lest birthdey) **Funeral** Months. Days Hours 1 M 2 F 092-18-3111 Yrs Director 92 Usual Residence of Deceden death with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Silver Spring Maryland Montgomery 1 ☐ Yes 2 ₹ No Director 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 20904 12325 New Hampshire Avenue USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Pages 1 and 2 should be filled within 72 hours after of ent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or Item 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2K No Specify: by White 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working tife. DO NOT use retired) Hygiene. Elementary/Secondary (0-12) Coilege (1-4or 5+) Legal Secretary Law Firm 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Olga Mattsson John R. Englund 2 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 506 Quaint Acres Drive, Silver Spring, Maryland 20904 Richard J. Range / Son 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 8 1 ☐ Buriai 2 ☼ Cremation 3 ☐ Removal from State Department of Important: If any Injury or once. 10/6/96 Fort Lincoln Crematory Brentwood, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Hines-Rinaldi Funeral Home 21. Signature of Funeral Service Licental 11800 New Hampshire Avenue Silver Spring, Maryland 20904 nomos 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medicai immediete Cause (Finai disease or condition resulting in death) Examiner Due to (or as Examiner attending physician and for use as the burial-transit requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last P.O. Box 68760 Physician/Medical Due to (or es a consequence of). been signed by the a should be detached Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Were eutopsy findings aveilable prior to completion of cause of death? Completed 24a. Was an autopsy performed? The law has page 2 certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certified completely filled in by the funeral director, I Be 25. Wes case referred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 -NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth Certification: 28d. Describe how injury occurred 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and menner steted. 29a. Certifier Medical 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 6 e and address of person who completed cause of death (Item 23a) (Type, Print) de wo 31. Date filed (Month, Day, Year) 32. Registrer's Signature State OCT 0 8 1996 whi Davidson

DHMH 16 Rev 6/95

Registrar



0	1
2	4
BALTIMORE, MARYLAND 21215-0020	ì
I	1
LD.	- 1
2	1
-	3
S	7
0	9,0
7	- 8
5	å
4	de
Z	1
~	0
u.	- 3
٩	4
Σ	1
-	2
ш	2
œ	Ë
0	46
\succeq	-
2	5
	0
-5	5
7	9
m	-
	ě
\	913
-	2
	4
	c
~	3
9	tile.
760	ad with
8760	hatted with
68760	macrified with
X 68760	ameritad with
OX 68760	he executed with
30X 68760	ate he executed with
BOX 68760	firsts he executed with
D. BOX 68760	clificate he executed with
.O. BOX 68760	certificate he executed with
P.O. BOX 68760	th rectificate be executed with
, P.O. BOX 68760	eath certificate he executed with
S, P.O. BOX 68760	death rectificate he executed with
DS, P.O. BOX 68760	the death certificate he executed with
RDS, P.O. BOX 68760	at the death certificate he executed with
ORDS, P.O. BOX 68760	that the death certificate he executed with
CORDS, P.O. BOX 68760	se that the death certificate he executed with
CORDS, P.O. BOX 68760	ires that the death nextitinate he executed with
IECORDS, P.O. BOX 68760	equires that the death certificate he executed with
RECORDS, P.O. BOX 68760	requires that the death certificate he executed with
L RECORDS, P.O. BOX 68760	Tax requires that the clean certificate he executed within 14 hours play death. Done & may be required by the boundary as execution about it.
AL RECORDS, P.O. BOX 68760	-
TAL RECORDS, P.O. BOX 68760	-
IITAL RECORDS, P.O. BOX 68760	-
VITAL RECORDS, P.O. BOX 68760	-
F VITAL RECORDS, P.O. BOX 68760	-
OF VITAL RECORDS, P.O. BOX 68760	-
I OF VITAL RECORDS, P.O. BOX 68760	-
IN OF VITAL RECORDS, P.O. BOX 68760	-
ON OF VITAL RECORDS, P.O. BOX 68760	-
SION OF VITAL RECORDS, P.O. BOX 68760	-
ISION OF VITAL RECORDS, P.O. BOX 68760	-
VISION OF VITAL RECORDS, P.O. BOX 68760	-
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN. The law requires that the death certificate he executed with

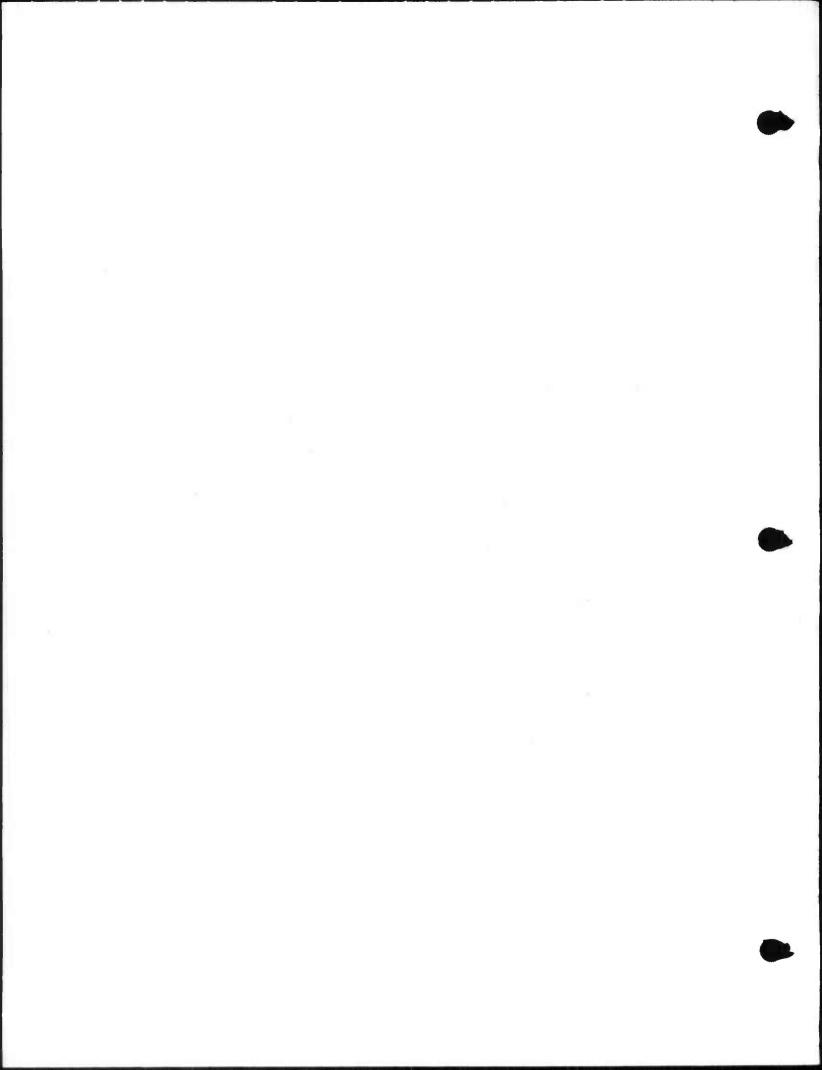
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

-		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE					
	REGISTRAR	CERTIFICATE OF DEATH						

	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND / CE		ICATE				IENTAL HYGII REG. 1			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	Ed O'Neil Redman								October 8,1996		YEAR	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les			birthday) IF UNDER 1 YEAR IF UNDER 24 HF				7. DATE OF BIRTH			6:31 A. M	
	403-22-7165	1 M 2 D F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	March 18		Count	ry)
	9e. FACILITY NAME (If not institution, give street end number)				9b. CITY	TOWN O	R LOCATIO	ON OF DEA			INTY OF E	
OR	Holy Cross Hospital Silver Spring Montgomery									morri		
5	RESIDENCE OF DECEDENT							1119	Montgomery			MEL y
DIRECTOR	10a, STATE 10b, COUNTY			10c. CITY, TOWN OR LOCATION					10d. IN:			10d. INSIDE CITY LIMITS?
-	10e. STREET AND NUMBER	wa	Washington, DC				40 01717			1XXYES 2 NO		
FUNERAL	1722 19th Street NW			20009								WHAT COUNTRY?
NE I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI								IIC ORIGIN? (Specify Yes or No			
F	1 Never Married 2 Merried FORCES? 1 VES 2 P				1	f yes, spe	cify Cubar	n, Mexican	, Puerto Ricen, atc.)	Black, White, atc.		
В	3 Wildowed 4 Divorced WW T			1 TES 2 NO Specify					i, st			"y white
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	EDENT'S	USUAL OC	CUPATIO	N et of working	7	16b. KIND OF	SUSINESS/IN	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5	+) We. L	NOT u	se retired.)							
MP		2	Flo	ris	t					st Sh	op	
	17. FATHER'S NAME (First, Middle, Last)								IE (First, Middle, Meid	en Sumame)		
8	Unobtainable 19a. INFORMANT'S NAME (Type/Print)		700						ainable			
2	Roger W. Tai	-							oute Number, City or			
	20e. METHOD OF DISPOSITION	L	20b.PLACEAR	22			t. NV	v wa	shington	LOCATION -		
	1 Burial Cremetion 3 Rem	oval from State	cemetery, cram	atory or o	ther plece)							
	21. SIGNATURE OF FUNERAL SERVICE LE	ENSEE /	- I Meric	DOT	22.1	NAME AN	D ADDRES	S OF FACE	ct.8,199	6 Ale	xand	ria.VA
	Takoma Funeral Home, Inc.											
	23. PART I. Enter the dispesses, or	complications the	ello	D. Do	2	54 (Carro)11 S	t. NW Wa	shing	ington, DC 20012	
	snock, or neart lallure.	List only one cau	e on each line.		IOC GIRCO	the mot	Je or dyn	ig, such	as cardiac or re	ipiratory ar	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition											Onset and Death
	resulting in death)	DUE TO	OR AS A CONSECU	Fa:	Llure	<u> </u>				-		6 Hrs.
z	Pneumonia 3 David											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate		(OR AS A CONSEDE	ENCE D	F):							J Days
2	CAUSE (Disease or Injury	с.	122 101 113									
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSECU	IENCE O	F):							
B		d										
	PART II. Other eignificant condition	s contributing to	death but not re-	ulting	in the un	derlying	ceuse g	iven in P		AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICAL	- Chronic Obsta	ructive F	ulmonary	Dis	22592	L				ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME	— Chronic Obstructive Pulmonary Disease Atrial Fibrillation										OF DEATH?	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES KINO UNCERTAIN											
CIA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
PHYSICIAN:	1 TYES 2 XND	1 2 Inpatient 2	ER/Outpatient 3	DOA	OTHER 4 Nurs		5 Res	ildence 8	☐ Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE DF (Month, D	INJURY lay, Year)	26b. TIM	E DF URY	28c. INJU WOF	NC?		28d. DESCRIBE HO	V INJURY OC	CURED	
B	2 Accident Investigation	00. Pt 405.0	E 101 11 11 11 11 11 11 11 11 11 11 11 11		М		ES 2 🗌					
8	3 Suicide 6 Could not be 4 Homicide detarmined				ferm, street, fectory, office 2				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	Top. OFFICIER											
MP	29s. CERTIFIER (Check only one) One											
8	2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEI	5336				(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IYEM 27) (Type, Print)									36 October 8,1996			
						L 2	.L. %	. **	anal	. 17		
Deena J. Shapiro, M.D. 10810 Connecticut Ave. Kensington, M. 31. DATE FILED (Month, Day, West) OCT 0 9 1996 Javidson—Rendere										n, MD		
	מצפו כ ט וטט	1000	WINDS - Note	WE CHE								



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Tim f th Day October 9, Charles Victor Recob 1996 7:30 AM 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 18813 Summer Oak Court Montgomery Germantown 6. Sex If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign Country) Kansas 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 1DXM 2□ F Months Days Hours Yrs. 70 September 3, 1925 10b. County 10c. City. Town or Location 10d. inside City Limits 1 ☐ Yes 2√ No Maryland | Montgomery Germantown 10f. Zip Code 10g. Citizen of What Country? 20874 18813 Summer Oak Court United States 12. Was Decedent Ever in U,S. Armed Forces? 1 X Yes 2 No 1943 If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. 1 Never Married 2 Married 1943-1 ☐ Yes 2 ☑ No Specify: White 3 XWidowed 4 ☐ Divorced Year or Dates: 1946 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) salesman retail 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Florice W. Brownfield 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Paula M. German 18813 Summer Oak Court, Germantown, Maryland 20874 20b. Placa of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 10-10-96 Beltsville, Maryland

the Medical Examiner mant be notified at 238 death y or items Pages 1 and 2 should be filed within 72 hours after Baltimore, Maryland 21215-0020 "natural', al Hygiene. and Mental 27 is marked or traumatic ever permit. Pages 1 and 2 sh Department of Haalth and Important: If item 27 Is m any injury or other traum

Physician

/Medical

Examiner

Funerai

Director

28a-f show

8

Director

Funeral

p

Completed

Be

the Maryland

5. Social Security Number

Usual Residence of Decedent

12

Paul O. Recob

20e. Method of Disposition

Immediete Ceuse (Final

21. Signature of Funeral Service Licensee

486-24-8409

10e, Street and Number

11 Marital Status

10a, State

Physician /Medical Examiner

> iclan and burial-trans physician s the buria USB as Po signed by the at a be datached for paga 2 should peen has certificate director

The law requires that the death certificate be axecuted

Box 68760,

P.O.

Records,

of Vital

Division

or Attending Physician:

this

Aftar

death.

Physician/Medical Examiner þ Completed Be 2 the funaral To the Hospital or Attendir within 24 hours after death. To the Funeral Director: A completaly filled in by the fi

diseese or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last

1 Yes 2 No 27. Manner of Deeth Certification: 1 Natural 2 Accident 3 Sulcide 4 - Homicide 29e. Certifier Medical (Check only

onel

State

Metastatic Thyroid Carcinoma

Due to (or as e consequence of):

Chesapeake Crematory

22. Name end Address of Facility

Rapp Funeral Services, P.A.
933 Gist Avenue, Silver Spring, Maryland 20910
att. Enter the disease, or compilcations that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest,
Approximete

Due to (or as a consequence of):

Due to (or as a consequenca of):

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Was case referred to medical

Hospitai: 1 Inpatient 5 Pending Investigation

6 Could not be determined

28a. Date of Injury (Month, Day Year)

2 ER/Outpatient 3 DOA 28b. Time of

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

Other: 4 ☐ Nursing Home 5 🕅 Residence 6 ☐ Other (Specify)

26. Place of Death (Check only one)

29c. License number D07285

29d. Date signed (Month, Day, Year)

23b. Did tobacco usa contribute to the cause of death?

1 Yes 2 No

2 No

24a. Was an autopsy performed?

28d. Describe how injury occurred

Approximete Interval Between Onset end Death

18 months

3 Probably 4 Unknown

24b. Were autopsy findings evallable prior to completion of cause of deeth?

1 Yes 2 No

October 9, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

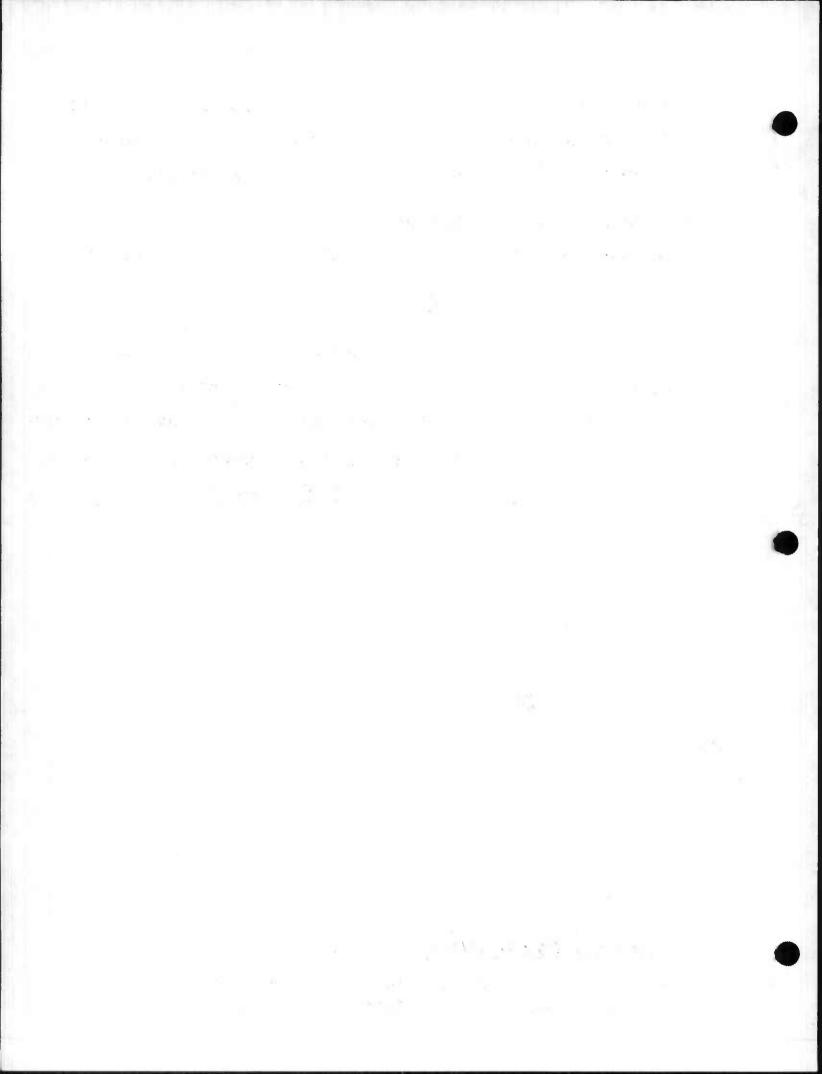
9707 Medical Center Drive, #300, Rockville, Maryland 20850 Brown, M.D., 31. Date filed (Month, Day, Year)

OCT 1 0 1996

29b. Signature end title of cartifier

32. Registrar's Signature

Registrar



		Decedent's Name (First, Middla, La	State of Maryla		tment of ficate of		R	eg. No.	3 825
	sician edical	AGNES	I.	RO	BINSON			4 Day 199	3. Time of Death 3:45 PM
, Funer Direct		3139 75th. 5. Social Security Number 6.5	AVE. APT.		If Under 1 Year Months Days		ER	Yeer) 9	Death George's Birthpiaca (Steta or Foreign Country) Mary I and
the Manyland 28a-f show	Director	10a. Stata 10b. County	George's	City, Town or Local	lion	Landove		On Chinese of Man.	10d. Inside City Limits 11√√es 2□No
23a or	rai Dir		ue #103		101. 2Ip Code	20785		0g. Citizen of Who	
OZO ours after decail; or items	by Funeral	3 ☐ Widowed 4 ★ Divorced	12. Was Decedent Ever in Armed Forcas? 1 ☐ Yas 2 ☒ No If Yes, Give Year or Dates:	If Y	s Decedent of es, specify Cul Yes 2 X No	Hispanic Origin? (S ban, Mexican, Puert Specify:	pecify Yas or No- o Rican, atc.)		American Indian, White, etc. Black
Mary I and Z I Z I 3-0020 d 2 should be filed within 72 hours after deeth with the Maryland h and Mental Hyglene. 7 Is marked other than "natural", or items 23s or 28s-f show traumatic event as Medical Examinat requires	Be Completed	15. Decadent's Eigenentary/Secondary (0-12)	ducation de completed) College (1-4or 5+)	16a. Deceder (Give kin life. DO Cash		pation a during most of wor ed)	king	16b. Kind of Busin	ivate
should be flike and Mental Hy marked other ametic event	To Be					18. Mother's Nan	ne (First, Middle, M Mary	Me <i>lden Sum</i> ema) Shorter	
M Jd 2		19a. Informant's Name/Relationship (Peggy Robinson/				Way, Hya			ete, Zip Code)
Dallimore, permit. Peges 1 and Department of Healt Important: If item 2: any injury or other		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Dispersion 5 ☐ Other (Specific	Removal from State	Place of Dispositi cematary, cremet armony Me	ory or other ple	Park 1	Date 0/11/96	Landov	y or Town, State ver, Maryland
Physicia /Medica Examine	al er	23a. Part1. Enter the offsease, or com shock, or heart failure. List only immediate Cause (Final disease or condition resulting in death)	Arteriosc		Cardi				Approximata Interval Between Onset and Death
ted nsit	Examiner		b	(or as a conseque	nice oi).				
ficate be executed physician and is the bunal-trensit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury	Due lo	(or as a c <i>ons</i> eque	nce of):				
	n/Medical	that initiated events rasulting in death) Last	Due to	or as a consequer	nce of):				
that the deed by the a	by Physician/M	Part II. Other significant conditions of	ontributing to death but not re	suiting in the unde	rlying cause g	iven In Part I.			bute to the causs of death? Probably 4 Unknow
ew requir	Completed b						24a. Was ar perform	n autopsy ned?	4b. Were autopsy findings available prior to completion of cause of death?
ysician: The lew s certificate hes b director, page 2 s	0	25. Was case referred to medical				26 Place of Dee	1 ☐ Ye	s 2 PNo	1 Yes 2 No
Physician: rr this certific eral director,	n: To B	examiner? XXes 2□ No 27. Manner of Death	28a. Date of injury	ER/Outpatient	3 DOA Ot	her: 4 Nursing H	ome 5XX Besida 28d. Describe ho	nce 6 Other (Specify)
Attending or death. ector: After by the fune	Certification:	1 Vatural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be 4 Homicida	28e. Place of Injury - At I	nome, farm, street,	M 1[Yes 2□No	28f. Location (Str	eet end Number o	or Rurel Route Number,
To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di		29a. Cartifier 1 Certifying Phy	building, etc. (Spec	owledge, death oc	curred at the ti	me, date and place,	City or Town	use(s) and manne	er as stated.
To the H within 24 To the Fi	Medical	29b. Signatura and littla of certifiar	iner: On the basis of examin and magney stated.	and and of invest	29c. Lican		29	ed. Data signed (ACT • 05,	fonth, Day, Year)

State Registrar

31. Date filed (Month, Day, Year)

OCT 0 8 1996

DAVID FOWLER M.D.

111 Penn Street, Baltimore, Maryland 21201 32 Registrar's Signature

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

DHMH 16 Rev 6/95

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certificate o	f Death		Reg. No.		0104
			1. Decedent's Nema (First, Middla, L	.ast)				2. Dete of De			3. Time of Death
	Physici /Modi		John	Jefferson		Sampson		Oct.	7 Day	L996	10:22 am
	/Medi Examir		4a. Facility Neme (If not institution, g			July Box	4b. City, Town,	or Location of Deat			
	Exami		Memorial Hosp	ital at H	Easton		East	on	Tal	bot	
	Funeral				(In yrs. lest birt	hdey) If Undar 1 Yas	ar If Under 24 H	Irs. 8. Dete of Bir			place (Stete or Foreign
н	Director		220-09-8602	1 X M 2□ F	77 .	rs. Months Day	rs Hours M	lin. (Month; De	1918		yland
Н	D		Usual Residence of Decedent					Dec. 0	1710	Herr	y Land
	ylan		10a. Steta 10b. County		10c. City, Town	or Location					10d. Inside City Limits
	Mar	tor	Maryland Dorche	ster	East N	ew Market					1 Yes 2 No
	r 284	Directo	10e. Street and Number			10f. Zip Code	•		10g. Citizen ot	What Cou	intry?
	3a o		4106 Conaway Ro	ad		2163	1	1	USA		
	death	Funeral	11. Maritel Stetus	12. Wes Decedent E	evar in U,S.	13. Was Decedent o		(Specify Yes or No		ce - Ameri	can Indien,
0	ifter and a second		1 Navar Married 2 Merried		lo 1941			arto Rican, etc.)		ick, White,	
02	172 hours after death with the Maryland "natural", or flema 23a or 28a-f ahow solical Examiner must be inclined at	by	3 ₩ Widowed 4 Divorced	If Yas, Give Yeer or Detes:	to 1941	1 ☐ Yas 2 🎇 N	o Specify:		Speci	y: B1	ack
2-0	72 ho	ted	15. Decedent's t	Education		Decedant's Usuel Occ	eupetion	10000	16b. Kind of E	usiness/Ir	ndustry
21	5 1	Completed	(Specify only highest g Elemantary/Secondery (0-12)	Collega (1-4or 5	4)	(Giva kind of work don life. DO NOT usa reti	ie during most of i ired)	working			
21		ОШО	11th	Conega (1 401 0		Machine Op	erator		Natio	nal	Can Company
p	be filed that Hygie d other evant, II	Be	17. Father's Neme (First, Middla, Las	11)			18. Mothar's h	Nama (First, Middle	, Meiden Suma	me)	
/lai		0	Joseph Sampson				Mary	Matthews			
Maryland 21215-0020	S DEE		19a. Informant's Neme/Reletionship	(Type, Print)	19b.	Malling Address (Stre	et end Number or	Rural Route Numb	er, City or Town	, Stata, Zi	p Code)
Σ	5 7 N F		Martin Conaway		P	.O. Box 30	6, East	New Marke	et, Md.	2163	1
ore	8 7 2		20a. Method of Disposition		20b. Place of	Disposition (Nema of	lece)	Date	20c. Location	- City or T	own, Steta
E	Peges nent of mrt: If he mry or o		1X Buriel 2 □ Cremation 3 = 4 □ Donation 5 □ Other (Spec			and Vetera		10/15/9	Beula	h M	d
Baltimore,	교투론은 .		21. Signature of Funerel Sarvice Lie	nnsee	TRITYI	22. Neme end Add	fress of Facility			111, 11	u.
m	Depa Impo any i							uneral Ho			
	Des est		23e. Pert1. Enter the diseese, or con	mulicetions that caused	the death. Do n	ot enter the mode of d	OX 168/,	Easton,	Md. ZIt	01	Approximete
	Physician		23e. Pert1. Enter the disease, or conshock, or heart teilure. List only	y one ceuse on each lin	θ.						Interval Between Onsat and Death
Ú.	/Medical		Immediate Ceuse (Finel			cal : 0 -	ant	- 6			
	Examiner		disease or condition resulting in daeth)	Θ.	HOTOY	venice o	10 chalm 1	c Isau	wa.		
		e.		att.	Due to (or es e c	vehicle consequence of):	Lucasa			İ	
	certificate be executed ding physician and se as the burial-transit	Examiner	Sequentially list and distance	b. Curren	SULULU Due to for each	onsequence of):	anno			1	
o	certificate be executed ding physician and se as the burial-transit	Exa	Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or injury		1 .					1	
68760,	ysicie bu	edical	thet initieted evants		Due to (or es a c						
89	o ph	Pe	resulting in death) Last				1.00 d	· · · · · · ·	24 411	+	about 3mo.
Вох	6 8 3	M/W		d. Chron	ic re	ias gall	ure a	ranger a	epenco	MI:	Cultural Sind
	that the death of the by the attended for u	Physician	Pert II. Other significant conditions	contributing to death hu	t not resulting in	the underlying cause	niven in Part I	23h Did	tobacco use ci	ontribute t	to the cause of death?
P.0	t the	th.	4 4	and the second	Acres				Yes 2□ No		
		by F	History of le	all house	4			_			7
Records,	requires een sign hould be		· ·		,				an autopsy		ere eutopsy findings
00	- 00	jet						pend	ormed?	CC	veliable prior to ompletion of cause daeth?
Re	The law ate has to page 2 s	Completed						e e central	V 0 N-		_ 000000
=	delan: The		25. Was case refarred to medical				00.00		yes 2□No	1	☐ Yas 2☐ No
5		o Be	examiner?	Hospitel:	nt 2 KER/Out	2 DOA	Other _	Deeth (Check only		(0	×2.1
	F = =		27. Menner of Death	28a. Date of Injur	y 28b. T			Home 5 ☐ Resi 28d. Describe	how injury occu		19)
Division	Attending I or death. ector: After by the funer	ıtloı	1 □ Natural 5 □ Panding 2 Accident investigation	on 10.8.96	200		/ork? □Yes 2 7 8 No	motor	vehico	acc	· Dont.
/isi	or Attendi after death. Director: A d in by the fi	Ifice	3 ☐ Suicide 6 ☐ Could not	28e. Plece of Inju	ry - At home, fer	m, street, factory, offic	9	28f. Location (Street and Num		ral Route Number,
ă	after after dinb	Certification:	4 ☐ Homicide	building, etc		Street		Dover	Rd.	Eas	ston, MD
	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical (29a. Certifier 1 Certifying P (Check only one)	hysician: To the best of miner: On the basis of	examinetion end	death occurred at the /or investigation, in my	time, dete end ple opinion, deeth o	ece, end due to the courred et the time,	causa(s) and m	enner as a	stated. to the cause(s)
	within To the comple	Me	29b. Signature end title of certifier	and manner ste	1	29c, Lice	nsa number		29d. Data signo	ed (Month	Dav. Year)
	+ 3 F ŏ		enol.	ino	K	B	/.	72100		4 1	
			>>>swa	m.D	N		6020	24769		0/8/	
			30. Neme and eddrass of person who				21601	- T T	12212.	404 M D	Marvel Ct.
	-01	40	Syed I. Ali, M.D 31. Dete filed (Month, Day, Year)		WILL AV	e. Laston,	ria./ Th	iomas L. I)IV1I10	, ri.D,	Easton, Md.
	Sta Registr	- 1	OCT 1			on-Randelle					
	11091011		0011	T 1330	Ducy acs	OL A-NIMINGOCO					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Joann Lynne Sipes October 1994 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Washington County Hospital Washington Hagerstown If Under 1 Year | If Under 24 Hrs. | 8 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country)
 MD 8. Data of Birth (Month, Day, Year) 1□M 27□F Min. Months Deys Hours Yrs 217-76-2225 October 20,1961 Usuai Rasidance of Decedent 10a. Stele 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No **Fulton** Warfordsburg 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Rt. #2 Box 1295 17267 **USA** 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Meritel Stelus 14 Race - American Indian Black, White, etc. 1 ☐ Yes 2 No 1 Nevar Married 2 Married 1 ☐ Yas 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedant's Education (Specify only highest grade complated) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surname) Robert T. Flowers Susan Apple 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Robert C. Sipes/ Husband Rt.#2 Box 1295 Warfordsburg, PA 17267 20a. Malhod of Disposition 20b. Place of Disposition (Nama of cematery, crematory or other place) 20c. Location - City or Town, Stata 1 ☐ Burial 2 ACrametion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Smithsburg Crematory 10/13/96Smithsburg, MD 22. Nema and Addrass of Facility 21. Signature of Funaral Service Lice Grove Funeral Home, P.A. P.O. Box 368 Hancock, MD Do not antar tha mode of dying, such as cardiac or raspiratory arrest, 21750 23a. Part1. Enter the disease, or complete on the shock, or heart failure. List on worse cause or Approximata Interval Between Onsel and Deeth Septic Shock immediate Causa (Final disease or condition rasulting in death) Dua to (or as a consequance of): week, Dreumme Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disaase or injury that initiated evants rasulting in deeth) Last Dua to (or as a consequence of): weeks emborrac Dua to (or es a consequence of): 23b. Did tobacco use contributs to the cause of death? 3 ☐ Probably 4 ☑ Unknown 1 ☐ Yes 2 ☐ No 24b. Ware sutopsy findings available prior to 24a. Was an autopsy completion of cause of death? 1 Yas 2 No 1 □ Yas 2 □ No 26. Placa of Death (Check only ona)

Physician /Medical Examiner

and

physiclan

certificate has

The lew requires that the death certificate be executed

P.O. Box 68760,

Records,

Division of Vital

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examples must be notified at

72 hours after

filed within 7 I Hyglene.

pemit. Pages 1 and 2 should be filled will Department of Heelth and Mentel Hygien Important: if Nem 27 is marked other the any Injury or other treasment.

Baitimore, Maryland 21215-0020

Director

Funeral

þ

Completed

e

Examiner Physician/Medical þ Completed Be 2

eut. attending p signed by t page 2 s. To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this cardificatompletely filled in by the funeral director; g Certification: Medical

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 25. Was casa raferred to medical Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 YNo 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 CNatural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicide 28e. Plece of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 4 | Homicida 1 Certifying Physicien: To tha best of my knowledge, daeth occurred at tha time, data end place, end dua to the causa(s) and mannar as stated.
2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at the time, date and place, and dua to tha causa(s) and mannar stated. 29a. Cartiflet

29b. Signeture and title of certifie

29c. License number 288

Avenue Hagerstown

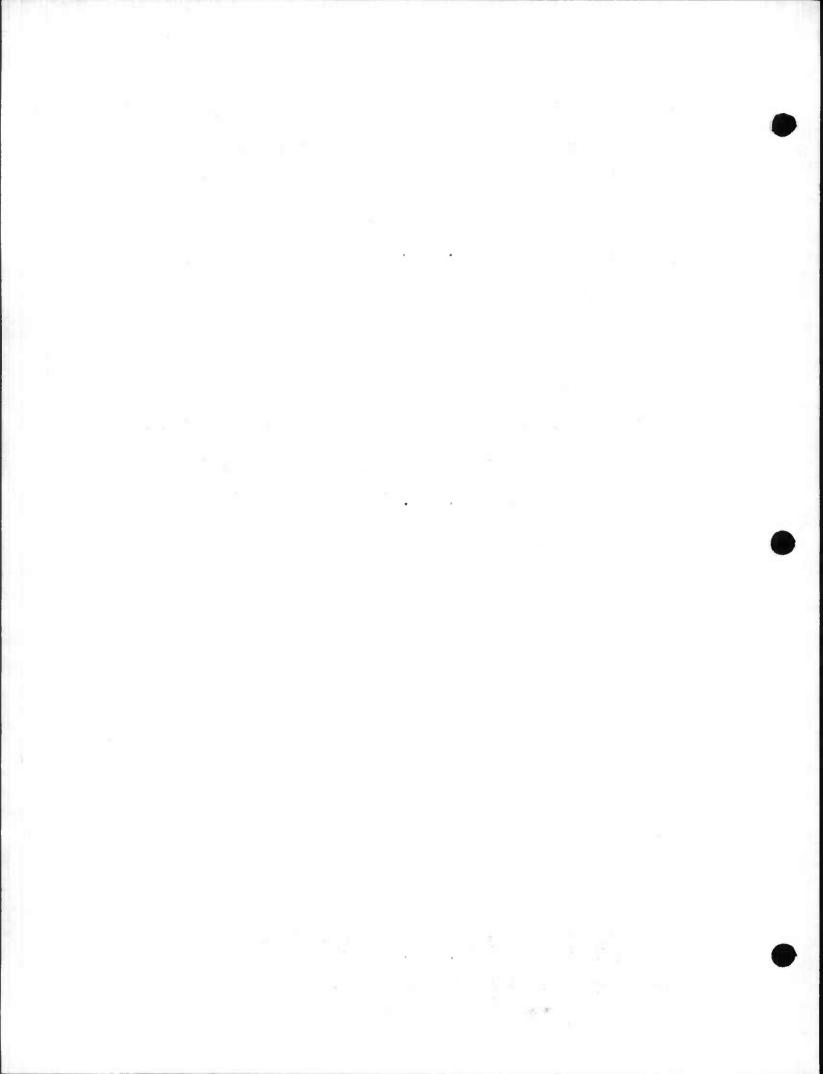
29d. Deta signed (Month, Day, Year) 12, 1996

f person who completed causa of death (Itam 23a) (Type, Print) 30. Nama and address

960 31. Deta filed (Month, Day, Year)

OCT 2

State Registrar



State of Maryland / Department of Health and Mental Hygiene

ITEM#100 100 10c 120d 10e & 10f m#g742 J.A. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Ruth Dora Scher 1996 6:40 a.m. October 6 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Manor Care- Bethesda Bethesda Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Yeer 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys 251-18-4029 Yrs. 68 Director South Carolina Dec. 6, 1927 Usual Residence of Decedent death with the Meryland 10e. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner rount be nothled at -None MONTGOMERY None MD. THYES 2 No BETHESDA Directo Washington, D. C. 10f. Zip Code 20817 20007 10e. Street and Number 6530 DEMOCRACY BOULDVARD 10g. Citizen of What Country? 23a or 4815 Funeral Street N. W. U. S. A. items ; 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bieck, White, etc. 11. Maritel Status filed within 72 hours efter 1 Never Merried 2 Merried 1 ☐ Yes 2 No ò Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: if Yes. Give ð Specify: White 3 Widowed 4 Divorced Year or Dates natural', Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Accountant - Office Manager Accountant permit. Pages 1 and 2 should be filk Department of Health end Mental Hy Important: if item 27 is marked oth any Injury or other traumatic even space. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Beverler Sumner Mattie Lawson 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 4815 V St. N.W. Darwin Scher - Husband Washington, D. C. 20007 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burlai 2 ☐ Cremation 3 ☐ Removal from State 10/11/96 Clinton, SC Rosemont 4 Donation 5 Other (Specify) Cemetery 21. Signature of Fundrai Service Licensi 22. Name and Address of Facility Joseph Gawler's Sons 5130 WI Ave. N.W. Washington, D.C. 20016 or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** Immediate Cause (Finei disease or condition resulting In deeth) /Medical 2 months Respiratory Failure Examiner Due to (or es e consequence of) Examiner 4 months Emphysema The law requires that the deeth certificete be executed the buriel-transit Sequentially ilst conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury and Due to (or as a consequence of): Box 68760, the ettending physiclan Chronic Obstructive Pulmonary Disease 4 years Physician/Medical that initiated events resulting in death) Last Due to (or as e consequence of): use PO Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the causs of death? signed by 1 Yss 2 No 3 Probably 4 Unknown Weakness, diffuse leukoencephalopathy Division of Vital Records. þ 24b. Were autopsy findings 24a. Wes an autopsy Completed peen available prior to completion of cause of death? page 2 this certificate has 1 Yes 2X No 1 ☐ Yes 2 ☐ No Attending Physician: director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) To Hospital: 1 inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No funeral 28a. Date of injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? After 1 X Natural 5 Pending investigation 1 Yes 2 No or Attend efter death Director: death 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) á 4 - Homicide To the Hospital within 24 hours of To the Funeral E Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, deeth occurred at the time, due to the cause(s) and manner as stated.

| Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only one) 29b. Signatury and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) D 22599 October 7, 1996 Kersen 0 d address of person who completed cause of death (Item 23a) (Type, Print) Ylene A. Larsen, M. D. 5454 Wisconsin Ave. #1125 Chevy Chase, MD 20815 31. Dans filed (Month, Day, Year) 32. Registrar's Signature **State** Julia Davidson Randa OCT 0 9 1996 Registrar

DHMH 16 Rev 6/95

60° x x x x

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 6, 1996 Pierre Pau1 Saurio1 October 2:45 AM /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 4012 Jeffry Street Montgomery Wheaton if Under 1 Year Months Days If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) **Funeral** Months Hours 1 ☑ M 2 ☐ F Vre 579 40 2455 Director March 19,1924 Canada Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 10b. County 7 is marked other than "naturel", or items 23a or 28a-f show traumstic event, it a Modical Examiner must be not fed at 10d. inside City Limita Maryland Montgomery Wheaton 1 ☐ Yes 2 ☑ No Director 10e Street and Numbar 10f Zin Code 10g. Citizen of What Country? 4012 Jeffry Street 20906 United States death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11 Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after Hygiene.

Hygiene.

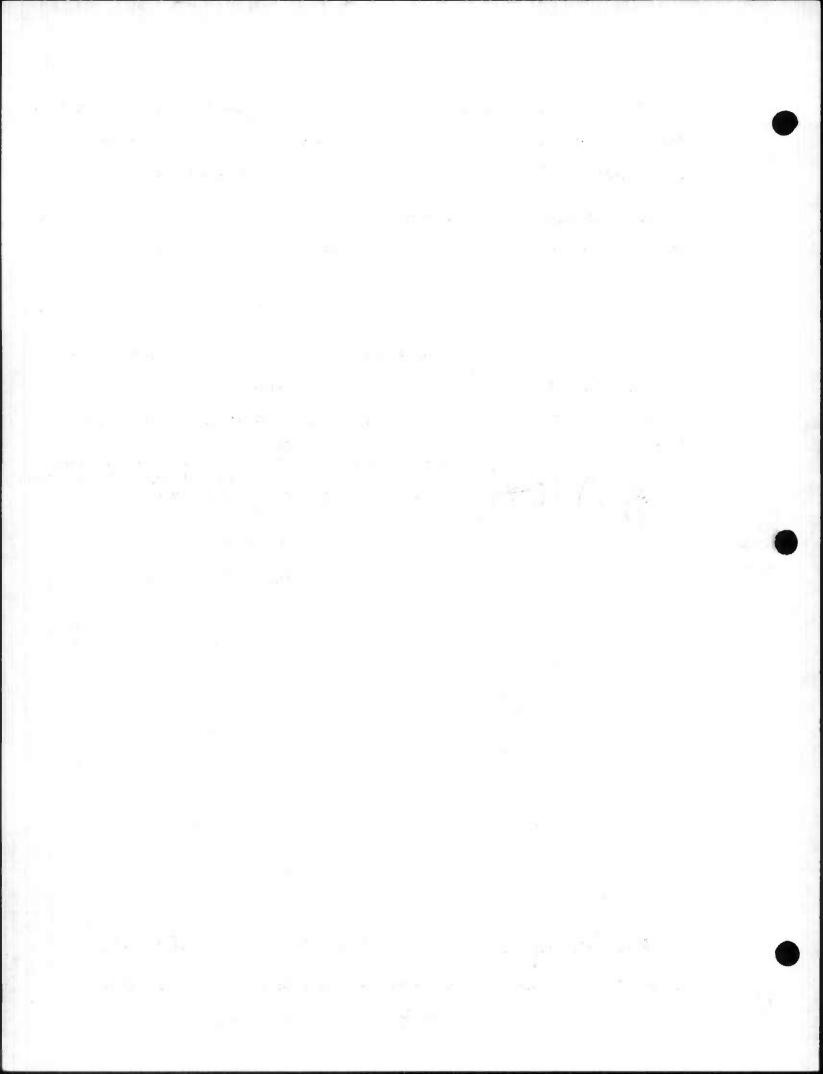
ther than "naturel", or item 1 ☐ Never Married 2 ☑ Married ☐ Yes 2☑ No f Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No f Yes, Give Year or Dates: Specify: ģ 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coliaga (1-4or 5+) Accountant Real Estate Firm permit. Pages 1 and 2 should be filed Department of Health and Mentel Hygii Important: If Item 27 Is merked other: any Injury or other traumatic event. 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumeme) Be Camille. Sauriol Berthe Allaire 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Helene Saurio1/ Wife 4012 Jeffry Street, Wheaton, Maryland 20906 20b. Place of Disposition (Neme of cematery, cremetory or other place) 10-09-96 20a. Method of Disposition 20c. Location - City or Town, State 1 ABurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery Silver Spring, Maryland 21. Signature of Funeral S 22. Name and Address of Facility Robert A. Pumphrey Funeral Home /Rockville, Inc., 300 West Montgomery Avenue Rockville, Maryland 20850-2805

disaasa, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or respiratory arreat,

Approximata Approximata Interval Between Onset and Death **Physician** /Medical Immediata Cause (Final disease or condition rasulting in death) Respiratory Failure Examiner Dua to (or as a consequence of) Examiner Emphysema Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Causa (Disaase or injury that initiated evants resulting in death) Last pue Due to (or as a consequence of) physician s the buriel-Box 68760. that the death certificete be Physician/Medical Due to (or as a consequence of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. P.O. the 23b. Did tobacco use contribute to the cause of death? 2 1 No 3 Probably 4 Unknown Back Pain signed b Division of Vital Records, by 24b. Were autopsy findings available prior to completion of ceuse of daath? 24a. Was an autopsy performed? Completed peeu page 2 s hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certific completely filled in by the funeral director, Be 25. Was cesa referred to medicel examiner? 26. Place of Death (Check only ona) Hospital: Other: 4 ☐ Nursing Home 5 1 Residence 6 ☐ Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28b. Time of 28a. Data of Injury (Month, Dev Year) 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be detarmined 28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 4 ☐ Homicide 15 Certifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the causa(s) and mannar as stated:
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier 29b. Signature and title of certified 29c. License number 29d. Date signed (Month, Dey, Year) 30 30. Nama and address of person who completed ceusa of death (item 23a) (Type, Print) MD 11501 Georgia Avenue, #515, Wheaton, Maryland Steven T. Kariya, 20902-1962 31. Date filed (Month, Day, Year) 32. Registrer's Signature State OCT Julia Davidson-Randsee 11 Registrar

DHMH 16 Rev 6/95



PER RANDA	LL	BROOKS ITEM # 8.	State of Maryla		ertificate of		Mental Hy	/giene 96 Reg. No.	31830
Physici	on	1. Decedent's Neme (First, Middle, La	st)		06 ,	,	2. Dete of D Month	eath Dev	3. Time of Death
Physici /Medi		Alberta	+		STARK	ey	Octobe	. 1 10 1	96 07:24 AM
Examir		4a. Fecility Neme (If not Institution, giv	street and number)	11	, ,	4b. City, Town, or	Location of Dee	th 4c County o	f Death
		Southern MI	ARYLAND	HOSP	Ital	Clinto	\sim	PRINK	e Bearges
Funeral		5. Social Security Number 6. S	ex 7. Age (In y	vrs. last birthday	Months Days		8. Dete of B	rth ey, Year)	9. Birthpiace (State or Foreign Country) South
Director		578-03-6570	96	Yrs.			Novem	ber: 7 18	99 Carolina
pu *		Usuel Residence of Decedent 10a. State 10b. County	10c.	City, Town or I	ocation.				10d. Inside City Limits
Manyl Seho	ō	Maryland Prince		pper Ma					1⊠ Yes 2□No
the the court	Director	10e. Street and Number		11	10f. Zip Code			10g. Citizen of W	hat Country?
Weith of the		603 Halifax Pl	200		20772				
Seath The 23	era	11. Meritel Stetus	12. Wes Decedent Ever in	n U.S. 13		Hispenic Orlain? (S	pecify Yes or N		tates of Americ
Aaryland 21215-0020 2 should be filed within 72 hours after death with the Maryland and Mental hygiene. Is marked other than "natural", or items 23s or 28s-f show raumatic event, the Medical Examinat must be notified at	by Funeral	1 Never Married 2 Merried 3 ☑ Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes:		. Wes Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☒ No		o Rican, etc.)	Black	, White, etc. Black
2 ho	Completed	15. Decedent's Ed		18a. Dec	edent's Usuel Occu	pation	atata -	16b. Kind of Bus	iness/Industry
21 Phin 7	e de	(Specify only highest gra	College (1-4or 5+)	life.	e kind of work done DO NOT use ratire	adring most of wol	King		
2121 ad within orgiene.	S	6th grade		Dome	stic			Private	Industry
be filed that the double of the went,	Be	17. Fether'a Neme (First, Middle, Last)					ne (First, Middle	, Melden Sumame	
yla Menid Menid mrke	2	Bobby Sanders				Eva		unkı	
■ 5575		19e. informent's Neme/Reletionship (ing Address (Street alifax Pl				
Baitimore, semit. Pages 1 ar Separtment of Hear moortant: if Item.? in yinjury or other once.		20a. Method of Disposition		b. Plece of Disp	position (Neme of ematory or other ple	ace)	Dete	20c. Location - C	city or Town, State
Page hent mt: H		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetton 5 ☐ Other (Specifi	Remove from State	_	LE PARK C	1		Riverda	le, Maryland
Balti pemit. Departm imports any inju	, ,	21. Signature of Funerei Service Licen			22. Name end Addre		0418/9	n-	FUNERAL HOME
w ggrag		1 /1 / K	Vanh		716 KENNE	EDY ST NW	WASHIN		
K-		23a. Part1. Enter the disease, or companies shock, or heart feilure. List only	plications thet caused the d	leeth. Do not e	nter the mode of dyl	ing, such as cardied	or respiretory	arrest,	Approximate
Physician		shock, or heart feilure. List only	one(cause on each line.						interval Between Onset and Death
/Medical		Immediate Cause (Final	Cana	6,0	Anox4	2 day is			ZWES
Examiner		disease or condition resulting in deeth)		o (or es a consi		4410			ZWFS
- Trail	je.		Reson		by Cal	150.000			
60, be assecuted sictan and burial-transit	Examiner	Sequentially list conditions		o (or as a cons	equenca of):	1 concy			
8760, ate be axecute hysician and the burlat-trans	ŭ	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Olsease or Injury that initiated events	mel		40	,			
8760, cate be ax	dical	thet initiated events resulting In deeth) Lest	C. Due to	(or es e conse	equence of):	1			
	Med	resulting in Goodin, Lost	Mathicit	P. : - Re	sistmit	Stockel	· toruse	arriens	.
Box (Box eath certif	an.	•	d. Marini Pec	un /	212/2001	3. 11.79	e cercing	INFECTIO	+a)
O. B. death	by Physician/Me	Pert II. Other eignificant conditions of	ontributing to death but not	resulting in the	underlying cause gi	iven in Part I.	23b. Did		ribute to the cause of death?
P.O at the at the stache	Phy	Consolius (1 150				1	Yes 2□No	3 Probably 4 Unknown
S, F es tha igned be de	by	Confesione 1	rour jamu	u					
Records, P.O. Box 6 The law requires that the death certific ta has been signed by the attending p	Completed	Wirmous trad	infection	with b	Parlanuis.	Veorober	24a. Wa	s an autopsy ormed?	24b. Were eutopsy findings evellable prior to
Reco	ple				The few	BIRALIS			completion of cause of death?
The in	NO.	Drabetes	Milletins			7	10	Yes 20 No	1 ☐ Yes 2 ☐ No
Vital I	Be	25. Wes case referred to medical				26. Piece of Dec	eth (Check only	one)	
	To	exeminer?	Hospitel: 1 Inpatient 2	ER/Outpetic	ent 3 DOA Ot	her: 4 Nursing H	lome 5 Res	idence 6 DOthe	(Specify)
On of Jing Phys After this funeral d	ë	27. Menner of Deeth	28a. Dete of Injury (Month, Dey Year	28b. Time	of 28c. inju	ry at	28d. Describe	how injury occurre	d
Sion tendin eath. for: Aft	atle	2 ☐ Accident investigation)	, injury		Yes 2□No			1 1 1 1 1 1
Division or Attending after death. I Director: After death. d in by the fur	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Plece of Injury - A building, etc. (Spe	t home, ferm, s	treet, fectory, office		28f. Location City or To	(Street and Number	r or Rural Route Number,
Diving after or ours after or filled in	Ce								
Hospital 24 hours Funeral I	edlcai	(Check only 2 Medical Exam	yeician: To the bast of my laner: On the basis of exam	knowledge, dea	th occurred at the ti	me, dete end piece	, end due to the	ceuse(s) end men	ner as steted.
를 들 을 을	Med	one)	end menner stated.	1					
or or or	-	29b. Signeture and title of certifier	o hul	11	29c. Licen		04.5	∠90. Date signed	(Month, Day, Year)
		· ferent	2,00000	Nun	6) /	(3/3)	MO)	101	8176
141		30. Neme and eddress of person who	completed cause of deeth (I	Item 23e) (Type	, Print)	1. 00:/-	SHITE	4.)4.	P 110 70 07
1/		Lucio 2. VILLA-1	CEAL, NO., 9	#2 51	YATRICA	ch ylave	11302	WATDON	8/9c
Sta	te	31. Dete filed (Month, Dey, Year)	32 Hegistrers Sig	gneture	4				

which is the same of the

to the second

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

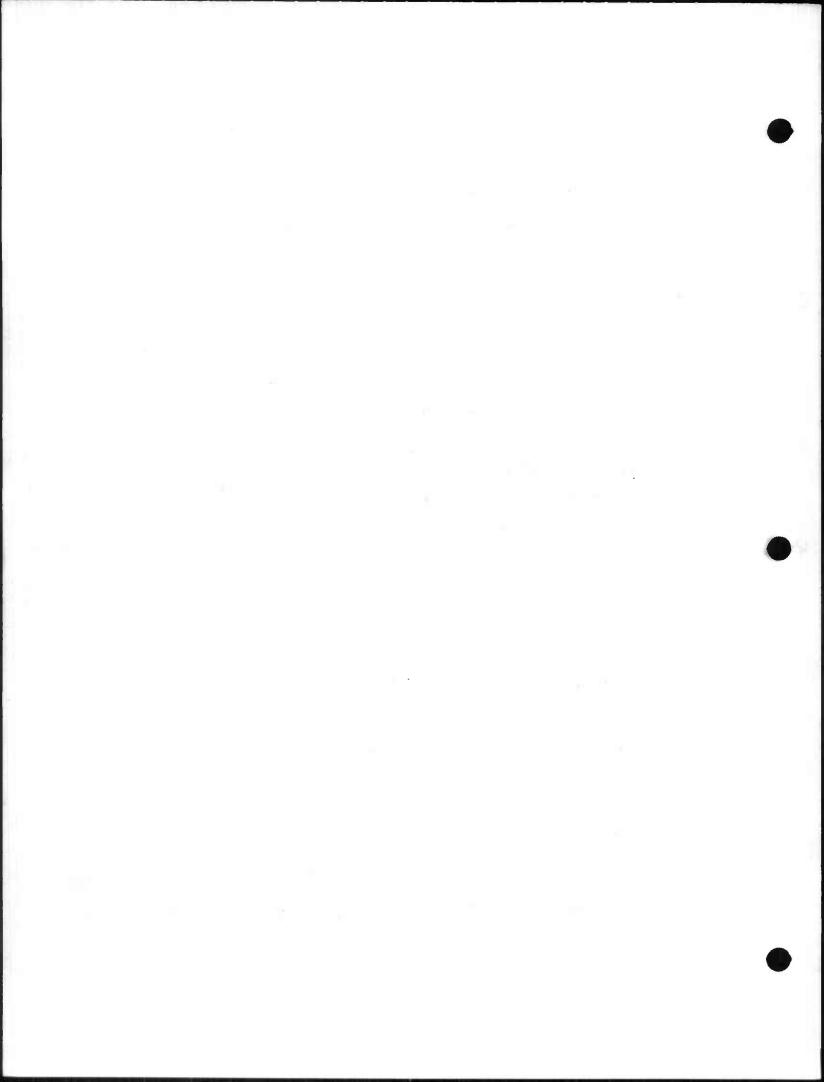
	1 - STATE REGISTRAR	- 0,,		CATE OF	DEATH	10-10-10-10-10-10-10-10-10-10-10-10-10-1	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF D			3. TIME OF DEATN
	Jacquelyn C. Spiering	3				Oct	02	1996	8:55 a M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In ye	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTN	8. BIR	TTHPLACE (State or Foreign
	214-34-5432 1 D M	² 賽 59	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, April			ryland
	9a. FACILITY NAME (If not institution, give street and no	imber)		9b. CITY, TOWN	OR LOCATION OF DE			9c. COUNTY OF	
DIRECTOR	26716 Boyce Mill Road	i .		Gre	ensboro			Caro	line
E	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ION				10d. INSIDE CITY
5	Maryland Caroline		Gr	eensboro					1 YES 2 NO
	10a. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	26716 Boyce Mill Road	DECEDENT EVER IN U.	0 40440		21639			U.S.A.	
ВУ	1 Never Married 2 N Married FORG	DECEDENT EVER IN U. DES? 1 TYPES 2 S, GIVE WAR OR DATES	NO NEW YORK	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 NO Specify	n, Puerto Ricen,		BI	ACE — American Indian, ack, White, atc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18	(Give kind of s	USUAL OCCUPATION	ON st of working	16b. KIND	OF BUSIN	IESS/INOUSTRY	,
COMPLETED		(1-4 or 5+)	Ille. Do NOT us	ne retired.)	or or worthing			Sch	ool System
MPI	12		bus dr	iver		Can	colin	e Coun	ty Public
Ö	17. FATNER'S NAME (First, Middle, Lest)				18. MOTNER'S NA	ME (First, Middle	, Maiden Su	rname)	
BE (Roland F. Cartwright 190, INFORMANT'S NAME (Type/Print)			1000000 0000	Naomi	Palma			ight
2					Greensb				20
	Anton W. Spiering, J			OF DISPOSITION (N		DATE DATE		TION — City or	
	1 X Buriel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)			ther place) Ceme		10/6			o, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		I CCHSD		ND ADDRESS OF FA		GLE	enspor	o, Marytand
	I Steph (Fl	ude		Fleeg	le-Helfe Box 160	nbein]	Funer	al Hom	e 1639
	23. PART i. Enjer the diseases, or complicate shock, or heart fellure. Liet only	tions that caused th	e deeth. Do	not enter the mo	de of dying, auc	h aa cardiac	or respira	tory arrest,	Approximata
	The Contract of the Contract o			, ,					Onset and Death
	disease or condition resulting in deeth)	Amy to DUE TO (OR AS A CO	phic	Cafe	-41 5	cler	051		2 years
	a.	DUE TO (OR AS A CO	NSEQUENCE O	F):					
Z	Sanuariali, ila and distance 6 b.								
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate	OUE TO (OR AS A CO	ONSEQUENCE O	F):					
S	cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	INSEQUENCE O	F):					
EB	d								
	PART II. Other significant conditions contrib	outing to deeth but	not resulting	In the underlyin	g ceuse given in	Part I. 24a.	WAS AN AL		24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						1.5	PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						'	J 7ES 2 1	Sho	OF DEATH?
2	DID TOBACCO USE CONTRIBUTE	TO CALISE OF	DEATH VI	S I NO B	Z LINICEDTAII				1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			TN (Check only one,	2 OIACLKIAII				
200	EXAMINER? HOSP			OTHER:	- W				
7		OATE OF INJURY	28b. TIN		IURY AT			JURY OCCUREO	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY W	YES 2 NO	200. 5290112		oni oodanii	
		PLACE OF INJURY — building, atc. (Specify)	At home, ferm,	street, factory, offic	•	28f. LOCATION City or Tox		d Number or Rur	al Route Number,
Ē	29a. CERTIFIER								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PNYSICIAN: To 1 2 MEDICAL EXAMINER: On the								e(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		- ~	5,	29c. LICENSE NUI				NED (Month, Day, Year) - 3, 1996
2	30. NAME AND ADDRESS OF PERSON WNO COMPLI								-1
	<u></u>	P.O. Box		enton, M	aryland	21629			
	31. DATE FILED (Month, Dey, Year) 32.	REGISTRAR'S SIGNATU							
		12011)044	idson-Par	nd 00					

burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whem: 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires the	TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health a	IMPORTANT: If item 28 is marked, or item 23 shows any	

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGI		
1	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
	(CLARENCE SI	LOCUM			Oct. 2.	1996	8:35 P M
		5. SEX 6. AGE (II		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year US / 20 /	05 Ge	BIRTHPLACE (State or Foreign Country) Ordia
	9a. FACILITY NAME (If not institution, give stre	net and number)	9	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	
TOR	Wesleyan Health	Care Cen	ter	Den	ton		Car	oline
DIRECTOR	MD COUNTY	oline	10c. CITY,	TOWN OR LOCAT		ton		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
اد	10e. STREET AND NUMBER			101.	ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	420 Colonial	Drive			2162	9	Unite	d States
5	11. MARITAL STATUS	12. WAS OECEDENT EVER IN				IIC ORIGIN? (Specify		RACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specify	n, Puerto Rican, etc. /:		Specify: Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		(Give kind of wor life. Do NOT use	rk done during mos	IN II of working	16b. KIND OF	BUSINESS/INDUS	TRY
١٣	Elementary/Secondary (0-12)	College (1-4 or 5+)		abore	r	Agr	ricultu	re
No.	17. FATHER'S NAME (First, Middle, Lest)				18 MOTHER'S NA	ME (First, Middle, Me	idea Sumeme)	
		Unknown		_		known	our ourname,	
BE	19a. INFORMANT'S NAME (Type/Print)	"	19b. MAILING A	DDRESS (Street a	nd Number or Rural I	Route Number, City or	Town, State, Zip Co	de)
임	G. Webb, Upper	Shore Agi	ng 201	Talbot	Blvd.,	Cheste	ertown,	MD 21320
	20a. METHOD OF DISPOSITION 1X.] Burial 2 Cremation 3 Remove	val from State cam	PLACE AND DATE OF	e planel			LOCATION — City	
- 1	4 Donation 8 Other (Specify)		edery cramatory or other			10-8 F		
	Mil	770		Fram	ptom-Ha	wkins-	skow F	uneral Home MD 21632
ľ	19 whay	4- TOP	Dec ()					
	23. PART I. Enfer the diseases, or co shock, or heart feilure. L	empilications that caused iet only one cause on er	the deeth. Do no	t enter the mo	da of dying, suc	h aa cardlac or n	eapiratory arrest	Approximata
	IMMEDIATE CAUSE (Finel		^					Onset and Daath
	disease or condition resulting in death)	- LILLI	1051	5				rears
		DUE TO (OR AS A	CONSEQUENCE OF):					*
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):					
¥.	If any, leading to immediate cause. Enter UNDERLYING	,						
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				_	
ᇤ	resulting in death) LAST							
	PART li. Other significant conditions	contributing to death h	ut not resuiting in	the underlying	s cauda givan in	Part i 24s Mil	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL		PICE	nh-1	- 0 -	Phy	PE	FORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
	150,000,000		prais	Jace .	714	1 🗆 YE	S 2 NO	OF DEATH?
Σ	DID TOBACCO USE CONTR	BUTE TO CAUSE O	F DEATH YES	T NO F	UNCERTAIL	ND		1 TYES 2 TO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH		ONCERIA			
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:	e 5 Besidence	8 Other (Specify)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJ	URY AT		OW INJURY OCCUP	RED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI		RK? YES 2 NO			
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— Al home, farm, str	se1, factory, offic		281. LOCATION (St City or Town, S		Rural Route Number,
TED	4 Homicide determined							
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred	at the time, data	and place, and due	to the cause(a) and	menner as stated.	
COMPLET	one) 2 MEDICAL EXAMINER	t. On the basis of exemination	n and/or investigation,	, in my opinion, d	eath occured at the	time, data and plac	e, and due to the o	ause(s) and menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	0 (29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
TO B	lines	Sie	es	10	0313	16	10	-7-96
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	Print)	124	T	4	4.0
	James 711	res 12	0 170	rver	20	JEN	LON	MA
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE 4dson-Rande	80_				



State of Maryland / Department of Health and Mental Hygiene 0.6 2.1.0.2.2

		 Decedent's Nam. 	a (1 hat, middle,	Last)						2. Date of De				3. Time of Death
hysician		PAUL	KOONTZ	SHIFF	LETT					Month	Dε		Year	
Medical		a. Facility Name (I							4b. City, Town, or l	Octobe			96 of Death	9:20 am
xaminer					,									
THE R. P. LEWIS CO., LANSING	5	wasningt i. Social Security N		ntist Ho		. last birthday)	If Under 1	-	Takoma Pa				omery	(0)
nerai ector		223-18-8 Usual Residence of	3626	1⊠M 2□F	81	Yrs.		Days	Hours Min.	8. Date of Bir (Month, Da Feb. 8	y, Year	915	Virg:	ace (State or Forei iry) inia
rector	1	IOa. State	10b. County		10c. C	ity, Town or Lo	ocation						10	Od. Inside City Limi
eto li	3	MD	Prince	George'	s Co.	llege P	ark							1 X Yas 2 □ N
Sire Sire	1	Oe. Street and Nur	mber				10f. Zip (Code			10g. Cl	Itizen of V	What Count	try?
1 10	5	9014 Rhc	ode Isla	nd Avenu	e #204		20	740			U.S	S.A.		
Fune	1	Marijai Stajus Navar Marri Widowed		Armed Fo 1 X Yas if Yas, Giv	2 No	1	Was Decade If Yas, speci 1 ☐ Yes 2		lispanic Origin? (Span, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)	>-		ce - Amarica ck, White, e	
	-	O gg TTIOOTHEG	15. Decadent's	Year or D	ates:	16a Dassa	dante Harrat		-N		1 400 44	/// / D		
other traumatic event, the Medical		(Spec		grade completed)		(Give	kind of work	k done	ation during most of world)	king	160. K	(Ind of Bi	usiness/ind	ustry
M E		Elementary/Secon	ndary (0-12)	Coilege (1	-4or 5+)		Welde		"		Dr.	ivot	e Ind	uctry
ر ا	1	7. Father's Name ((First Middle Le	etl		Spor	Weide	_	18. Mother's Nem	o /First Middle				ustry
Be	i	Otis F.		7								n Surnem	10)	
To									Myrtle					
200	1	19a. informani's Na							end Number or Ru					
har	-			Step-Da					blic Road		-			V
8	2	0a. Method of Disp		☐Ramoval from		Placa of Dispo cemetery, cren	sition (Nemi natory or off	e of her plac	ce)	Date	20c. L	ocation -	City or Tov	wn, State
iry o			5 ☐ Other (Spe		Fo	rt Line	coln (Ceme	tery 10	/11/96	Bre	ntwo	od. M	faryland
any Injury or 0000	1	1. Signature of Fur	nigrati Servicit bio	ensee	1	22	. Name and	Addre	ss of Facility					
any Ir		1	AAA	()	1 -	_ F		s G	asch's Sc	ns Fune	ral	Home	e, P.,	Α.
	-	221 000	thy	soul	Lul	4	739 B	alt:	imore Ave	nue, Hy	atts	svil	le, M	D 20781
	1	23a. Parki. Enter the shock, or hear	ne disease, or de it failure. (List on	polications that can one cause on e	aused the dea	4	739 B er tha mode	alt:	imore Ave	nue, Hy or respiratory a	rest,	svil		D 20781 Approximete Interval Between
cian	1	23a. ParM. Enter the shock, or hear	ne disease, or co	polications that can be cause on e	aused the dea	4	739 B. er tha mode	alt:	g, such as cardiac	or respiratory a	rrest,	svil		D 20781 Approximete
dicai	1	mmediate Cause (i	Finai	polications that converge one cause on e	aused the demonstration of the second	4	739 B er tha mode	alt:	g, such as cardiac	or respiratory a	rrest,	svil.		D 20781 Approximete interval Between
dicai	1	mmediate Cause (i	Finai	polications that city one cause on e	ndion	Do not ente	er tha mode	alt:	g, such as cardiac	or respiratory a	rrest,	svil		D 20781 Approximete interval Between
dicai niner	li co	mmediate Cause (i	Finai	polications that cay one cause on e	ndion	4	er tha mode	alt:	g, such as cardiac	or respiratory a	rrest,	svil.		D 20781 Approximete Interval Between
dicai niner	la co	mmediate Cause (i disease or condition resulting in death)	Final	polications that can be as a cause on e	ndion Due to (Do not enter	ar the mode	alt:	g, such as cardiac	or respiratory a	rrest,	svil		D 20781 Approximete interval Between
dicai niner	la co	mmediate Cause (i disease or condition resulting in death)	Final	polications that can be a cause on e	ndion Due to (Do not ente	ar the mode	alt:	g, such as cardiac	or respiratory a	rrest,	svil		D 20781 Approximete interval Between
iel-transit cai	li do r	mmediate Cause (i disease or condition resulting in death)	Final	possible pilications that can be cause on e	Due to (Do not enter Mil Do not enter Or as a consequence	er tha mode (A + C V [uence of): [uence of):	alt:	g, such as cardiac	or respiratory a	rrest,	svil		D 20781 Approximete Interval Between
iel-transit iel-transit Examiner	li do r	mmediate Cause (i	Final n ditions, mediate rlying injury	possible pilications that can be cause on e	Due to (Do not enter	er tha mode (A + C V [uence of): [uence of):	alt:	g, such as cardiac	or respiratory a	rrest,	svil		D 20781 Approximete Interval Between
iel-transit en iner Examiner	li do r	mmediate Cause (i isease or condition esulting in death) Gequantially list con- tany, leading to lim ause. Enter Under Cause (Disease or i hat initiated events	Final n ditions, mediate rlying injury	a. Ch	Due to (Do not enter Mil Do not enter Or as a consequence	er tha mode (A + C V [uence of): [uence of):	alt:	g, such as cardiac	or respiratory a	rrest,	svil		D 20781 Approximete interval Between
or use as the buriel-transit and a lan/Medical Examiner	li do r	mmediate Cause (i isease or condition esulting in death) Gequantially list con- tany, leading to lim ause. Enter Under Cause (Disease or i hat initiated events	Final n ditions, mediate rlying injury	b	Due to (Do not enter Mil Do not enter Or as a consequence	er tha mode (A + C V [uence of): [uence of):	alt:	g, such as cardiac	or respiratory a	rrest,	svil		D 20781 Approximete interval Between
or use as the buriel-transit ui and a landwedical Examiner	li do r	mmediate Cause (i isease or condition esulting in death) Gequantially list con- tany, leading to lim ause. Enter Under Cause (Disease or i hat initiated events	Final nditions, mediate riving injury	a	Due to (Do not enter Do	uenca of):	7	g, such as cardiac	or respiratory a	C.			D 20781 Approximete interval Between
eched for use as the buriel-transit an irriginar/Medical Examiner	li do r	mmediate Cause (i disease or condition resulting in death) Sequantially list con- fany, leading to im- ause. Enter due cause (Diseade or hat initiated events esulting in death) L	Final nditions, mediate riving injury	a	Due to (Do not enter Do	uenca of):	7	g, such as cardiac	or respiratory a	C.	D USS COP		D 20781 Approximate interval Between Onset and Death
be deteched for use as the buriel-transit and properties and physician/Medical Examiner	li corr	mmediate Cause (i disease or condition resulting in death) Sequantially list con- fany, leading to im- ause. Enter due cause (Diseade or hat initiated events esulting in death) L	Final nditions, mediate riving injury	a	Due to (Do not enter Do	uenca of):	7	g, such as cardiac	or respiratory a	tobacco	D USS COP	ntribute to	D 20781 Approximete interval Between Onset and Death
be deteched for use as the buriet-transit and a property of the property of th	if co	mmediate Cause (i disease or condition resulting in death) Sequantially list con- fany, leading to im- ause. Enter due cause (Diseade or hat initiated events esulting in death) L	Final nditions, mediate riving injury	a	Due to (Do not enter Do	uenca of):	7	g, such as cardiac	23b. Did	tobacco Yes 2	o use cor	ntribute to 3 Proble 24b. Wei	D 20781 Approximate interval Between Onset and Death the cause of deat ably 4 Junknore autopsy findings
be detected for use as the buriet-transit and a by Physician/Medical Examiner	if co	mmediate Cause (i disease or condition resulting in death) Sequantially list con- fany, leading to im- ause. Enter due cause (Diseade or hat initiated events esulting in death) L	Final nditions, mediate riving injury	a	Due to (Do not enter Do	uenca of):	7	g, such as cardiac	23b. Did	tobaccc	o use cor	ntribute to 3 Probe 24b. Wei	D 20781 Approximate interval Between Onset and Death the cause of deatl ably 4 Junknorre autopsy findings liable prior to applation of cause
2 should be deteched for use as the buriel-transit and properties the buriel-transit and the properties of the properti	if co	mmediate Cause (i disease or condition resulting in death) Sequantially list con- fany, leading to im- ause. Enter due cause (Diseade or hat initiated events esulting in death) L	Final nditions, mediate riving injury	a	Due to (Do not enter Do	uenca of):	7	g, such as cardiac	23b. Did 10 24e. Was	tobacco Yes 2 an auto	o use cor 2□ No opsy	ntribute to 3 Probe 24b. Wei	D 20781 Approximate interval Between Onset and Death the cause of death ably 4 Junknore autopsy findings liable prior to optation of cause eath?
2 should be detected for use as the buriel-transit and properties are preferred by Physician/Medical Examiner	li do r	mmediate Cause (i disease or condition desulting in death) Sequantially list con- fany, leading to Im- ause. Enter Under Cause (Disease (Disease or Hat initiated events esulting in death) L	Final nditions, mediate riving injury asi	a	Due to (Do not enter Do	uenca of):	7	g, such as cardiac	23b. Did	tobacco Yes 2 an auto	o use cor	ntribute to 3 Probi	D 20781 Approximate interval Between Onset and Death the cause of deatl ably 4 Junknor re autopsy findings liable prior to applation of cause
actor, page 2 should be deteched for use as the buriel-transit and a page 2. Should be deteched for use as the buriel-transit and a page 2. Should be deteched by Physician/Medical Examiner	li do r	mmediate Cause (i disease or condition resulting in death) Sequantially list con- fany, leading to im- ause. Enter due cause (Diseade or hat initiated events esulting in death) L	Final nditions, mediate riving injury asi	a. Ch	Due to (Do not enter Do	uenca of):	of dyin	en in Part i.	23b. Did 1 = 24e. Was perfo	tobacco Yes 2 an auto mmed?	o use cor 2□ No opsy	ntribute to 3 Probi	D 20781 Approximate interval Between Onset and Death the cause of death ably 4 Junknore autopsy findings liable prior to optalion of cause eath?
director, page 2 should be deteched for use as the buriel-transit Los Be Completed by Physician/Medical Examiner	Sife Country P	mmediate Cause (idisease or condition esulting in death) Sequantially list contains, leading to limit ause. Enter Under Cause (Disease vents esulting in death) Leart ii. Other aignifit art ii. Other aignifit axaminar?	Final nditions, mediate rying injury asi	a. Ch	Due to (contract of the contract Do not enter Do	uence of):	Oth	en in Part i.	23b. Did 1 = 24e. Was perfo	tobacco Yes 2 an auto mmed? Yes 2 one)	D use con 2 □ No Dpsy	24b. Wer avaicom of d	D 20781 Approximate interval Between Onset and Death the cause of death ably 4 Denknor autopsy findings liable prior to applation of cause eath?	
al director, page 2 should be deteched for use as the buriel-transit a property of the propert	Sift COUNTY	mmediate Cause (in its condition in death) Sequentially its confiant, leading to limit auss. Enter Under Cause (Disease (Disease Little) at initiated events esulting in death) Learning in Cause (Disease Little) at initiated events esulting in death) Learning	rinai nditions, mediate riving injury asi	a. Ch	Due to (contract of the contract De not ente	uence of): uence of): uenca of):	use giv	en in Part i. 28. Piace of Dea	23b. Did 1 24e. Was perfo	tobacco Yes 2 an auto med? Yes 2 one)	D use cor 2 □ No Dpsy	24b. Weraval com of d	D 20781 Approximate interval Between Onset and Death the cause of death ably 4 Denknor autopsy findings liable prior to applation of cause eath?	
al director, page 2 should be deteched for use as the buriel-transit and in the completed by Physician/Medical Examiner	Sift COUNTY	mmediate Cause (idisease or condition esulting in death) Sequantially list contains, leading to limit auss. Enter Under Cause (Disease vents esulting in death) Leart ii. Other algniff art ii. Other algniff axaminar?	Final nditions, mediate rying injury asi	a. Ch. b. Ch. c. Ch. d. Ch. Hospital: 1 🔀 II 28a. Date of (Month)	Due to (Due to (Due to (ath but not rea	Do not enter Or as a consequence or as a cons	uence of): uence of): uenca of):	use giv	en in Part i. 28. Piace of Dea	23b. Did 10 24e. Was perfo	tobacco Yes 2 an auto med? Yes 2 one)	D use cor 2 □ No Dpsy	24b. Weraval com of d	D 20781 Approximate interval Between Onset and Death the cause of death ably 4 Denknor autopsy findings liable prior to applation of cause eath?
y the funeral director, page 2 should be deteched for use as the buriel-transit and page 2 should be deteched for use as the buriel-transit and page 2 should be completed by Physician/Medical Examiner	Sift COUNTY	mmediate Cause (issease or condition esulting in death) Sequantially list contain, leading to limit ause. Enter Under Lause (Disease vents esulting in death) Leart ii. Other algniff art ii. Other algniff aximinar? 1 Yes 250 17. Manner of Deeth 1 Matural 2 Accident 3 Sulcide	Final nditions, mediate riving injury asi	a. Ch. c. d. d. Hospital: 1 🖾 I 28a. Date of (Month) 28e. Place 28e. Place	Due to (Due to (Due to (Due io (ath but not rea inpatiant 2 if injury by Day Year)	Deployupailen	uence of): uence of): uenca of): uenca of): at 3 DOA	use giv	en in Part i. 28. Place of Dealer: 4 □ Nursing He	23b. Did 1 24e. Was perfo	tobacco Yes 2 an auto mmed? Yes 2 one) denca how inju	Duse con 2 No Dipsy E No 6 Othury occurr	ar (Specify)	D 20781 Approximate interval Between Onset and Death the cause of death ably 4 Denknor autopsy findings liable prior to applation of cause eath?
y the funeral director, page 2 should be deteched for use as the buriel-transit and programmer director. To Be Completed by Physician/Medical Examiner	Sife COUNTY	mmediate Cause (idisease or condition resulting in death) Sequantially itsi contained in the cause (idea of any, leading to impause. Enter Under Cause (Disease or in hat initiated events esulting in death) Leart ii. Other aignificant iii.	rinai nditions, mediate riving injury asi cant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions	a. Ch. c. d. d. Hospital: 1 🖾 I 28a. Date of (Month) 28e. Place 28e. Place	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Deployupailen	uence of): uence of): uenca of): uenca of): at 3 DOA	use giv	en in Part i. 28. Place of Dealer: 4 □ Nursing He	23b. Did 1 24e. Was perfo	tobacco Yes 2 an auto mmed? Yes 2 one) denca how inju	Duse con 2 No Dipsy E No 6 Othury occurr	ar (Specify)	D 20781 Approximate interval Between Onset and Death the cause of death ably 4 Junknore autopsy findings liable prior to inplation of cause eath? Yes 254 No
y the funeral director, page 2 should be deteched for use as the buriel-transit and page 2 should be deteched for use as the buriel-transit and page 2 should be completed by Physician/Medical Examiner	Side of the state	mmediate Cause (idisease or condition resulting in death) Sequantially itsi contain, is eading to impuse. Enter Under Cause (Disease (Disease other indicated events esulting in death) L Fart ii. Other aigniffs Tart ii.	rinal nditions, mediate riving injury asi	a. Characteristics and the contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contribution to de contribution con	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Deployment of the property of	uence of): uence of): uenca of): uenca of): at 3 DOA 28 M eet, factory,	a Othuse giv	en in Part i. 28. Place of Dea er: 4 \(\) Nursing He (7) yes 2 \(\) No	23b. Did 1 24e. Was perfo	tobacco Yes 2 an autoommed? Yes 2 one) denca how inju	b use core 2 No Dopsy E No 6 Other or occurrent Number a) and ma	ar (Specify), red	D 20781 Approximate interval Between Onset and Death the cause of death ably 4 Junknore autopsy findings liable prior to inplation of cause eath? Yes 254 No Route Number,
led in by the funeral director, page 2 should be deteched for use as the buriel-transit and in the funeral director. To Be Completed by Physician/Medical Examiner	Side of the state	inmediate Cause (issease or condition esulting in death) Sequantially list contain, leading to limit auss. Enter Under Lause (Disease or limit at initiated events esulting in death) Leart ii. Other aigniffs arminar? 1 Yes 250 17. Manner of Deeth 1 Matural 2 Accident 3 Sulcide 4 Homicide	rinal nditions, mediate riving injury asi	a. Characteristics and the contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contributing to de contribution to de contribution con	Due to (Due to (Due to (Due io (ath but not rea finjury, h, Day Year) of injury - At h g, etc. (Specia	Deployment of the property of	uence of): uence of): uenca of): uenca of): at 3 DOA 28 M eet, factory,	a Othuse giv	en in Part i. 28. Place of Dealer: 4 Nursing He	23b. Did 1 24e. Was perfo	tobacco Yes 2 an autoommed? Yes 2 one) denca how inju	b use core 2 No Dopsy E No 6 Other or occurrent Number a) and ma	ar (Specify), red	D 20781 Approximate interval Between Onset and Death the cause of death ably 4 Junknore autopsy findings liable prior to inplation of cause eath? Yes 254 No Route Number,
fication: To Be Completed by Physician/Medical Examiner	Siff occurred by the second of the second occurred by the second occ	mmediate Cause (idisease or condition resulting in death) Sequentially itsi contain, itself of any, leading to impause. Enter Under Cause (Disease or in hat initiated events esulting in death) Learning	rinal nditions, mediate ryling injury asi least conditions ed to medical No least conditions S Pending investiget could not determine the could not	a. C. d. Hospital: 1 🔀 li 28a. Date c (Month) 28e. Place building Physician: To the laminer: On the ba	Due to (Due to (Due to (Due io (ath but not rea finjury, h, Day Year) of injury - At h g, etc. (Specia	Deployment of the property of	t 3 DOA M DOA Restligation, is	a Othic Injury of the time in my of	en in Part i. 28. Place of Dea er: 4 \(\) Nursing He (7) yes 2 \(\) No	23b. Did 1 24e. Was perfo	tobacco Yes 2 an autoormed? Yes 2 one) denca how inju Street arwn, State cause(s dete enc	Duse core 2 No opsy 6 Other ing occurr and Number i) and ma	ar (Specify), red	The cause of death of the cause of death of the cause of death ably 4 Tunknows and Death of the cause of death of the cause of the caus
fication: To Be Completed by Physician/Medical Examiner	Siff occurred by the second of the second occurred by the second occ	mmediate Cause (idisease or condition resulting in death) Sequentially itsi contain, ieading to implement the cause. Enter Underlause. Enter Underlause. Enter Underlause. Enter Underlause. (Disease or international internatio	rinal nditions, mediate ryling injury asi least conditions ed to medical No least conditions S Pending investiget could not determine the could not	a. C. d. Hospital: 1 🔀 li 28a. Date c (Month) 28e. Place building Physician: To the laminer: On the ba	Due to (Due to (Due to (Due io (ath but not rea finjury, h, Day Year) of injury - At h g, etc. (Specia	Deployment of the property of	t 3 DOA M DOA M 28 M 29c.	a Othic Injury of the time in my of	en in Part i. 28. Place of Dea er: 4 \(\text{Nursing He} \) \(\text{Ai} \) Yes 2 \(\text{No} \) ne, date and place, pinion, death occur e number	23b. Did 1 24e. Was perfo	tobacco Yes 2 an autoormed? Yes 2 one) denca how inju Street arwn, State cause(s dete enc	Duse core 2 No opsy 6 Other ing occurr and Number i) and ma	24b. Wer avaicom of d 1 ar (Specify) red aras sia and due to the	The cause of death of the cause of death of the cause of death ably 4 Tunknows and Death of the cause of death of the cause of the caus
fication: To Be Completed by Physician/Medical Examiner	Sife COUNTY	idisease or condition esulting in death) Sequentially list contain, leading to limit auss. Enter Under Susse (Disease of Condition and initiated events esulting in death) Leart ii. Other algniffs are algniffs are algniffs	rinai nditions, mediate riving injury asi cant conditions cant conditions Certifying F Medicai Exu	a. c. d. d. Hospital: 1	Due to (Due to	Deploying in the understand in	uence of): uence of): uence of): uenca	a Othic Injury of the time in my of	en in Part I. 28. Place of Dealer: 4 Nursing Hot (?) Yes 2 No	23b. Did 1 24e. Was perfo	tobacco Yes 2 an autoormed? Yes 2 one) denca how inju Street arwn, State cause(s dete enc	Duse core 2 No opsy 6 Other ing occurr and Number i) and ma	24b. Wer avaicom of d 1 ar (Specify) red aras sia and due to the	The cause of death of the cause of death of the cause of death ably 4 Tunknows and Death of the cause of death of the cause of the caus
of the fundamental control of the second of	Sife COUNTY	mmediate Cause (idisease or condition resulting in death) Sequentially itsi contain, ieading to implement the cause. Enter Underlause. Enter Underlause. Enter Underlause. Enter Underlause. (Disease or international internatio	rinal nditions, mediate ryling injury asi licent conditions asi licent conditions licent conditions licent conditions licent conditions licent conditions licent conditions licent licen	a. c. d. Hospital: 1 🔀 li 28a. Date c (Monti be) 28e. Place building 28e. Place building 28e. Place building 28e. Place building 28e. Place building 28e. Place building	Due to (Due to	Deployment of the property of	t 3 DOA M DOA Restligation, is 29c.	a Othice to the time in my op	en in Part i. 28. Place of Dea er: 4 \(\text{Nursing He} \) \(\text{Ai} \) Yes 2 \(\text{No} \) ne, date and place, pinion, death occur e number	23b. Did 10 24e. Was performed to Check only of Check only of City or Tou and due to the red at the time,	tobacco Yes 2 an auto mmed? Yes 2 one) denca how inju Street arwn, State cause(s dete end	Duse core 2 No opsy 6 Other and Number s) and mand place, a ate signed	ar (Specify) red annar as sis and due to to to to to to to to to to to to to	the cause of deat interval Between Onset and Death Onset and Death onset and Death of the cause of deat ably 4 Defiknor autopsy findings liable prior to a plation of cause eath? Yes 258 No Route Number, ated. the cause(s)

DHMH 16 Rev 6/95

, , ,

a San and Alberta

State of Maryland / Department of Health and Mental Hygiene

31834

							Cert	ificate	of I	Death			Reg. No.		
D.	Dhuala		1. Decedent's Neme (First, Middle, I									2. Dete of De Month	eth Dev	Yeer	3. Tima of Death
	Physic /Medi		Michae	1 01a	ndo A	ntho	ony	Sin	ng]	letar	СУ	Octobe			1:45 P.M.
	Exami		4e. Facility Neme (If not institution, g		ımber)							cation of Daet			
			4810 Deanwood I						- 10	The second second		eights			Georges
	Funeral		The state of the s	Sex MOXM 2□ F	7. Aga (In yrs		14	If Under 1 Y Months D	ear sys	If Under Hours	Min.	8. Date of Bir (Month, Da	th Year 962	9. Birth	pieca (Stete or Foreign ntry)
0	Director		578-92-7275 Usual Residence of Decedant		3.	3 "	13.					Octobe	r 20,	Wash	ington, D. C
Puel	8 m		10a. Stete 10b. County		10c. C	ity, Town	or Loca	ation						1.	10d. inside City Limits
Mon	4 5	or	Maryland Prince	e George	9	Cani	tol	Heigh	nte	•					Was 2□No
4	28	Director	10e. Street and Number	000160		oupi		10f. Zip Co					10g. Citizen of	What Cou	ntry?
di m	8		4810 Deanwood I	rive						43			United		*
breshood ode discontraction of CT	Francisco Cook with the mayler al., or frems 23s or 28s-f show	Funeral	11. Marital Status	12. Was Dec	edant Evar in I	U,S.	13. W	as Decedant	of H	ispanic Ori	gin? (Sp	ecify Yas or No Rican, etc.)			can indien,
- Hope	2.5		1 Nevar Married 2 Merried	Armed Fo	24 No				_		i, Puerto	Rican, etc.)	Bla	ck, White,	etc.
9017	T.	by	3 ☐ Widowed 4 🛣 Divorced	If Yas, Gi Yeer or D	ive Detes:		11	⊐Yes 2∛Ω	No.	Specify:			Specif	^{by:} B1	lack
120 %	iena. than "natural", the Medical Eve	Completed	15. Decedent's (Specify only highast of	Education		16e. D	ecede	nt's Usuel O	ccup	ation	of work	ina	16b. Kind of B	usiness/In	dustry
within	than the Mark	npie	Elementery/Secondery (0-12)	Coilege (- 7	ife. Do	O NOT use re	etirea	di ing mosi d)	OF WORK	n ig			
illad w		Co	12th grade			C	ons	tructi	Lon					struc	tion
2	E D	Be	17. Fether's Neme (First, Middle, Las	•	,	72	_ 4						, Meiden Sumer		
ehould	A S S	2	Henry Lar			Singl	еса	гу		Ar	nie	L.	aura	Na	ince
0	40 0 0		19e. Informant's Neme/Reletionship		`								er, City or Town		
	A N F		Annie Laura Ford	(mothe	•	481	0 D	eanwoo	od	Drive	; Car	oitol H			land 20743
0.00			20a. Method of Disposition 1 Disposition 3	☐Ramoval from	Stete 200.	cematery,	creme	tion (Neme of story or other	r plec) Oct	.11,	1996	20c. Location	- City or To	own, State
O.	lant:		4 □ Donetion 5 □ Other (Spec	eify)		incol		emoria							laryland
american de la parage 1 av	Department of Important: If it any injury or once.		21. Signeture of Funerel Service Lic	ensee) -								Funeral		
	705 = 0		Jan W Lain	ly Kin	reev		38	31 Geo	org	gia Av	renue	e, N.W.;	Washing	ton, D	o.c. 20011
			23e. Pert1. Enter the diseese, or co- shock, or heert fellure. List only	mplicetions thet o	caused the dee	eth. Do no	t enter	the mode of	dyln	g, such es	cardiec (or respiratory a	rrest,		Approximate Interval Between
	hysician														Onset and Deeth
	/Medical xaminer		Immedlete Cause (Finel disaese or condition rasulting in deeth)	Ac Ac	quired	Immur	nod	eficie	nc	y Syn	dron	ne		i	3 years
Ī		<u>.</u>	rasulting in deeth)		Due to	(or es a co	nsequ	enca of):						1	
2	S is	Examine		b										1	
and a	and	хал	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying		Due to	(or es e co	nsequ	ence of):							
9	burle		Cause (Diseasa or Injury	C											
Settificate be executed	g physician and as the burial-transit	edical	that initieted events resulting In death) Lest		Due to (or es e cor	nseque	ance of):						İ	
Carti	j 9	3		d											
death	etten for u	Physician	Dod II. Oshoo alaa Misaa Asaa dhisaa			. 101 - 1 - 0						ant Bld			
	y the	nys	Pert II. Other significant conditions	contributing to o	eath but not re	sulting in t	ne uno	enying caus	e givi	en in Per I.	•		_		to the causs of death?
that the		by Pl										10	Yes 2□ No	3 Pro	bably 4 Unknown
requires	n sign											24a. Wes	an autopsy		ere autopsy findings
		lete										perfo	ormed?	CC	vaileble prior to ompletion of cause i death?
The law	E 9	Completed											Van OMA		
F :0			25. Wes case referred to medical							26 Place	of Dont		Yes 2 No		☐ Yes 2☐ No
Physician:	s certific director,	To Be	exeminer?	Hospitel:	Inpatient 2	TER/Outo	atlant	3□ DOA	Oth	or:		n (Check only	dence 6 □Ott	ner (Speci	6.1
	£ @		27. Mennar of Deeth	28e. Dete	of injury	28b. Tin	na of	28c.	Injun		7		how injury occur		***
or Attending	ath. r: After e funer	atio	122 Neturel 5 ☐ Pending 2 ☐ Accident invastigeti		nth, Dey Year)	Inju	ury			Yes 2□	No				
Attending	after death Diractor: A in by the f	E C	3 ☐ Suicide 8 ☐ Could not determine	A Zoa. Piece	of Injury - At I	home, ferm	n, strea	it, fectory, of	fice					ber or Run	ral Route Number,
al or	를 중 E	Certification:	4 Homicide	Dund	ing, etc. (Spec	my)						City or To	WII, SIEIE/		
To the Hospital	the 24 hours after deat the Funeral Diractor: notately filled in by the	edical	29a. Cartifler (Check only one) 1 Certifying P 2 Medical Exa	miner: On the b	best of my kn asis of examin mer steted.	owledge, o	deeth o	occurred et the stigetion, in r	ne tim	ne, dete en pinion, dee	d plece, th occurr	and due to the ed at the time,	cause(s) and m dete and pleca,	anner as s and due t	itated. o the cause(s)
To th	120	Z	29b. Signature and little of certifier					29c. Lic	canse	e number			29d. Data signe	ed (Month,	Day, Year)
1	1		> ///ail	1	. Un	0		ny	18	1/08			Octobe:	r 1	0, 1996
1	1	1	30. Neme and eddress of person who	completed caus	se of deeth (Ite	m 23e) (Tr	ype, Pr	rint)							
1			Mark Parta, M.I).; 4934	Bradle	еу Во	ule	vard,	Ch	evy C	Chase	e, Mary	land 208	815	
	Sta	ite	31. Dete filed (Month Day Year)	1. At 3715	Register's Stop	ture									
	Registr		DC1 11 1920	~~~											

State and the same

BALTIMORE, MARYLAND 21215-0020

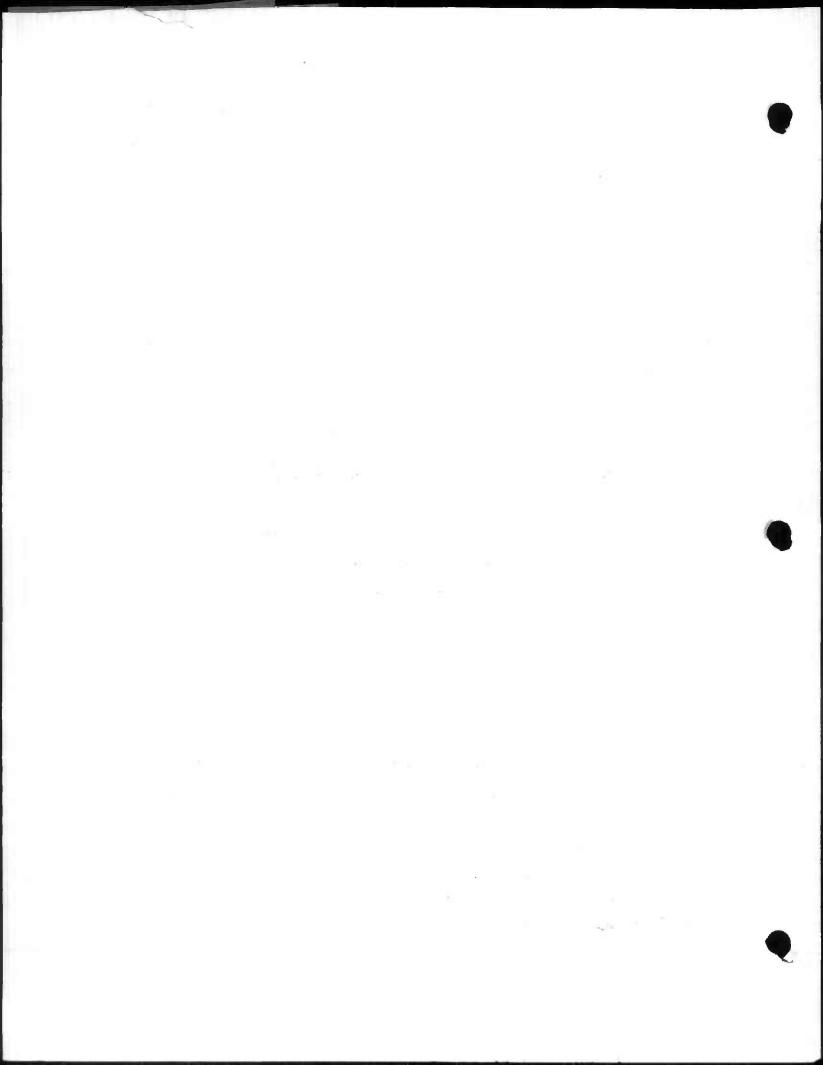
DIVISION OF VITAL RECORDS, P.O. BOX 687

TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TOTHE PARE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - STATE REGISTRAR CERTIFICATE OF DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	George F. Stamm	OCTOBER.		96	11 05 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRE	S. 7. DATE OF BIRTH	119	6. BIRTI	HPLACE (State or Foreign
	577-05-5559 1 XX 2 □ F 85 YRS. MONTHS DAYS HOURS MIN	Nov. 5,	1910		yland
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF			UNTY OF	
DIRECTOR	Prince George's Hospital Center Cheverly		Pri	nce	George's
E I	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
5	Maryland Prince George's Bowie				XX YES 2 NO
AL	10e. STREET AND NUMBER 10f. ZIP CODE		10g. Cf	TIZEN OF	WHAT COUNTRY?
EA	2814 Belair Drive 20715		Uni	ted	States
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HIS	PANIC ORIGIN? (Specify	Yee or No-	14. RAC	E - American Indian,
BY F	1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Meried IF YES, GIVE WAR OR DATES 1 YES 2 NO Sp	xican, Puerto Rican, etc. ecify:)	1000	ck, White, etc. City: White
E	15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION	16b. KIND OF	BUSINESS/IN	DUSTRY	
4	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)				/- 1.3
4	12 Assistant Buyer	Retail	1 Clot	hing	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S	NAME (First, Middle, Me			
BEC	George F. Stamm Barbar	a Goertz			600
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Ru	iral Route Number, City or	Town, State, 2	(ip Code)	1 100
5	Patricia S. Priester Same as # 10.				
	20s. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of gametary, crematory or other place)	DATE 20c	LOCATION -	- City or T	own, State
	1 St Buriel 2 Cremetion 3 Removal from Stale Cametary, crematory, or other place Cedar Hill Cemetery	10/9 St	uitlan	d, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF				
	Robert E. Evans, Ruz. Robert E. Ev	ans Funera	al Hom	ie,P.	A. 0715
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying,				Approximate
	ahock, pr heart failure. List pnly one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) But To (or as a consequence of):	DRONE			Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. MULTIPE ORGAN FAILURE DUE TO (OR AS A CONSEQUENCE OF): BILATERAL PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): d. MULTIPE INJURY	ALL	MINER		
0	PART II. Other aignificant conditions contributing to death but not requiring to the underlying and a great	SCHOOL STATISTICAL	S AN AUTOPS	7 74	b. WERE AUTOPSY FINDINGS
DICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying contribution of the conditions contribution to death but not resulting in the underlying contr	PER 1 I VE	S 2 X NO	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ä		50-50-5			1 YES 2 NO
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERT	AIN 🗆			
Z	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)				
SIC	EXAMINER? 1 YES 2 NO 1 No inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Reelder	nce 8 - Other (Specify)			
Ŧ	27, MANNER OF DEATH 28e, DATE OF INJURY 28b, TIME OF 28c INJURY AT	28d. DESCRIBE HO		CCURED	
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 9/16/96 /640 M 1 YES 2 NO	AUTO .	ACCIDE	NIT	
	3 Suicitie 28e. PLACE OF INJURY — At home, ferm, street, fectory, office	28f. LOCATION (St		er or Rural	Route Number,
COMPLETED	4 Homicide determined RT 450 RT 193	RT 450	. 1 2	193	
	29e. CERTIFIER , P CERTIFYING BUYCICIAN, To be		-		
Z	CENTIFIED PRESIDENT: to the best of my knowledge, death occurred at the time, date end place, and				(a) and manner so stated
	and a hart of the state of the				
H	29c. LICENSE	NUMBER O I	29d. D/	ATE SIGNE	D (Month, Day, Yeer)
6	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	111		10/7	196
		2210		1	
	31. DATE FILED (MORTH, Day, MORT) 32. REGISTRAR'S SIGNATURE	ENBELT, M			
	00744				
	UCI 11 1996 Jala Studen Rock !!				



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Edith 5 tevenson **Physician** Octobel /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Cheverly Prince George's Hospital Prince George's 5. Sociel Security Number 7. Age (In yrs. last birthdey) 97 Yrs. If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) **Funeral** 1 □ M 2 🔀 F Deys Hours 577-32-0724 Director Maryland Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Prince George's Upper Marlboro Maryland Director 1 X Yes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 15106 Peerless Avenue 20773 USA 12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 11 Marital Status 72 hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 Black 1 ☐ Yes 2XXNo Specify: by 3 ☑ Widowed 4 ☐ Divorced "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) . Pages 1 and 2 should be filed wi ment of Health and Mental Hygien tant: If item 27 is marked other th jury or other traumatic event, #4 6th Private Restaurant Worker 17. Fether's Neme (First, Middle, Last) 18. Molher's Neme (First, Middle, Maiden Sumeme) Be Patrick Stewart Cassie Henry 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Margaret James/Daughter 3200 Amador Drive, Landover, Maryland 20785 20b. Place of Disposition (Name of cemetery, cremetery or other place)
Harmony Memorial Park 20e. Method of Disposition 20c. Location - City or Town, Stele permit. Pages 1
Department of H
Important: If its
any injury or ott 1 Buriel 2 ☐ Cremetion 3 ☐ Removal from State 10/10/96 Donation 5 Other (Specify) Landover, Maryland 21. Signature of Funeral Service bicensee 22. Name and Address of Facility
J. B. Jenkins Funeral Home 7474 Landover Road, Landover, Maryland 20785 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Deeth Physician /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Examiner Parotid 6-lana The law requires that the death certificate be executed attending physician and for use as the bunal-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): hydrator Box 68760. De Physician/Medical Due to (or es e consequence of): P.O. 1 signed by the a Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Linknown Failure Records. þ Completed 24b. Were autopsy findings evallable prior to completion of cause of death? 24e. Was en eutopsy performed? Hypernathemia director, page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) in 24 hours after death.

the Funeral Director: After this control of the funeral director after this control of the funeral director of the funeral d Hospitel: 1 mpatient 2 ER/Outpetient 3 DOA Certification: To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Defifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner stated. 29e. Certifier Medical ompletely To the To the To the I 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) KATZ, STEPHEN MO

State Registrar 31. Dete filed (Month, Dey, Year) OCT 0 8 1996 32 Registrer's Signature alk Stwilser Rarlally

BOR 8 0 100

State of Maryland / Department of Health and Mental Hygiene 96 31837

					Certi	ficate of	f Death		Reg. No.		
D 1		1. Dacedant's Name (First, Middla, La	st)					2. Dete of Da	ath	V	3. Time of Death
Physic /Med		IRENE ANN SI	MPKINS					Octobe	r 5, 19	Yaar 96	9:30 am
Exami		4a. Facility Nama (If not Institution, given	a streat and number)				4b. City, Town, or				7130 a.i.
		9306 Wellington	Street				Seabrool	C	Princ	e Geo	rge's
Funeral		Social Sacurity Number 6. S	□ M 077 F	(In yrs. last birt	A	if Undar 1 Yes			th v. Year)	9. Birthp	aca (Stata or Foreign
Director		313-10-7020		72	Yrs.				1, 1924	Kans	as
and *		Usual Rasidance of Dacadant 10a. Stata 10b. County		10c. City, Town	or Local	tion				T 4,	Od. Insida City Limits
/anyl	5	MD Design of									1 ☑ Yas 2 ☐ No
the 1288	rect	MD Prince G	eorge s	Seabro		10f. Zip Coda			10g. Citizen of	What Coun	41
With Po of	ā	9306 Wellington	Street			20706			U.S.A.	Wilat Court	пут
5-0020 72 hours effer deeth with the Maryland natural, or items 23a or 28a-f show ord Examiner must be notified at	Funeral Director	11. Merital Stetus	12. Was Dacedent Ev	var in U.S.	13. Wa			Specify Yas or No		ca - America	an Indian
The rest	F	1 ☐ Naver Merriad 2 🕅 Marriad	Armed Forces? 1 ☐ Yas 2 No)			Hispanic Origin? (S ban, Maxican, Puer	to Rican, atc.)	Ble	ck, White,	
21215-0020 d within 72 hours of gions. gions. The matural, or the Medical Exam	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yeer or Datas:		1	Yas 210 N	Specify:		Specif	y: Wh	ite
in 72 ho	Completed	15. Decedant's E	ducation	16e.	Decedan	it's Usual Occ	upation		16b. Kind of B	usiness/inc	lustry
C . W	ple	(Spacify only highast gra Elamantery/Secondery (0-12)	Collega (1-4or 5+))			a during most of wo red)	rking			
	Con	12		Но	mema	ker			Own Ho	me	
Maryland 2 d 2 should be filed th end Mental Hygi 7 is merked other traumatic event, it	Be	17. Fathar's Name (First, Middla, Last,					18. Mothar's Ne	ma (First, Middle,	Meiden Sumar	na)	
arylan should be and Mentai t merked o	P	Frank Holecek					Elsie H	Bender			
Marylad 2 should the end Mer 7 is marke traumatic		19a. Informant's Name/Reletionship (Type, Print)	19b.	Malling /	Addrass (Street	et and Number or Re	ural Routa Numbe	er, City or Town	, Stata, Zip	Code)
EENL		Talmage E. Simpk	ins - Spous				on Street				
more, Peges 1 a nent of Hea nt: If item		20a. Mathod of Disposition 1 X Burial 2 ☐ Crametion 3 ☐	Ramoval from Steta	20b. Place of cematary	Dispositi y, cramat	on (Nema of ony or othar pi	aca)	Date	20c. Location	- City or To	wn, Stata
		4 ☐ Donafion 5 ☐ Othar (Specif	y)	Cedar		Cemet		/09/96	Suitla	and, M	laryland
Balt permit. Departm Importa any Ink		21. Signature of Funerel Sarvica Licar	saa		22. N	ama end Add	rass of Facility Gasch's Sc	ne Fune	ral Hom	o D	٨
T 70 - 4 9		6256			47	39 Balt	imore Ave	enue. Hv	attsvil	1e. M	20781
		23a. Part1, Enter the disease or com shock, or heart failure. List only	plications that caused the	ha death. Do n	ot enter t	the mode of dy	/Ing. such as cardia	or respiratory as	rest		Approximete Intervel Between
X 68760, entificate be executed Ting physician and e as the burletransit	Medical Examiner	disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disaase or Injury that initiated evants resulting in death) Lest	a desta	ue to (or as a co	onsequer	- pe	enfort s	t dies.	e		
thet the death or	Physician/	Pert II. Other significant conditions of	ontributing to death but	not resulting In	the unde	artying cause g	iven in Pert I.		./		the cause of death?
	by	- Jane		-/-	18						
he law requires he law requires he has been sign age 2 should be	ted							24a. Was perfo	an autopsy rmed?	ava	ra autopsy findings llable prior to
ne law	nple								/		nplation of causa leath?
= = = =	Completed							100	as 2 No	12	Nes 2 No
ysicien: Thysicien: The is certificate director, pag	Be	25. Wes case referred to medical axeminer?						th (Check only g	na)		
- Z w 0	2	10 Yas 2 No	Hospitel: 1 Inpatiant			3LI DOA		loma 5 Desid)
After fune	Certification:	27. Menner of Deeth 1 Netural 5 Panding 2 Accident Invastigation	28a. Data of Injury (Month, Day Y	(ear) 28b. Ti	ima of jury	28c. Inj	ury at ork? ☐ Yas 2 ☐ No	28d. Dascribe h	now Injury oocur	red	
or Attending after deeth. Director: Atte	flca	3 Suicida 6 Could not be		- At home, fan	m. streat			28f. Location (5	Street and Numl	per or Rural	Route Number
2 25 2 2	ert	4 ☐ Homicida detarmined	building, atc. ((Specify)		, 1401017, 011101		City or Tox	m, Stata)		
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical C	29e. Certifiar (Check only one) Certifying Ph 2 Medical Exam	ysician: To the best of n linar: On the basis of an and manner state	xeminetion end	daath oc	curred at the tigation, in my	ilma, data and place opinion, daeth occu	, and due to tha c rred at the time,	causa(s) and models and place,	annar as sto and due to	ated. the cause(s)
To the Within 2 To the comple	Me	29b. Signature and title of certifier	111	196		29c. Licar	nsa number		29d. Data signe	d (Month, L	Day, Year)
		1/4 1/4	tallar	14		DO	5471		Detob		
(6)		30. Name and address of person who	completed and day	th (Itam 23a) C	Type De-	リレし	2-101	(Jerov		117
0		Jemes W. Harding					Drive #3	116 0	anhal+	Maren	land 2077(
Sta	ite	31. Data filed (Month, Day, Year)	32. Registrar's	s Signature	1 41	center	DIIVE #2	oro, Gre	emert,	mary.	Land ZU//C
Registi		OCT 0 8 199	Star oster	KELIANTIAN	dali						

with the form of the party of

the same of the sa

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2 Date of Death 3. Time of Death 01 140 OCTOBER 4e. Facility Neme (If not institution, give steet end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Prince George's PRINCE GEORGES HOSPITAL CENTER Cheverly If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 8. Dete of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign Country)
April 21, 1909 Biloxi, Miss. 7. Age (In yrs. lest birthday) 1⊠M 2□ F Months Deys Hours Yrs. 577-60-7108 87 Usuei Residence of Deceden 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 X Yes 2 □ No District of Columbia Washington 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 20019 United States 59 55th Street, S. E. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, 11. Maritel Status Bleck, White, etc. 1 X Yes 2 No 1 Never Merried 2 Merried If Yes, Give Yeer or Detes: 1 Yes 2 No Specify 3 ☐ Widowed 4 ☐ Divorced Colored 16e. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 Government Letter Carrier 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumama) Pearl Smith Walter Staples 19a. Informent's Neme/Ralationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 59 55th Street, S. E., Washington, D. C.

Physician /Medic

permit. Pages 1 and 2 should be filed within: Department of Health and Mental Hygiene. Important: If ten Z7 Is marked other than "r any Injury or other traumatic and injury or other traumatic and injury or other traumatic

Physician

/Medical

Examiner

10e State

Directo

Funeral

þ

Completed

Be

Funerai

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

the Maryland

with

death

72 hours after

Baltimore, Maryland 21215-0020

Exami

Box 68760. certificate be

P.O. |

Division of Vital

The law requires thet Records,

Examiner	
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death. Within 24 hours after death. To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunal-trensit	Medical Certification: To Be Completed by Physician/Medical Examiner

Evelyn P. S. Wynn - Sister 20b. Pleca of Disposition (Neme of cemetery, crametory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 10/10/96 Biloxi, Miss. Biloxi National Cemetery Funerei Service Licanse 22 Name and Address of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, ations thet caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, cause on each line. art1. Enter the diseese, or complete, or heert feilure. List only of **Approximete** Interval Between Onset and Deeth Immediete Ceusa (Finel diseese or condition resulting in death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Undarfying Ceusa (Disaase or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequenca of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Vunknown 24b. Ware autopsy findings aveilable prior to 24a. Wes an autopsy completion of cause of deeth? 1 ☐ Yes 2 MNo 1 ☐ Yes 2 ☐ No 25. Wes case raferred to medical exeminer? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28d. Describe how injury occurred 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 | Homicida 16 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end mennar steted. 29e. Cartifian 29b. Signeture end title of cartifier 29d. Date signed (Month, Day, Year) 29c. License number 30. Name and address of person who completed cause of daeth (Itam 23e) (Type, Print)

3001 Hospital Drive, Cheverly, Maryland

20785

State Registrar

James Catavenis, MD

OCT 0 9 19

31. Dete filed (Month, Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 | 839 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** J. Scanlon Thomas 6:10PM /Medical 10/7/96 4a. Fecility Name (If not institution, giva straat end number) 4b. City, Town, or Location of Daath Examiner 4c. County of Death 545 Round Table Dr. Ft. Washington Prince George's 5. Social Security Number 7. Age (In yrs. last birthdey) if Under 1 Yaer If Under 24 Hrs. 8. Dete of Birth (Nonth, Pay 8/21/09 9. Birthplece (State or Foreign Country)
Washington, D.C. **Funeral** 1 M 2□ F Months Days Hours 578-14-3502 87 Yrs. Director Usuel Residence of Deceden with the Maryland 10b. County Show 10c. City, Town or Locetion 10d. insida City Limits r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland Prince George's Ft. Washington Director 1 Yas 2 No 10e. Straet and Number 10f. Zip Code 10g. Citizen of What Country? 545 Round Table Dr. 20744 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ሺ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - Amaricen Indian, Black, White, etc. 11. Marital Stetus permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or ite any injury or other traumatic event, tra Mexical Exactions any injury or other traumatic event, tra 1 Never Merried 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White Specify. Completed by 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 5+ Investigator Federal Government 17. Fether's Name (First, Middle, Last) Be 18. Mother's Neme (First, Middle, Meiden Sumeme) Thomas B. Scanlon Julia C. Mulvihill 2 19e. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Thomas J. Scanlon, Jr. same as item 10 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetery or other place) Dete 20c. Location - City or Town, State XXBuriai 2 ☐ Cramation 3 ☐ Removal from State Olivet Cemetery 10/11/96 4 Donation Other (Specify) Washington, D.C. 21. Signature of 22. Name end Addrass of Facility ral Service Licensee George P. Kalas Funeral Home alas 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 r the disease, or complications that cau, or he death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, eart feilure. List only one ceuse on each light Approximate Interval Between Onset and Death Physician immediate Ceuse (Finel disease or condition resulting in death) /Medical Examiner Due to (or as e consequence of) Examiner The law requires that the death certificate be executed Iding physician and ise as the bunat-transit Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco usa contributs to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were autopsy tindings available prior to completion of ceusa of death? 24e. Was en eutopsy performed? certificate Attending Physician: Be 25. Wes case referred to medical 28. Place of Deeth (Check only one) Other: 4 Nursing Homa Residence 6 Other (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28c. Injury at Work? 27. Manner of Deeth Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred work? 1 Netural 5 Pending investigation injury death. 2 Accident 4/4 after death 6 Could not be determined 3 Suicida 2 Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 6 To the Hospital within 24 hours a To the Funeral Completely filled Hospital 29a, Certifier TX Cartifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and plece, and due to the cause(s) and manner stated. Medical 29b. Signature and efficient of or 29c. License number 29d. Data signed (Month, Day, Year)

State Registrar 31. Date filed (Month, Day, Year) OCT 09

30. Neme and address of person who co

015

00

Registrar's Signatura

20602 Dr. Frank Johnson

pleted ceuse of death (Item 23e) (Type, Print)

sia, a france - In II

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** C /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SHADY GROVE ADVENTIST HOSPITAL MONTGOMERY ROCKVILLE if Under 1 Year Hours Min. 8. Date of Birth (Month, Day, SEPT . 12, 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1□M 2**X**F Months WASHINGTON, D.C. 577-05-2017 79 Director Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner naut be notified at MARYLAND MONTGOMERY GAITHERSBURG Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 20611 MIRACLE DRIVE Hems 23a 20882 UNITED STATES Funeral Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. Peges 1 and 2 should be filed within 72 hours after nent of Health and Mentel Hygiene. 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 ☐ Never Merried 2 Married permit. Peges 1 and 2 should be filed within 72 hours after Department of Health and Mentel Hygiene. Important: If fern 27 is marked other than "natural", or any Injury or other traumatic event, the Medical Evant any Injury or other traumatic event, the Medical Evant any Engles. Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No by Specify 3 ☐ Widowed 4 ☐ Divorcad WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) FREDERICK W. CONRAD RUTH M. CORDER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) SHARON R. SUTHERBY, DAUGHTER 20611 MIRACLE DRIVE, GAITHERSBURG, MD. 20882 20b. Place of Disposition (Name of cametery, crematory or other placa) 20a. Method of Disposition

1 Burlal 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20c. Location - City or Town, Stete METROPOLITAN CREMATORY 10/19/96 ALEXANDRIA, VIRGINIA 21. Signeture of Funeral Service Licensee 22 MURIEL ADDESS OF STREET FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer feilure. List only one cause on each line. Approximate interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical 24 hours Examiner Physician/Medical Examiner Vears physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last The law requires that the death certificate be execu P.O. Box 68760. NEEK desease Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? atual fibrillation Yas 2 No 3 Probably 4 Unknown Records, þ 99 Parodid arten, desease page 2 should Be Completed 24a. Was an autopsy performed? 24b. Were autopsy findings evallable prior to completion of cause of death? 2 No After this certificate 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) 22No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 1 Nnpatient 2 ER/Outpatient 3 DOA Certification: To filled in by the funeral 27. Menner of Death Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Natural within 24 hours after death. To the Funeral Director: A 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier t≝ Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

2 ■ Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) the 29b. Signature and little of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

Georgetown Rd, Bethesda, md.

Registrar

State

Elle Man I Language Language Company (1984) 1984

no, great a section . It is estimated as

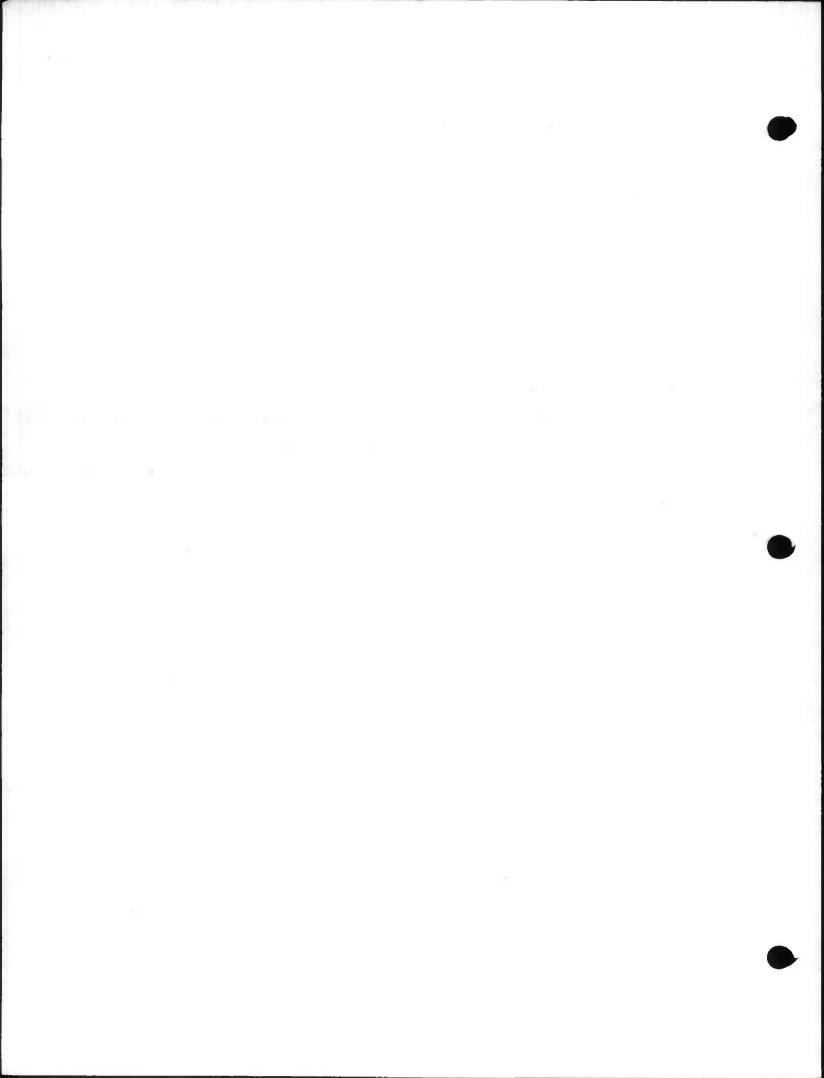
Land of the state

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

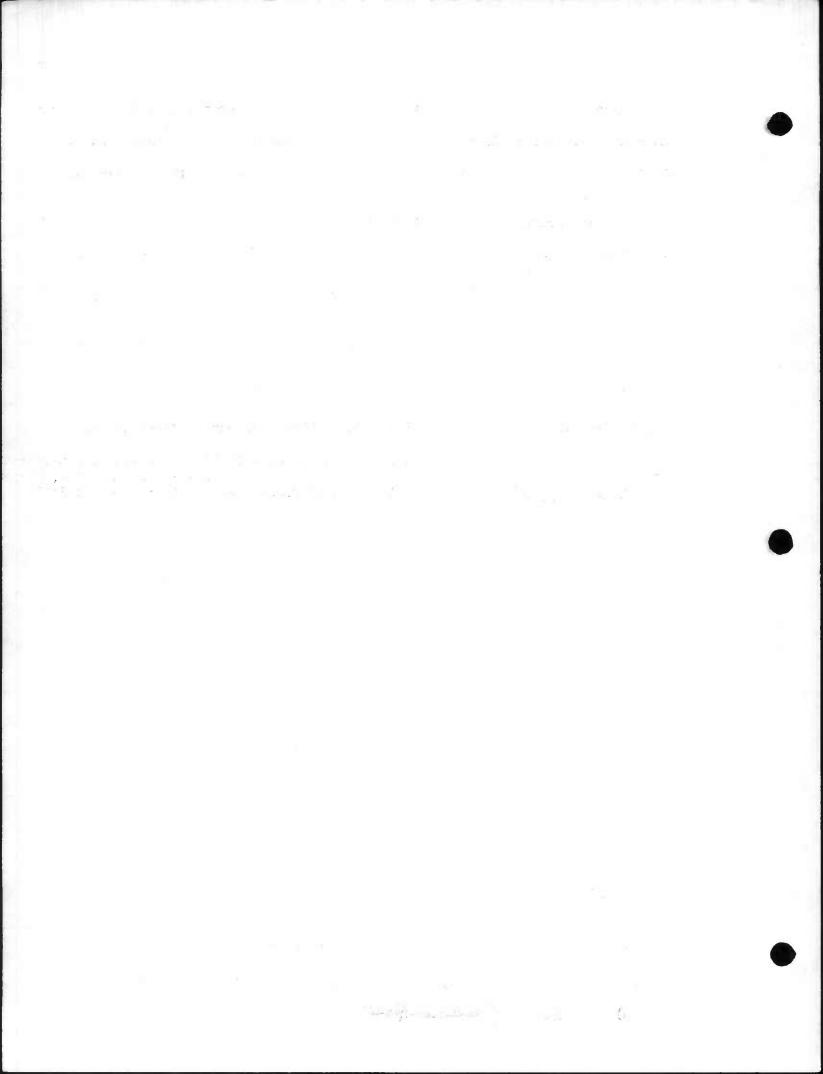
	1. DECEDENT'S NAME (First,									2. DATE OF DE	DAY	YE	FAR	TIME OF DEATH
Į.		COVIN			PER	,				OCT.	2,199	96		
- 8	4. SOCIAL SECURITY NUMB	IER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1	YEAR DAYS	HOURS	24 HRS.	7. DATE OF BII (Month, Day,	Year)		Country)	CE (State or Foreign
	216-56-19		1 M 2 F	97	YRS.					MAY 4	,1899	9 M	ARY	LAND
,	9a. FACILITY NAME (If not in					9b. CITY,			ON OF DE	EATH	90	c. COUNTY		
DIRECTOR	WESLEYAN		H CARE	CENT	ER	DEI	1TO	N	_			CAR	OLI	NE .
E C	10a. STATE	10b. COUNTY	Y		10c. CI1	Y, TOWN OF	LOCATI	ON					100	I, INSIDE CITY
E	MARYLAND	TALB	зот			CORDO	OVA							VES 2 NO
	10e. STREET AND NUMBER	R	701					ZIP CODE	E		10	g. CITIZEN		COUNTRY?
ER.	31986 TAP	PERS	CORNER	ROAD)			2	2162	2.5		USA		
FUNERAL	11. MARITAL STATUS		12 WAS DECEDED	IT EVER IN I	IS ADMED					NIC ORIGIN? (Spe		No- 14.	RACE -	American Indian,
	1 Never Married 2		FORCES?	MAR OR DATE	ES XIO	1	yes, spe	2 X NO	n, Mexica Specify	n, Puerte Rican, y:	etc.)		Black, W	
ВУ	3 Widowed 4 Divo	rced											1	WHITE
	15, DEC (Specify ont	EDENT'S EDU	CATION completed)	1	(Give kind of	work done di	CUPATIO uring mos	N It of workin	ıg	166. KIND	OF BUSINE	SS/INDUS1	TRY	
LET	Elementary/Secondary (0)-12)	College (1-4 or 5	+)	life. Do NOT u						WN H	OME		
MPL	12	EWIF	<u> </u>	Taluk et e										
8	17. FATHER'S NAME (First, M		דא א איבויה					ME (First, Middle, ABETH						
BE	WILLIAM H		FEMAIN		105 55 511 1511	ADDOCAC	/Street						ode 1	
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RAYMOND J. TAPPER, JR. 31986 TAPPERS CORNER ROAD, CORDO											/	MD 216	
	20a. METHOD OF DISPOSIT.	ION		Y	LACEANDDATE				JORI		20c. LOCATI			
	1 N Burial 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	novel from State		RING H				2V 1					21601
	21. SIGNATURE OF FUNERA		CENSEE	_ DII	(1110 11									
	-					0.0								FUNERAL
			MERCEC		CFSP					ISON S				
	23. PART I. Enter the d shock, or h	eart failure.	List only one car	nt caused t use on eec	the death. Do	not enter	the mod	de of dy	lng, auc	h aa cardiac o	or reapirate	ory arrest	,	Approximata intervsi Batween
	IMMEDIATE CAUSE (Fir disease or condition	nei		0	1		1.0		•					Onset and Death
	resulting in death)	→	s	('CL	16100	01-	160	wn (-					Smin
		_	DOE TO) A CA NO) C	ONSCOUENCE (n-):								
ERTIFICATION	Sequentially list condit		bDUE TO	OR AS A C	ONSEQUENCE O	OF):								
¥	If any, leading to imme cause. Enter UNDERLY	ING	c.											
Ē	CAUSE (Disesse or Injuting that initiated events	ury		OR AS A C	ONSEQUENCE (OF);								
FE	resulting in death) LAS	T L	d											
O	PART II. Other significa	ent condition	ns contributing to	death but	not resulting	In the uni	tertylno	L COURS (niven in	Part I 24s	WAS AN AUT	TOPSY	24h WE	RE AUTOPSY FINDINGS
EDICAL	Pankin										PERFORME	D?	AW	MILABLE PRIOR TO
EDI	Shin		0							_ 10	YES 2	eNO .		DEATH?
Σ	DID TOBACCO U			ALISE OF	DEATH Y	ES 🗆 N	10 🗆	LINC	FRTAII				1	YES 2 3400
PHYSICIAN:	25. WAS CASE REFERRED T		KIDOIL TO CA		B. PLACE OF DE			OITC	LIXIDAI					
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpat	lent 3 DOA	OTHER		• 5 □ B	endence	6 Other (Spe	o(M)			
H	27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TII	ME OF	28c. INJ	URY AT		28d. DESCRIBI		IRY OCCUR	RED	
		Pending Investigation	(Month, I	Day, Year)	l IN	JURY		RK? 'ES 2 [NO					
D BY	2 Culate	Could not be			Al home, farm,	street, facto	ry, office			281. LOCATION		Number or	Rurel Rout	Number,
ш	4 Homicide	determined	bunging	, atc. (Specify	"					City or Tow	n, Sta(B)			
COMPLET	29e. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	of my knowled	dga, daath occur	red at the til	ne, date	and place	, end due	to the cause(a)	and manner	as stated.		
IWC	anal anny		ER: On the basis of										ause(s) an	d manner as stated.
	29h. SIGNITURE AND TITLE	от сентиче	R					29c. LIC	ENSE NU	MBER	29	d. DATE S	IGNED (M	orth. Day. Years
	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											/	0/7/	
BE	13 1/	0 00000										7 (_		
TO BE	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAL	JSE OF DEAT	T H (ITEM 27) (Тур	e, Print)							1 /1	76
	30. NAME AND ADDRESS O	F PENSON WE		JSE OF DEAT	108 D.	e, Print)	6				4. n	0 3	216	19
	30. NAME AND ADDRESS OF	r- 50	32. REGISTR	21	08 1).	Dnu	6			Clark	Le M	0 3	2/6	19

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



State of Maryland / Department of Health and Mental Hygiene 0.5

				Olato of III	aryland	Certificate o			leg. No.	31042	
Physic /Medi			Decedent's Nema (First, Middle, Last)				2. Dete of Dea Month	th Day Yee	3. Time of Death		
			Donald J Turk				October		8:15AM		
	Examir		4a. Fecliity Nema (If not Institution, give street end number)				4b. City, Town, or Lo	ocation of Death	4c. County of De	eath	
			Anne Arundel Medical Center				Annapo:	polis Anne Arundel			
	Funeral Director		5. Social Security Number 072-03-4171 6. Sex 2□ F 7. Aga (In yrs. Ia 82)			virthdey) If Undar 1 Yas Months Day		8. Dete of Birth (Month, Day Aug 9		Birthpleca (Steta or Foreign Country) Iew York	
	aryland show	_	Usual Rasidence of Decedent 10a. State 10b. County 10c. C		10c. City, To	c. City, Town or Location		100		10d. Inside City Limits	
	permit. Peges 1 end 2 should be lifed within 72 hours after death with the Maryland Department of Heelth and Mental Phyllene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show shalf lejuty or other traumatic event, it is Medical Examiner must be notified at ance.	Director	MD Anne A	run de 1	I	Edgewater				1 ☐ Yes ※☐ No	
		Dire	10e. Street and Number			10f. Zip Code		•	10g. Citizen of Whet	Country?	
			1429 Winnie Pl	ace			21037		United	States	
Baltimore, Maryland 21215-0020		by Funeral	11. Maritai Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1	?	13. Was Decedent of If Yes, specify Cu	f Hispanic Origin? (Spuban, Mexican, Puerto io Specify:	ecify Yas or No- Rican, atc.)	14. Race - Au Black, W Specify:	mericen Indian, hite, etc. White	
		ted	15. Decedent's (Specify only highest (Education	166	e. Decedent's Usual Occ	upation	h -	16b. Kind of Busine	ss/Industry	
		Completed	Elementary/Secondary (0-12) College (1-4or 5+)		5+)	(Give kind of work done during most of wor life. DO NOT use retired) Engineer 18. Mother's Nen		mg	Roads/Highways		
		To Be C	17. Father's Neme (First, Middle, Last)					a (First, Middle,	(First, Middle, Maiden Surneme)		
			Joseph Turk			Norma			Maine		
							t and Number or Rural Route Number, City or Town, State, Zip Code)				
			Nellie Turk-Wi 20a. Method of Disposition	re	20b. Place	1429 Winnie of Disposition (Neme of ery, cremetory or other p	e Place Ed	gewater,	Mary Land 20c. Location - City	or Town, Stata	
			1 Burial 2 Cremation 3 4 Donation 5 Other (Spe	☐Ramoval from State						nville,Marylan	
	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funeral Service Lic	ACT TO SERVICE STREET	Lakei						
Ba	Deg du de de de de de de de de de de de de de		147 Duke of Gloucester St. Annapolis, MD 21401								
	Physician		23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between Onset and Death Immediate Cause (Finel disease or condition resulting in death) a. Electrotye Imbalance (Hypernational) Due to (or as a consequence of): Detrypation / Acube/Chanic Renal Faulure / - 2 month Due to (or es a consequence): UROSEPS IS SUSPECTED BUTNOT PROVEN / Week								
9	/Medical Examiner										
н											
68760,		Examiner		DEH	MPRA	TION / A	cube/Chro	nic Res	rel tailen	4 1-2 month	
	and al-tran		Sequentially list conditions, if any, leading to immediate	110	Due to (or es a	or es a consequenca(of):			- 2001 1-	110	
	To the Hospital or Attending Physician: The law requires that the deeth certificate be associted within 24 hours after death. To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events	osers	75 15 SUSPECIED ISU			FIGUVE	Vi Week		
		edical						A			
Box		Completed by Physician/M	ASPIRATION PNEUMONIA								
of Vital Records, P.O.			Part II. Other elemblicant conditions contribution to death but not coulding in the underlying and in the Part I					22h Did tohango use contribute to the source of direct 0			
			Pert II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I.				-	23b. Did tobacco use contribute to the cause of death? 1			
			End stage Parkinson ism of 6 years					1 Tas 22 No 3 Probably 4 Unknown			
			End Stage Parkinsonism of 6 durshin with projound demention			lementia	24e. W		in autopsy med?	b. Were autopsy findings available prior to complation of cause	
								1DY	es 2 No	of death?	
		Bec	25. Was case referred to medical		-		28. Plece of Deet				
		0	28. Place of Death (Check only one) 1 Yes 2 No Hospitel: Inpatient 2 EP/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify)								
		n: T									
		Medical Certification:					☐ Yes 2 ☐ No				
			3 ☐ Sulcide 6 ☐ Could not be determined 28e. Place of Injury - At he building, etc. (Specify		jury - At home, f c. (Specify)			28f. Location (Street end Number or Rural Route Number, City or Town, Stete)			
			29a. Cartifier (Check only (C								
	ithin ithin the mple		one) and manner stated. 29b. Signature and title of certiflar 29c. Licensa number 29d. Data signed (Month, Day, Year)								
	2 3 4 8										
			- Cyprice (1)				U31777 10			, 0	
			30. Name and address of person who completed cause of death (Item 23a) (Type, Print) AND NEW GORDON MD 2003 Mcdical Phway Ste 100 Annapolis Md 21401 31. Dete filed (Month, Dey, Year) OCT 08 1996 32. Registrer's Signature OCT 08 1996								
	Sta	te	ANDREW GORI 31. Dete filed (Month, Dey, Year)	32. Remistr	2003 Per's Signature	vicaics for	way sie n	W 17/1/12	pous ria		
	Registr		OCT 0 8 19	396 Juli	Davidson	Mandelle					



State of Maryland / Department of Health and Mental Hygiene 96 3 | 8 |

						,	C	ertificat	e of	Death		Reg. I	yo.	Ü	1043	
	Dht-1		1. Decedent's Nam	a (First, Middla, Li	nst)						2. Data of D Month		Day Y	ear	3. Tima of Death	
	Physici /Medic		Arv	ella Chap	oman Terry	7					Oct	07			4:00 AM	
<u>)</u>	Examir		4a. Facility Nama (If not institution, gi	va street and numbe	r)				4b. City, Town,	or Location of Dea	th	c. County of			
1			Chesape	ake Manor	Extended	Care	2			Arnold			Anne	Aru	ndel	
	Funeral		5. Social Security P			ga (in yrs.		y) If Unda Months	1 Yaar Days			irth			aca (Stata or Foraig	n
	Director		364 05 0	115	1□M 2\XF	88	Yrs.			1	08/09	/190			igan	
	P.		Usual Rasidance of 10a. Stata	f Dacedant 10b. County		100 CH	y, Town or	Location							14 1-14-00 11-14	
	aryla eho	5	MD	Anne Aru	inde l		old	Location						10	od. Inside City Limit 1 ☐ Yas 2 💢 N	
	Ne M	Director			ander .	ALI	iOIG	Total and								
	A No.	급	10e. Street and Nu					10f. Zip					Citizan of Wha	it Count	try?	
	ter death with the Marylan Items 23a or 28a-f show Inst. must be nouted at	Funeral		acid Cour		. =	- 1:		012				JSA			
	er de	n.	11. Marital Status		12. Was Decedar Armed Forcas	:7	,S. 1;	If Yas, spe	dant of cify Cut	Hispanic Origin? Jan, Maxican, Pu	(Specify Yas or Narto Rican, atc.)	10-	14. Race - Biack, 1	Amarica Whita, a		
20	a safe	by F	3 XWidowed	ied 2 Married	1 🗌 Yas 2 🖟 If Yas, Giva Yaar or Datas	-		1 🗆 Yas	2 X No	Specify:			Specify:	whi	te	
8	n 72 hours after death with the Maryland "natural", or items 23e or 28=7 show softes Examine must be notified at	Pa	o A mooned	15. Decedant's E			16e Dec	edent's Usu	ni Occu	netion		195	Kind of Busin			
21215-0020	C 1 0	Completed		cify only highast gr	ada complated)		(Gi	va kind of wo	rk dona sa ratire	during most of v	vorking	100.	Kind of Busin	a savii iu	usuy	
212	iene.	E O	Elamantary/Seco	ondary (0-12)	Collaga (1-40	r 5+)		tive S				Fo	ord Mot	or	Co.	
P	事子書を	Be C	17. Fathar's Nama	(First, Middla, Las	")	-				18. Mothar's N	lama (First, Middl	a, Maid	an Sumama)			_
Maryland	0 5 0 0	To B	William	n Chapman	ı					Odelie	e Drapea	a				
ary	# DEE	-	19a. Informant's N	ame/Reletionship	(Type, Print)		19b. Me	iling Address	s (Stree	t and Number or	Rurai Routa Num	ber, City	y or Town, Sta	ite, Zip	Code)	_
	nd 2		Richard	C. Terry	(son)		1023	Plac	id C	t/Arnold	MD 210	12				
re	of Healt Item 2 other		20a. Mathod of Dis	_		20b. F	Place of Dis	position (Na ramatory or o	ma of	ice)	Data	20c.	Location - Cit	y or To	wn, Stata	
E	Peges nent of I ant: If ite			☐ Cramation 3 ☐ 5 ☐ Othar (Speci	Ramoval from Stat	81				matory	10/7	Ale	xandri	a V	Δ	
Baltimore,	2555		21. Signatura of Fe	ınarai Sarvice Lice	nsee	1				ass of Facility					•	
Ö	Depariment Important Irraporta		Mall	ruin M	Oholler.	Mars	DILL	Advent	: Fu	neral &	Crematio	on S	ervice	S		
	E-3635-E-		23a. Part1. Enter I	ha disaasa, or con	nplications that ceus ona ceusa on aach	ed tha days	h. Do not a	Annapo	olis	MD 2140)1 liac or raspiratory	arrast.		- :	Approximata	-
40	Physician		shock, or has	irt failura. List only	ona ceusa on aach	lina.			_						Intarval Batween Onsat and Death	
	/Medicai		Immediata Cause			-	d	. 0						1		
Н	Examiner		disaasa or condition rasuiting in daath)	on	а.			equance of):	, ,	37						
		ner				Due to (c	os a cons	equative of.								
	rtificate be executed ng physicien and as the burial-transit	Examiner	Saquantially list co	anditions.	b. ————	Dua to (c	r as a cons	equance of):								-
Ö,	e exe		Saquantially list co if eny, leeding to in ceusa. Entar Undo Ceusa (Disaesa or	nmadiate erlylng										i		
68760,	nte b hysic the b	edical	that initieted event resulting in death)	5	C	Dua to (o	r as a cons	equance of):						1		
9	E 0 a	Mec	,													
Box	death cer e attendir	Physician/M			d											
	0 0 0	sic	Part II. Other signi	ficant conditions	contributing to death	but not ras	ulting in the	undarlying o	eusa g	van in Part i.	23b. Die	d tobac	co use contri	bute to	the cause of death	?
P.0	1 Pop 1	Phy	00-	ac-atis	2						10	Yes	2 No 3	☐ Prob	ably 4 Unknow	vn
S	S 5 8	by		, ()		4										
Records,	v requires been sign should be	Completed	Chu	in ol	e strict	Ur F	don		0	Slage	24a. Wa per	s an au formad		ava	ra autopsy findings ilabia prior to	
ec	2 S S	npie		30 2			0 0)			-			of c	nplation of ceusa laath?	
=	F ead	Son						•			1	Yas	ONITES	1 🗆	Yas 2 No	
Vital	Physician: The this certificate ral director, pag	Be	25. Was cesa rafar axaminer?	red to medical						28. Plece of D	Death (Check only	one)				
5	Physic this o	2	1 □ Yas		Hospitel: 1 Inpa		ER/Outpat	ient 3 D	JA		Homa 5□ Ras	sidance	6 □Othar	Specify)	
n o	The Une	:00	27. Mannar of Deal	h 5 ☐ Pending	28a. Deta of In (Month, E	ay Year)	28b. Tlma Injury		28c. Inju		28d. Dascribe	how In	jury occurred			
Sio	Attending or death. ector: After by the fune	cati	2 ☐ Accidant 3 ☐ Suicida	investigation 6 Could not be	10			М		Yes 2 No						
Division of	frec irec	Certification:	4 Homicide	datermined	∠88. PI8Ce of I	njury - At he atc. <i>(Specif</i>	ome, farm,	straat, factor	y, office		28f. Location City or Te			or Rural	Routa Number,	
	oral Delli		00 0 48													
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical	29e. Certifiar (Check only one)	2 Medical Exa	nysician: To the bes miner: On the basis	of examine	wiedga, da tion and/or	ath occurred invastigation	at tha t	ma, data and pia opinion, daath oc	ce, and due to the curred at tha time	e cause i, data a	(s) and mann and placa, and	er as sti	ated. tha causa(s)	
	the the mple	Me	29b. Signatura and	titla of certifier	and mannar	Stated.		29	Lican	sa number		29d [Data signed (#	Vonth I	Day Year)	_
	£ ₹ ₹ 8		17	10/6	M. C	Oa	4	3			2				-/1/	
			716	CUV CX	7		- 4.	•	-	J (/)	8	70		10		
			71 4	ess of parson who	completed ceusa of	daath (Itan	1 23a) (Typ	e, Print)	20	DJ Me	charle (Ma	2	~		
		10	31. Deta filed (Mon	A Ray Yearl	32. Fleg	WY'II SIMI	ture •	0	11	a obste	-, 10	,	217	7		-
	Sta Registr			UCI 111	996	San Day	4dson-1	fandelle								

saring out to the

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

0	1	0	1	1
.5	Ţ	7	4	L

_							Centi	ricate	OT	Death			Reg. No.			
i	Physici /Medi		1. Decedent's Name (First, Middle, Last) CHRISTINE H. TSAO 4a. Fecility Neme (If not institution, give street and number)									2. Date of Do Month SEPT.	29, Dey 29, 199	6 Year		me of Death 45 P.M.
ì	Examir		4a. Fecility Neme (If not institute 10401 GROSVE	11						4b. City, Tor		ocation of Deal	4c. Count	ty of Death OMERY		
ľ	Funeral Director		5. Social Security Number 579–56–9310	6. Sex 1 □ M 2√2		yrs. last birth		Months [24 Hrs. Min.	8. Deta of Bi	rth Ay Year 1921	9. Birth	piace (Si	tate or Foreign
	p >		Usual Residence of Decedent 10a. State 10b. Cou		100	City Town		lan.							404 1	1.00.11.1
	with the Marylence or 28a-f show	ō	10.	GOMERY		City, Town		ion								de City Limits Yes 2 No
	the N	rect	10a, Street and Number	GOFIERI	K	OCKVIL		10f. Zip C	ode				10g. Citizen of	What Cou		A
	23e or	0	10401 GROSV	ENOR PLAC	E			2085					U.S.A.		,	
	Items 2	Funeral Director	11. Merital Stetus	12. Wes D	ecedent Ever	in U,S.	13. We	s Deceder	t of h	Hispenic Original	gin? (Spo	ecify Yes or N Rican, etc.)	0- 14. Aa	ice - Americack, White,		an,
21215-0020	af, or	by	1 Never Merried 2 N	Aerried 1 Tes, if Yes, Yeer c	Give XX		1 🗆	Yes 2	No	Specify:				^{i/y:} ASI		
15-(natur	etec	15. Dece (Specify only hig	dent's Educetion phest grade complete	ed)	16a. [Deceden Give kin	d of work	done	petion during most ed)	t of work	ing	16b. Kind of E	Business/In	ndustry	
212	withir iene. then	Completed	Eiementary/Secondary (0-1	2) Colleg	e (1-4or 5+)		RAR]		retire	ia)			ASSOCI	ATION	1	
Maryland 2	ges 1 and 2 should be filed within to of Health and Mental Hygiene. If item 27 is marked other than or other traumatic event, it a Mental traumatic event, it a M	Be	17. Father's Name (First, Midd							200-211			, Maiden Suma	me)		
Z	2 should be it and Mental I is marked or reumatic eve	2	YU-TING LEI 19a, Intermant's Name/Relati	-		19h	Mailing /	Addrass /S	traai			G CHEN	per, City or Town	State 7	in Code)	
	permit. Peges 1 and 2 st Department of Health and Important: If Item 27 Is n eny Injury or other traun 90.08.		VICTOR TSAO, S	,			_						CO, CA.			
ore,	of Hear item		20a. Method of Disposition			b. Piace of I	Dispositi		of		T	Dete	20c. Location		-	ite
imo	Pege nent d ant: If ury or		1 Burial 2 Crematic 4 Donation 5 Other	on 3 LIRemoval tro (Specify)		PARKLA					1	10/03	ROCKVI	LLE.	MD.	
Baltimore,	Departr Departr Importu eny Inj		21. Signeture of Funeral Serv	ice Licensee			1						, 5130			N AVE.
_	80550		* Leahym	Feles			1				_	.c. 200				
			23e. Parri. Enter the disease shock, or heart tailure.	or complications the ist only one ceuse of	et caused the on each line.	death. Do no	ot enter t	the mode of	of dyl	ng, such as	cardiac	or respiratory	arrest,		tnterva	ximete ai Between end Deeth
	Physician /Medical		Immediate Cause (Finel	4 D.TH	IOGA DOT		Tarr	nnamt	ATTT	TARK	200					
	Examiner		disease or condition resulting in death)	a. ADEN	OCARCI	to (or as a co			NE	, LARG	7E		3 MONTHS			
	n s	ner			DGe	to (or as a co	nisedne	rica ot).						1		
	certificate be executed ding physician end use as the buriel-transit	Examiner	Sequentially list conditions,	Б.	Due	to (or es a co	onseque	nce ot):								
68760,	certificate be execut iding physician end ise as the buriel-tran		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C												
687	ficate phys s the	//Medical	resulting in death) Last		Due	to (or as a co	nsequer	nce of):						- 1		
X				d												
œ.	iras that the death signed by the atter d be datached for u	Physician	Part II. Other significant cond	litions contributing to	o death but no	t resulting in	the unde	erlying ceu	se gi	ven in Part I		23b. Did	I tobacco use c	ontribute t	lo the ca	use of death?
P.0	that the led by th datache	Phys	ANEMIA SECONI	DARY TO AL	FNOCAR	CTNOMA		, ,				1	Yes 2 No	3 □ Pro	bably	4 Unknow
	ras the	by	ANEMIA SECON	AKI IO AL	LHOCAL	CINOIL					-			T		
Records,	need	Completed	CHOLELITHIASIS	5									s en eutopsy ormed?	a\	vailable p	opsy tindings prior to n ot ceuse
Rec	S C/	mpi											~		t death?	
	ystcien: The la s certificate ha director, page		25. Was case reterred to med	lical	_			-		OO Disease	-t Doot		Yes 2 X No	11	∐Yes	2 No
of Vital	Physician: this certific ral director,	To Be	exeminer?	Hospital:	☐ Inpatient	2 ER/Out	netient	3□ DOA	Ott			h (Check only	idence 6 🗆 O	ther (Sneci	ifu)	
	E E		27. Menner of Deeth	28a. Da	ate of Injury	28b. Ti	me ot		. Inju Wo				how Injury occu		.77	
Sior	Attending Indeath.	Natural 5 Pending (Month, Day Year) Injury 2 Accident investigation M								Yes 2	No					
Division	i Data	Certification:	3 Suicide 6 Co 4 Homicide det	ermined 28e. Pi	aca of Injury - uilding, etc. (S)	At home, tarr pecify)	m, street	, tactory, o	ffica			28t. Location City or To	(Street end Num own, State)	ber or Rur	ral Route	Number,
	To the Hospital or Attent within 24 hours after deat To the Funerel Director: completely filled in by the	edical C	29a. Certifier (Check only one)	lying Physician: To cal Examiner: On the	the best of my e basis of exer nanner stated.	knowledge, minetion and	deeth od or inves	ccurred et	the ti	me, date an opinion, dea	d place, th occur	and due to the red et the time	cause(s) and n	nanner es s	stated. to the ca	use(s)
	To the within 2 To the comple	Me	29b. Signature and the of cert		tallito statos.			29c. L	icens	se number			29d. Dete sign	ed (Month,	, Day, Yı	ear)
	F > F 0		lun	X50	1 74			DO	1.6	06			SEPT. 3	0, 19	96	
			30 Name and eddress of pers	on who compliated o	ause of death	(Item 23a) (T	Type, Pri	nt)	46							
	12		DR. ROBERT I	YER 5530	WISCON	SIN AV	E. (CHEVY	Cl	HASE,	MD.	20815				
	Sta		31. Date tiled (Month, Day, Ye		2. Registray's S	signature a Davids	מל	anda 00								
	Regist	ar	301	0 7 1996	J -10	w k/W/(%)	01 N	- Printer								

The state of the s Were the second of the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Month Dav Yaar **Physician** 5:45 AM TORRENCE RICHARD 1996 SEP 28 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number Birthpiaca (State or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** Months 101 M 20 F 168-24-2115 Director 74 Oct. 6, 1921 Pennsylvania Usual Rasidance of Dacedant with the Merylend 10a. Stata 10b. County 10c. City, Town or Location r than "netural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Insida City Limits 1 X Yas 2 □ No Directo Maryland Montgomery Gaithersburg 10e, Street and Number 10f. Zlp Coda 10g. Citizan of What Country? 407 Russell Avenue #214 20877 United States Funeral death 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian, 11. Maritai Status Biack, Whita, atc. filed within 72 hours after Hygiene. 1 TyYas 2 No If Yas, Giva 1941 Yaar or Datas: 10 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🗓 No Specify Specify: White by 3 Widowed 4 Divorced 1981 Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highest grada completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) Electrical Engineer Aerospace other permit. Pages 1 and 2 should be file Depertment of Health and Mentel Hy Important: If Item Z7 is marked othe any Injury or other traumatic event QDGs. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumame) Be Richard E. Thomas Mary McHenry 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 407 Russell Avenue #214, Gaithersburg, MD 20877 Janet Gift Thomas/Wife 20b. Place of Disposition (Name of cemetery, cramatory or other place)October 2, Data 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 X Cramation 3 ☐ Ramoval from Stata 4 Donation 5 Othar (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 22. Name and Address of Facility
Robert A. Fumphrey Funeral Home/Rockville, Inc.
300 West Montgomery Avenue
Rockville, Maryland 20850-2805

23a. Parti. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,

Approximate Approximata Intarval Between Onsat end Death Physician Immadlata Causa (Final disaasa or condition rasulting in death) /Medical YEARS METASTATIC ESOPHAGEAL CANCER Examiner Dua to (or as a consequance of) Physician/Medical Examiner The law requires that the death certificete be executed Sequantially list conditions, if any, leading to immediata causa. Entar Underlying Causa (Disaase or injury that initiated evants rasuiting in daath) Last pue Dua to (or as a consequence of): attending physician a for use es the buriel-Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of) by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown signed t Ď 24b. Wara eutopsy findings available prior to Completed 24a. Was an autopsy peen performed? completion of cause of death? has e 2 s certificate ty Yas 2 No 1 ☐ Yas 2 1 No or Attending Physician: Be 25. Was casa rafarred to medical axaminar? 28. Placa of Death (Check only one) Hospital: 1 □XInpatlant 2 □ ER/Outpatient 3 □ DOA 1□ Yas 2√ No Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) ဥ this uneral 27. Mannar of Death Certification: 28a. Data of injury (Month, Day Year) 28c. injury at Work? 28d. Dascribe how injury occurred After 1 Naturai 2 Accident 5 Panding invastigation 1 Yas 2 No death. Director: A the Funeral Dire. 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida 1 Kertifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

| Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Cartifian edicai (Check only one) To the To the To the 29b. Signature and titla of certification 29c. Licensa number 29d. Data signed (Month, Day, Year) mo 94 RES-000 t 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) NATIONAL NAVAL MEDICAL CENTER

State Registrar

31. Data filad (Month, Day, Year) OCT 0 7 1996

MC,

K.B. JOHNSON, LT,

USN 32. Registrar's Signature Via Davidson-Randelle

BETHESDA MD 20889-5600

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 31846 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Deta of Death **Physician** TRANG NOI 18:25 October 05 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** ROCKVILLE
If Under 24 Hrs.
Hours Min.

8. Dete of Birth (Month, Day, Year)
Dec. 31, SHADY GROVE ADVENTIST HOSPITAL
5. Social Security Number | 6. Sax | 7. Age (In yrs. last birthday) MONTGOMERY If Under 1 Year 9. Birthplece (State or Foreign 1924 Vietnam 7. Age (In yrs. last birthday) Funeral Year) 1□ M 2 🔭 F Months Days 71 215-35-5513 Director Usual Rasidance of Decedent 10a. State 10c. City, Town or Location 10b. County 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, it a Mexical Examinar must be notified at 10d. Inside City Limits 1 Yas 2 No Director MD Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 251 N. Van Buren Street 20850 Vietnam 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - Amarican Indian, Bleck, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Ricen, etc.) permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other traumetic event, it a Medical Evantment. 1 Navar Married 2 Married ☐Yas 2 No 1 ☐ Yes 2 ☐ No Specify: Asian þ 3 Widowed 4 Divorced Completed 15. Decedant's Education (Spacify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Housewife None 17. Fethar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Unknown Unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Route Number, City or Town, Stata, Zip Code) 6 Sererat Court, N. Potomac, MD 20878 Chieu Hoa Tang (Son) 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State De Tang 4 ☐ Donation 5 ☐ Other (Specify) Vietnam 10/10 21 Signatura of Funeral Service \(\) icense 22. Name and Addrass of Facility Snowden Funeral Home P.A. 20850 246 N. Washington St, Rockville, 23a. Pert1. Enter the bisease or complications thet ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heert failure. Limit only one cause on each line. Approximata Interval Between Onsat and Death **Physician** /Medical Immadiata Ceuse (Final subarachnoid hemorrhage disease or condition resulting in death) one week Examiner Examiner Rupture of right middle cerebral artery arranges Sequentially list conditions, if any, leading to immediate ceuse. Enter Undarlying Cause (Disease or Injury that initiated evants rasulting in death) Last physician the burie Physician/Medical Dua to (or as a consequence of): Part ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Hypertension, essential by 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Was en eutopsy parformed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cesa referred to medicel exeminer? Be 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) P 1 Yes 2 No 1 2 Inpatient 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred 28c. Injury at Work?

sician and bunei-transit

Box 68760

P.O.

Records,

Division of Vital

the Maryland

death with

Baltimore, Maryland 21215-0020

funeral if or Attending PI after death. Certification:

27. Manner of Deeth 1 Waturel 2 Accident 3 ☐ Suicide

29a. Certifier (Check only one)

4 - Homicide

5 Pending Investigation 6 Could not be datarmined

OCT 0 8 1996

28a. Date of Injury (Month, Day Year)

28e. Plece of injury - At home, ferm, street, factory, offica building, etc. (Specify)

1 Yas 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29b. Signatura and title of certifier

whather, Ms

29c. Licansa numbar

29d. Dete signed (Month, Day, Year) October 05, 1996

30. Name and address of person who complated cause of deeth (Item 23a) (Type, Print)

7505 New Hamphore AV, Suit 310, Langley Park MD 20783 TON THAT CHIEN, MD 31. Data filad (Month, Day, Year)

12 certifying Physician: To tha bast of my knowledge, deeth occurred at tha tima, data and piece, end due to the cause(s) end manner as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated.

Registrar

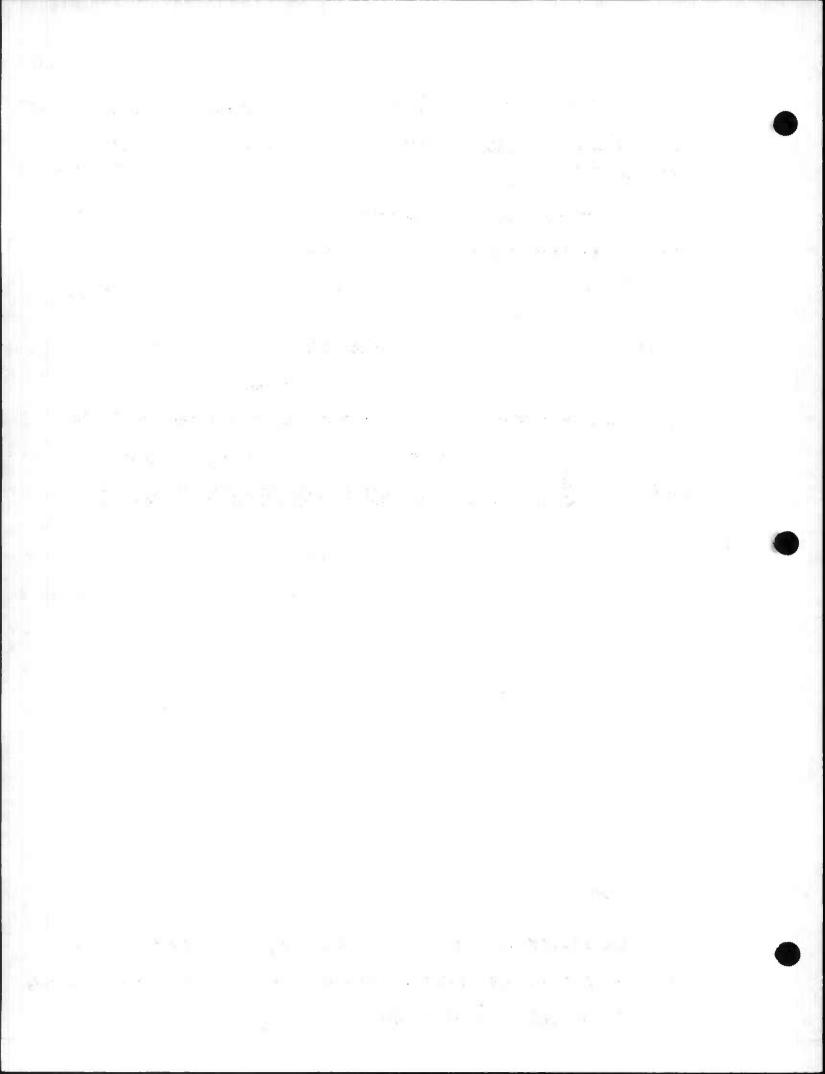
0

edical

32. Registrar's Signature Friha Davidson

Mospital 24 hours a Funeral D

To the I within 2



permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth and Mental Hygiene.

Baltimore, Maryland 21215-0020

Phys /Me Exar

Division of Vital Records, P.O. Box 68760,

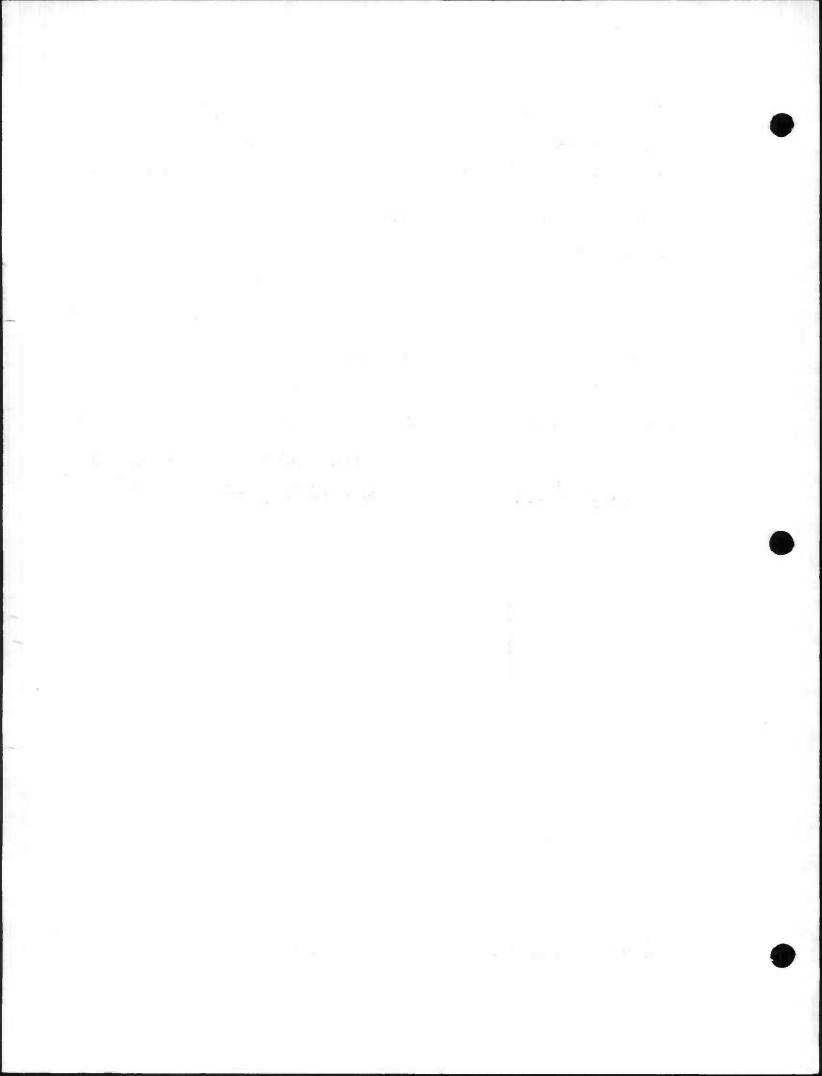
State Registrar

31. Date filed (Month, Day, Year)

CCT 0 7 1996

32. Registrer's Signeture

Я				ertificate d	II Deall		Reg. No.		
	1. Decedent'a Nama (First, Middle, Las	st)				2. Data of	Deeth	110.0	3. Time of Death
n	DANK Thi	TRAN				Month	1 30 Per	996 Year	1:55PM
i	4a. Facility Name (If not institution, give				4h City Town	n, or Location of D		nty of Death	
r									
-	Holy Cross Hospi 5. Social Security Number 6. S		sum lans hinthule	av) If Undar 1 Ya		Spring		ntgome	
		□ M 2☑ F 78	yrs. last birthda Yrs.	Months Da		Min. (Month,	Birth Dey, Year) 21,1918	Cou	pieca <i>(State or Foreigntry)</i> etnam
	10a. Siata 10b. County	100	c. City, Town or	Location				Т.	10d. Insida City Limii
									1 ☐ Yas 2 ☑ N
	Maryland Montgon	nery	2110	er Sprin			,		1 1 1 1 2 2 2 1 1
2000	10e. Street and Number			10f. Zip Cod	0		10g. Citizen	of What Cou	ntry?
	1609 Ingram Terra	ace			20906		Viet	tnam	
27 - 2110121	11. Merital Status 1 反 Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	in U,S.	3. Wes Decedent of if Yes, specify C	uban, Mexican, I	n? (Specify Yes or Puarto Rican, atc.)		Race - Ameri Black, White, cify:	
	15. Decedent's Ed	lucation	16a. De	cedent's Usuai Oc	cupation		16b Kind o	f Business/in	
	(Specify only highest gra-	de completed)	(Gi	ive kind of work do	ne durina most o	f working	100.74.70	Duomiooom	oddi y
	Eiementery/Secondary (0-12)	College (1-4or 5+)		memaker			Oram	Home	
	17. Fether's Name (First, Middle, Last)		110	cmarcı	10 14-16-1	Name /First Att			
	AND THE PROPERTY OF					Neme (First, Mid		eme)	
	Ton Tu Tran				Kang	Thi Chau			
	19e. fnforment's Name/Relationship (7	Type, Print)	19b. Me	eiling Address (Stre	eet and Number	or Rural Route Nu	mber, City or To	wn, State, Zij	o Code)
	Denise Tran Le/Da	ughter	1609	Ingram	Terrace	, Silver	Spring,	MD 2	20906
Ì	20a. Method of Disposition	20	0b. Piece of Dis	sposition (Name of	ino.	Data	20c. Locatio	on - City or Te	own, Stata
l	1 ☐ Buriai 2 🖫 Cramaiion 3 ☐		cematary, c	sposition (rveme or cremetory or other)	Oct.	2, 1996		1	1 1
	4 Donation 5 Other (Specify			ery Crema					aryland
	21. Signature of Funeral Service Licen	see	R	22. Name and Ad Obert Wis	dress of Facility Pumphre	v Funera	1 Home/	Chase	da-Chevy
	Karlet ta	m(M00	198	7557 Wis	sconsin	Avenue	1/ 2501	Chase	, Luc.
1	23a. Part1. Enter the disease, or comp	plications that caused the	deeth. Do not o	Bethesd:			14-3501 v arrast.		Approximate
Į	shock, or heart failure. List only	one cause on each line.					,		Intarval Between Onset and Death
Immediate Cause (Final disease or condition resulting in deeth) Due to (or as e consequence of):									
ı	disaasa or condition	lespera	long 1	failure				1	sudden
ı	resulting in deeth)	Due	to (or as e cons	sequence of):				i	
								1	
1		Congertin	4 Kan	t knelu	V			1	days
l	Sequentially list conditions	b. Congestiv	to for es a cons	t faclu	N			1	days
	Sequentially list conditions, if any, leading to immediate cause. Finer I Inderbigo.		to (or es a cons	t faclusequence of):	N				days
	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that injust of events.	· Cardion	rgopati	t faclu sequence of: Lg	N.				years
	Sequentially list conditions, if any, leeding to immediata cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last	· Cardion		t faclu sequence of: Lg	N				years
	that initiated events	c. Cardion	rgopati	t faclu sequence of: Lg	N				years
	that initiated events	· Cardion	rgopati	t faclu sequence of: Lg	N				years
	resulting in death) Last	c. Cardion Due	rg op all to (or as a cons	t faclu sequenca of): sequence of):	civen in Pert I.	236, [Old tobacco use		
	resulting in death) Last Pert II. Other significant conditions on	c. Cardion Due	rg op all to (or as a cons	t faclu sequenca of): sequence of):	given in Pert I.		/	contributa t	o the cause of death
	resulting in death) Last	c. Cardion Due	rg op all to (or as a cons	t faclu sequenca of): sequence of):	given in Pert I.		Ofd tobacco use	contribute t	o the cause of death
	resulting in death) Last Pert II. Other significant conditions on	c. Cardion Due	rg op all to (or as a cons	t faclu sequenca of): sequence of):	given in Pert I.	- 1	□ Yaa 2⊡ Ñ	contribute to	o the cause of death
	resulting in death) Last Pert II. Other significant conditions on	c. Cardion Due	rg op all to (or as a cons	t faclu sequenca of): sequence of):	given in Pert I.	24a. V	/	contribute to	o the cause of death
	resulting in death) Last Pert II. Other significant conditions on	c. Cardion Due	rg op all to (or as a cons	t faclu sequenca of): sequence of):	given in Pert I.	24a. V	☐ Yaa 2☐ N	contribute to	o the cause of death
	resulting in death) Last Pert II. Other significant conditions on	c. Cardion Due	rg op all to (or as a cons	t faclu sequenca of): sequence of):	given in Pert I.	24a. W	☐ Yaa 2☐ N	contribute to	o the cause of death
	resulting in death) Last Pert II. Other significant conditions on	c. Cardion Due	rg op all to (or as a cons	t faclu sequenca of): sequence of):		24a. W	or Yes 2 € No.	contribute to	o the cause of death ibably 4 Unknow fare autopsy findings raliable prior to ompletion of cause death?
	Pert II. Other significant conditions co	c. Can diam Due t d	to (or as a cons	t faclusequence of):	28. Plece o	24a. W P 1 1 1 1 Death (Check or	□ Yea 2□ No Wes an autopsy erformed? □ Yes 2 □ No	contribute to 3 Pro	lare autopsy findings vallable prior to profession of cause death?
	Pert II. Other significant conditions of the con	c. Can diam Due t d contributing to death but not Hospital: 1 Linpatient	to (or as a cons	t faulu sequence of): de underlying cause	28. Plece o Other: 4 ☐ Nurs	24a. W P 1 1 f Death (Check or ing Home 5 🗆 R	Ves an autopsy erformed?	contribute to 3 Pro 24b. Way of 11	o the cause of death bably 4 Unknow fare autopsy findings vallable prior to mptelion of cause death? Yas 2 No
	Pert II. Other algorificant conditions on the conditions of the co	c. Can diam Due t d	to (or as a cons	t faclu sequenca of): beguance of): e underlying cause tient 3 DOA ty y 28c. fr	28. Plece o Other: 4 Nurs	24a. W P 1 1 1 f Death (Check or ing Home 5 R 28d. Descri	□ Yea 2□ No Wes an autopsy erformed? □ Yes 2 □ No	contribute to 3 Pro 24b. Way of 11	o the cause of death bably 4 Unknow fare autopsy findings vallable prior to mptelion of cause death? Yas 2 No
	Pert II. Other algniffcant conditions of the con	d. Due to death but not be to	to (or as a cons	t faclu sequenca of): beguance of): e underlying cause tient 3 DOA ty y 28c. fr	28. Plece o Other: 4 ☐ Nurs	24a. W P 1 1 1 f Death (Check or ing Home 5 R 28d. Descri	Ves an autopsy erformed?	contribute to 3 Pro 24b. Way of 11	o the cause of death beably 4 Unknow fare autopsy findings vallable prior to mptelion of cause death? Yas 2 No
	Pert II. Other algoriticant conditions condi	d. Due to death but not death but not	to (or as a cons to resulting in the	sequence of): sequence of): a underlying cause tient 3 DOA of 28c. fr	28. Plece o Other: 4 Nurs olury at Vork? Yes 2 No	24a. W P 1 1 1 f Death (Check or ing Home 5 R 28d. Descri	Yes an autopsy enformed? Yes 2 No not not not not not not not not not no	contribute to 3 Pro 24b. W ave occord 10 Dther (Special	o the cause of death bably 4 Unknow fare autopsy findings vallable prior to mptelion of cause death? Yas 2 No
	Pert II. Other significant conditions of the con	d	to (or as a cons to resulting in the	sequence of): sequence of): a underlying cause tient 3 DOA of 28c. fr	28. Plece o Other: 4 Nurs olury at Vork? Yes 2 No	24a. W P 1 1 1 f Death (Check or ing Home 5 R 28d. Descri	Yes an autopsy enformed? Yes 2 No	contribute to 3 Pro 24b. W ave occord 10 Dther (Special	o the cause of death bebly 4 Unknow fare autopsy findings vallable prior to ompletion of cause death? Yas 2 No
	Pert II. Other eignificant conditions of the con	d. Due to death but not death	to (or as a cons to resulting in the	sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):	28. Plece of Other: 4 Nurs	24a. W P 1 1 1 Death (Check or ing Home 5 R 28d. Description 28f. Location City or others, and due to the control of the co	Ves an autopsy enformed? Yes 2 No only one) desidence 6 One of (Street and Nu Town, State)	contribute to 0 3 Pro 24b. W avec of of 1 Courred courred	o the cause of death obably 4 Unknow lare autopsy findings vallable prior to ompletion of cause death? Yas 2 No No No Reverse Number, otated.
	Pert II. Other algnificant conditions condit	d. Due I d. Hospital: 1 Inpatient 28a. Dete of injury (Month, Day Yea 28e. Piaca of Injury - building, etc. (Sp	to (or as a cons to resulting in the	sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):	28. Plece of Other: 4 Nurs	24a. W P 1 1 1 Death (Check or ing Home 5 R 28d. Description 28f. Location City or others, and due to the control of the co	Ves an autopsy enformed? Yes 2 No only one) desidence 6 One of (Street and Nu Town, State)	contribute to 0 3 Pro 24b. W avec of of 1 Courred courred	o the cause of death shably 4 Unknow fare autopsy findings vallable prior to impletion of cause death? Yas 2 No No No Route Number,
	Pert II. Other eignificant conditions of the con	d. Due to death but not death	to (or as a cons to resulting in the	sequence of): sequen	28. Plece of Other: 4 Nurs	24a. W P 1 1 1 Death (Check or ing Home 5 R 28d. Description 28f. Location City or others, and due to the control of the co	Yes a 2 No No No No No No No No No No No No No	contribute to 3 Pro 24b. We ave of of 1 Courred manner as see, and due to me of (Month, me) and (Month, me) are to me of (Month, me) are to me of (Month, me) are to me of (Month, me) are to me of (Month, me) are to me of (Month, me) are to me of (Month, me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me of the me) are to me) are to me of the me) are to me) are to me of the me) are to me) a	o the cause of death bebly 4 Unknow Iare autopsy findings raliable prior to impletion of cause death? Yas 2 No No Route Number, stated. o tha cause(s) Day, Year)
	Pert II. Other algoriticant conditions condi	d. Due to death but not death	to (or as a cons to resulting in the	sequence of): sequen	28. Plece of Other: 4 Nurs Nurs Nury at Nork? Yes 2 Notes	24a. W P 1 1 1 Death (Check or ing Home 5 - R 28d. Description 28f. Location City or obleca, and due to loccurred at the time	Yes a 2 No No No No No No No No No No No No No	contribute to 3 Pro 24b. We also confidence of 1 Courred courred courred courred courred courred courred courred courred courred courred courred courred courred courred courred courred courred courred course cour	o the cause of death bebly 4 Unknow fare autopsy findings railable prior to impletion of cause death? Yas 2 No fy) al Route Number, stated. o tha cause(s) Day, Year)

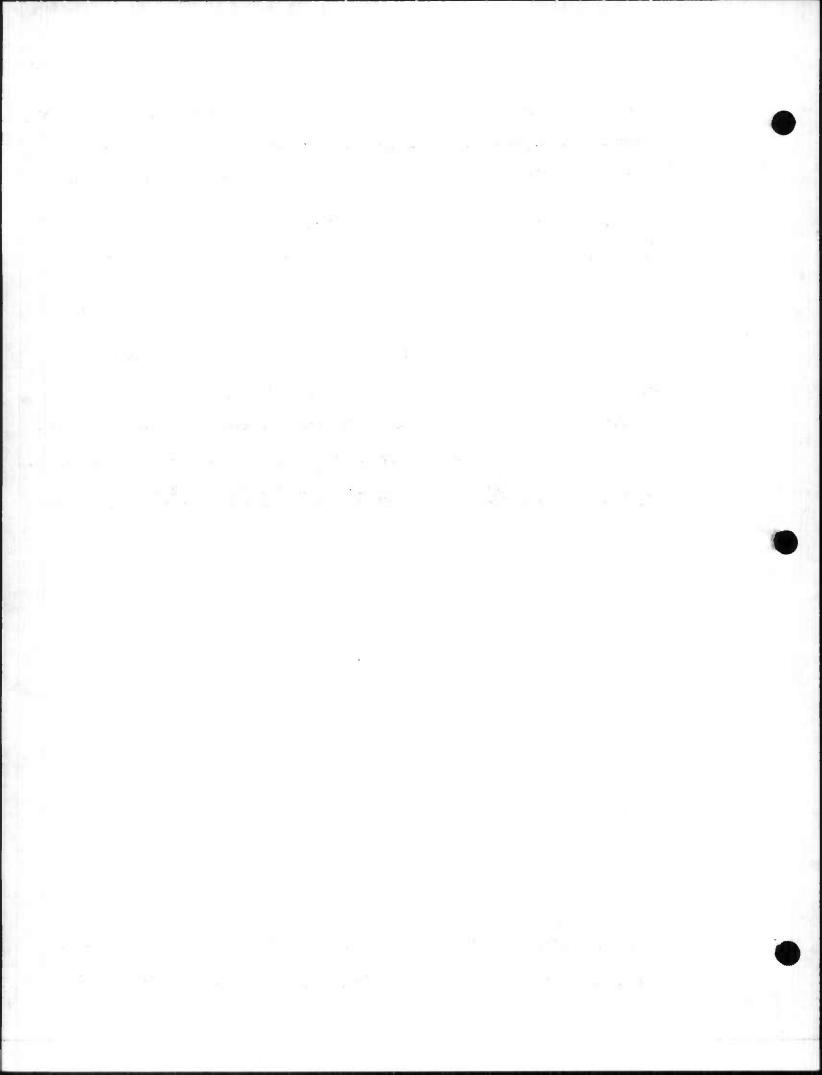


			State of M	Maryland		epartment of F Certificate of		and M		giene 9	6	31848
LEW ST		1. Decedent's Name (First, Middle,	Last)						2. Date of De	ath		3. Tima of Death
Physic /Med		Anthony	Todaro						Month Octobe	Day r 8, 199	Year	6:30 AM
Exami		4a. Facility Name (If not institution,	give street end numbe	er)			4b. City, Tov	wn, or Lo	cation of Deat			O. DO AM
	.,	Collingswood Nur					Rock	vill	le	Mont	gome	rv
Funeral			5. Sex 7. / 1 1 1 2 1 F	Age (In yrs. le		Months Dave	If Under a	24 Hrs. Min.	8. Date of Bir (Month, De	th y, Year)	9. Birthp	lace (Stete or Foreign try)
Director		577-48-2799 Usual Residence of Decedent		95	Yr	S				2, 1901		Italy
/land		10a. State 10b. County		10c. City,	Town	or Location					1	Od. Inside City Limits
the Marylar 28a-f show	to	Maryland Montgo	merv			Silver Sp	ring					1 ☐ Yes 2 ☒ No
rith the Maryla or 28a-f shor	Directo	10e. Street end Number				10f. Zip Code	TINE			10g. Citizen of V	Whet Coun	try?
72 hours after deeth with the Maryland natural, or items 23a or 28a-f show steal Examiner must be notified at	a in	2304 Dennis Avenu	ıe				2090	2			US	SA
r dee	Funerai	11. Marital Status	12. Was Deceder Armed Force		. [13. Was Decedent of F if Yes, specify Cub	lispenic Orig	pin? (Spe	ecity Yes or No	- 14. Rec	e - Americ	an Indien,
s afte	by Fu	1 Never Married 2 Marrie	d 1 ☐ Yes 2 5 if Yes, Give	No		1 ☐ Yes 2 ☒ No		, , , , , , ,	, , , , , ,	Specify		erc.
n 72 hours "natural",		3 Widowed 4 Divorced	Year or Dates): 	10- D						W	nite
- 1	Completed	15. Decedent's (Specify only highest	grede completed)		((ecedent's Usuai Occup Give kind of work done fe. DO NOT use retire	during most	of worki	ing	16b. Kind of Bu	usiness/inc	Justry
filed within Hygiene, ither than "	E	Eiamentary/Secondary (0-12)	Coilaga (1-4o	r 5+)		ber	-/			Self E	mn 1 or	rod
e file office office vent,	BeC	17. Father's Name (First, Middle, La	ist)				18. Mother	r's Name	(First, Middle,	Meiden Sumem		/eu
should bind Mente		Joseph Totaro					Dome	nica	Eqitta			
2 sho end is me		19a. Informant's Name/Raiationship	(Type, Print)		19b. N	failing Addrass (Straet					State, Zip	Code)
permit. Peges 1 and 2 should be filed within Depertment of Health and Mentel Hygiene. Important: if flem 27 is marked other than any Injury or other traumatic event, it a Medea.		Nina Todaro			230	4 Dennis A	venue,	, Si	lver Sp	ring, Ma	aryla	nd 20902
t of H		20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3	☐Removal from Stat	e cen	ca of D ne <i>t</i> ery,	isposition (Neme of cremetory or othar ple	ce)		Date	20c. Location -	City or To	wn, State
t. Pe tmen tant:		4 □ Donation 5 □ Other (Spe		Gate	of				0/11/96	Silver	Sprin	ng, Marylan
Depermine Depermine Important frame and frame once.		21. Signeture of Funeral Service Lic	ensee	7		22. Name end Addre Francis J	,		Funore	1 Цото	T 0	
20240		Mauhu	lver Sp	pring, MD 20901								
3740		23a. Part1. Enter the disease, or co shock, or heart failure. List on	mplicetions that causily one cause on each	ed the death, line.	Do not	enter the mode of dyir	ng, such es d	cardiac c	or respiretory e	rest,		Approximate interval Between
Physician /Medical		Immediate Cause (Final	, ("-	DOVE								Onset end Death
Examiner		disease or condition resulting in death)	θ	KOKE							-	Laays
	ē			Dua to (or a	is a cor	nsequence of):						
cuted	Examiner	Sequentially list conditions	b	Due to (or a	s a cor	sequance of):						
e exe lan er uriel-t	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury				,						
v requires that the death certificate be executed been signed by the ettending physician and should be detached for use as the buriel-transit	dicai	that initiated events resulting in death) Last	C	Due to (or a	s a con	sequanca of):						
To the Hospital or Attending Physician: The law requires that the death certificate within 24 hours effer deeth. To the Funeral Director: After this certificate has been signed by the ettending physicompletely filled in by the funeral director, page 2 should be detached for use as the	0		■ d.			,						
ettenc for us	Physician/M		-								i	
the de	lysic	Part II. Other significant conditions	1		_	e underlying cause giv	en in Part i.		23b. Did 1	obacco use cor	itribute to	the cause of death?
thet bed by deta		Congestive 1-	tcait t	alu	e				10	700 2 No	3 Prob	ebly 4 Unknown
n sign	ed by	Chronic R	teast f	= 1	2				24a, Was	an eutopsy	24b. We	re autopsy findings
w rec	ojet	011011/0	4 1	a.101						rmed?	eva	itable prior to apietion of cause leath?
The la	Completed								101	es 2 No		Yes 2□ No
sicertificate hes bigged 2 s	BeC	25. Was case referred to medical					28. Place	of Death	(Check only o	/-		1165 20140
yslci ils ce direc	To	examinar? 1 □ Yes ②X No	Hospital:	ient 2 EF	3/Outpa	tient 3 DOA Oth	OF:			lenca 6 🗆 Othe	er (Specify)
ter th		27. Mannar of Death 1 Natural 5 Panding	28a. Data of in (Month, D	ury 21	3b. Tim					ow injury occurr		
or Attendil efter deeth. Director: A I in by the fu	Certification:	2 Accident invastigate 3 Suicide 6 Could not	ion				Yes 2□N	io				
or At	E I	4 Homicide determine	28e. Place of in	njury - At hom tc. <i>(Specify)</i>	a, farm	street, factory, offica		2	28f. Location (5 City or Tox	Street end Numbern, State)	er or Aural	Route Number,
pital ours eral filled		29a, Cartifier 1 Certifying F	husialan. Ta the best	of my to and								
To the Hospital or Attending Physician: The I within 24 hours efter deeth. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	(Check only 2 Medicat Expone)	amtner: On the basis	of axamination	and/o	eath occurred et the tin r investigation, in my o	plnion, death	piaca, e n occurre	d at the time,	tate and piaca, a	nnar as ste ind due to	the cause(s)
Vithin To the	Me	29b. Signature and title of certifies		,		29c. Licens	e number			29d. Dete signed	(Month, E	Dey, Year)
		> /mud	Tall Mr			D 2	1340			OCTOBETO		
4		30. Neme and address of person who	o completed cause of	deeth (itam 2	3a) (Tv							
/		KAYMOND	BASS	394	1 1	ERRAPA	DRIVE	-	WHEA	DN MI	2	2906
Sta	ite	31. Date filed (Month, Day, Year)		rar's Signatur	0		,	1	. ,	1		
Registr	ar	OCT 1 1 19	96 gra	Davidson	-go	ndell						

DHMH 16 Rev 6/95

To the Hospital or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

ج Baltimore, Maryland 21215-0020



State of Maryland / Department of Health and Mental Hygiene

					Ce	ertificat	te of	Death		Reg. No.	0 3	1049
hysician	1. Decedent's Name (Fin	st, Middle, Las	st)						2. Dete of D Month	eath Day	Yeer	3. Time of Death
/Medicai	GEORGE	WI	LLIAM		DDD				SEP	20	1996	10:12 pn
xaminer	4a. Facility Neme (If not						4		r Location of Dea	th 4c. Count	y of Death	
	5. Social Security Number		oan Hospi		In a 4 fe lath als .	# HInda	r 1 Year	Beth If Under 24 Hr	The state of the s		ontgom	
neral ector	027-12-839 Usual Residence of Deci	5 1	ØM 2□ F	73	last birthday Yrs.	Months	Days	Hours Min	n. (Month, D	ay, Year) 11, 1923	9. Birthpla Country Massa	ce (State or Foreign y) chusetts
of all	10a. State 10b	County		10c. Ci	ty, Town or L	ocation					100	d. fnside City Limits
rector	Maryland	Montgo	mery				Chev	y Chase				1 ☐ Yes 2 ☑ No
be notified Directo	10e. Street and Number					10f. Zip				10g. Citizen of	What Countr	y?
	3516 B:	radley	Lane					20815		United	State	S
by Funeral	11. Maritel Stetus 1 Never Married		12. Wes Deceden Armed Forces 1 ☑ Yes 2 ☐ If Yes, Give	?) No		Was Dece If Yes, spe 1 Yes		ispenic Origin? (n, Mexican, Pue Specify:	Specity Yes or N rto Rican, etc.)	o- 14. Ra Bla Specii	ce - Americai ick, White, et	
leted b	3 ☑ Widowed 4 □ I		Year or Dates	. WW		1 - 4 - 11 -					W	nite
	(Specify on	- 1	de completed)		(Giv	edent's Usu e kind of wo DO NOT u	rk done	during most of w	orking	16b. Kind of B	lusiness/Indu	stry
d Wo	Elementary/Secondary	(0-12)	Coilege (1-4or	5+)	,,,,		each			Dharad	1 17.1	
event, Be C	17. Father's Name (First,	Middle, Last)	4			1	eaci		ame (First, Middle			ucation
To Be Co		Sign	und E. To	hhe					Emily	M. DeLa	2011	
T L	19a. informant's Name/F	U		Juu	19b. Mai	ing Address	s (Street	and Number or F	Rural Route Numi			code)
in the	Karen L. Ha	rvev/	Daughter						licott (
or other traumatic event, the	20a. Method of Disposition	ก		20b. F	Place of Disp	osition (Nar	me of		Date	20c. Location		
iny or	1 Burial 2 Cre 4 Donation 5 0			Oc.	tober	4, 19	96	metery		Cilron	Considera	
any injury or other	21. Signature of Funeral	Service Licen:	500	Va	2	2. Name ar	nd Addres	s of Facility		Silver	Spring	, Marylan
any ir	1	02	1-		A F	dobert	da-C	Pumphre hevy Ch	y Funera ase. Inc	1 Home/	Jiscon	sin Avenue
	23a. Part1. Enter the dis	ease, or comp	fications that cause	MOO ed the deet	h. Do not er	ethes	da, le of dyin	Marylan g, such as cardia	d 20814- ac or respiratory	3501 srrest,		oproximate
cian	SHOCK, OF Heart failt	ire. List Only (one cause on each	IIII e.		Λ						ntervel Between Onset and Death
dical	Immediate Cause (Final disease or condition		BILL	TER	M_	Pnei	LMO	nia			-	Idous
niner	resulting in death)		θ.		or as a conse	quence of);					1	raugs
i i												
s the bunal-transit	Sequentially list condition if eny, leading to Immedicause. Enter Underlying Ceuse (Disease or injury	ns, ate	D	Due to (c	or as e conse	quence of):					1 1	
Z Z	that initiated events resulting in death) Last	l	c	Due to (o	r as a conse	quence of):						1 1
for use			d									1
bed sis	Part II. Other significant	conditions co	ntributing to death	but not res	ulting in the	Inderiying c	ause give	en in Pert I.	23b. Did	tobacco use co	entribute to t	he cause of death?
2 8	End sta	ge cl	aronic r	ena	1 fail	ure			1 🗆	Yes 2 No	3 Proba	bly 4 Unknown
2 shou										an autopsy ormed?	aveil	e autopsy findings eble prior to pletion of cause eath?
Com									10	Yes 30 No	10	Yes 2D No
director, pag	25. Was case referred to examiner?		11						ath (Check only	one)		
P F	1 Yes 2 No		Hospital: Unpati		ER/Outpatie			4 Li Nursing	Home 5 Res			
funeral tion:	27. Manner of Deeth	Pending	28e. Date of Inj (Month, De	ury By <i>Year</i>)	28b. Time of Injury		8c. fnjury Work		28d. Describe	how Injury occur	red	
cat	2 Accident	investigation Could not be	00 0			М		res 2□No	2011	(0		
ed in by the funera Certification:	4 Homicide	determined	28e. Piaca of In building, e			reet, factory	, offica			(Street end Numi wn, State)	ber or Rurel F	Route Number,
completaly filled in by the	29a. Certifier 1 (Check only one)	Certifying Phy ledical Exami	elcian: To the best Iner: On the basis of end manner si	of examinate	wiedge, deat tion and/or in	h occurred a	at the tim , In my op	e, date and plac Inlon, death occ	e, and due to the urred at the time,	cause(s) and madate and place,	anner as stat and due to th	ed. ne cause(s)
Me	29b. Signature end title of	certifier				290	. License	number		29d. Date signe	d (Month, Da	iy, Year)
9	aluin	8.W	ladarai	un	0		12	9166				
1 [porcon who o	The second second second	1	23a) (Type	Drint)				OCTOBE	11 7,	1970
	Name and address of	Dat 2011 Mutt										
	30. Name and address of	MAT	ARAN.	- M/	1 63	20 DI	SMO	CRACU	BLUD;	BEHLOCA	16 MI	120817

1 2 2 1 1 m 1 58 Market and the second of the s

		11 -0	4 Decidents at	no /Fine het	A1		Cei	tificat	e of	Death	1	Reg. No.					
	Physic /Medi			ne (First, Middle, Las TAYLOR SR	*						2. Dete of D Month OCTOB	Dey	1996 7:15 A.M. County of Death ALTIMORE 9. Birthpiece (State or Foreign Country) WASHINGTON, D.C. 10d. Inside City Limits XXYes 2□No zen of Whet Country? A. 14. Race - American Indian, Bieck, White, etc. SpecifyBLACK and of Business/Industry POSTAL SERVICES Sumame) Town, State, Zip Code) 20001				
	Exami		4a. Fecility Neme	(If not institution, give	street and number	er)				4b. City, Town, or L							
			V.A. ME	EDICAL CEN	TER					FORT HOW	VARD	BALT	IMORE	C			
	Funerai Director		5. Social Security in 577 34 Usuel Residence of	0675	X XM 2□ F	Age (In yrs. 70	last birthday) Yrs.	If Under Months	1 Yeer Deys		8. Dete of B (Month, D	irth lay, Year) 4 1926					
	with the Maryland a or 28a-f show be notified at	tor	10a. State	10b. County			y, Town or Lo			N. A.			1				
	tha notif	Director	10e. Street end Nu	N/A umber		WA	SHINGTO	JN 10f. Zip	Code	•		10g. Citizen of	Whet Cour	ntry?			
	23a or	O IE	87 S STE	REET, N.W.				200	01			U.S.A.					
020	urs after dea sl', or flems Examiner m	by Funeral	11. Meritel Stetus	rried 2 Merried	12. Was Decede Armed Force 1 X Yes 2 If Yes, Give Yeer or Dete	s? ⊒ No	1		dent of I cify Cub	Hispanic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or N Ricen, etc.)	o- 14. Rad Bie	ck, White,	etc.	iń,		
21215-0020	C	Completed	(Spe Elementery/Sec 11TH		ucation le completed) Coilege (1-4c	or 5+)		kind of wor OO NOT us	rk done se retire	during most of world)	king						
	filed with Hygiene. other ther	Be Co		(First, Middle, Last)			FUS	STAL (LLC	18. Mother's Neme (First, Middle, Maiden Surname)					VICES		
Maryland	s 1 and 2 should be filed withing Hygiene. If Haalth end Mental Hygiene. Item 27 is marked other than other trsumatic event, tra. H	To B	WILKES T	AYLOR						LUCILLE	JOHNSO	N					
ary	2 should end Men is marke			leme/Reietlonship (7	ype, Print)		19b. Mailir	g Address	(Street	t and Number or Ru	ral Route Num	ber, City or Town	State, Zip	Code)			
	f and 2 Haalth em 27 i		EDWARD T	AYLOR JR.						W.W. WASH	INGTON,	D.C. 20	OC Location - City or Town State				
ore	nent o		20e. Method of Dis	sposition Cremetion 3 🗆	Removel from Ste		Piece of Dispo cemetery, cren	siti <i>on (Na</i> n natory or o	ne of ther pla	100)	Dete	20c. Location	Oc. Location - City or Town, Steta				
				5 ☐ Other (Specify,			LINGTON	CRE	MATO	ORY OCT	2 96	ARLINGT	ON, V	VA.			
Ba	Departi Departi Importa any Inje		21. Signeture of F	unerei Service Licens	000 00-2	~ 2	V	7.H. 1	BACC	ess of Fecility ON FUNERAL I STREET 1			20010)			
1	300		23a. Pert1. Enter shock, or he	the disease, or comp ert failure. List only o	lications thet caus		h. Do not ent	er the mod	e of dyi	ing, such es cardiec	or respiretory	errest,	2001	Approx	imete i Between		
	Physician /Medicai Examiner		Immediate Cause disease or condition resulting in death)	(Finel			RY FAII						5	Onset	and Deeth		
	الدابث	ē			DECTI		r as a conseq							1401	TITLE		
,	be axecuted ician and burial-transit	Examiner	Sequentially list co if eny, leeding to in cause. Enter Und	onditions, mmediate	b. RECU.		INT PNEUMONIAS 5 MONTHS to (or es a consequence of):								NTH2		
Box 68760,	death certificate be axecuted e attending physician and ed for use as the burial-transit	Physician/Medical	Cause (Disasse of thet initiated event resulting in deeth)	r injury	d	Due to (o	r es e conseq	uence of):									
. E	the att	sici	Pert li. Other signi	ffcant conditions co	ntributing to death	but not res	ulting in the ur	nderlying co	euse gi	ven in Pert i.	23b. Dio	tobacco uss co	ntributs to	the ca	use of death?		
s, P.O	es that the de igned by the be datached	by Phy	MALNUT	RITION							1	Yes 2 No	3 Proi	bably	4)KUnknow		
Records,	aw requir	Completed	CONGES	24a, Wes an autopsy periormed? 24b. Wera autops aveileble pric complation of deeth?					rior to								
<u>~</u>	a - a	EO	18								1 🗆	Yes 2 No	10	Yes	2□ No		
Ita	ician: Th cartificata rector, pa	Be	25. Wes case reference							26. Place of Dea	th (Check only	one)	-				
of Vital	Physician: this cartific ral director,	5	1 ☐ Yas 2 🗗	140	lospitai:		ER/Outpatien		A			Idence 8 Oth		y)			
		ion	27. Manner of Death 26a. Dete of finjury (Month, Day Year) 28b. Time of finjury at Work? 28c. fnjury at Work? 1 ☐ Accident investigation							ryat irk?]Yes 2 □ No	28d. Describe	how injury occur	red				
5	or Attending after death. Director: After In by the funa	ertification:	2 Accident 3 Suicide 4 Homicide	6 Could not be determined	28e. Piece of building,	injury - At ho atc. (Specif						(Street and Numi own, State)	ber or Ruri	l Route	Number,		
	Hospita 24 hours Funeral stely filled	29a. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred et the time of my knowledge, death occurred et the time one) 13 Certifying Physician: To the best of my knowledge, death occurred et the time one of my knowledge, death occurred et the time one of my knowledge, death occurred et the time one of my knowledge, death occurred et the time one of my knowledge, death occurred et the time one of my knowledge, death occurred et the time one of my knowledge, death occurred et the time of my knowledge.								me, dete end piece, opinion, deeth occur	and dua to the	cause(s) and m , dete end piece,	anner as s and due to	tated.	use(s)		
	To the To the compla	Me	29b. Signature end	title of certifier	Kala	Raic	λ.		Licens A.C	se number		29d. Dete signe	od (Month,	Day, Ye	ar)		
	131		30. Neme and addi	ress of person who co	ompleted cause o	f deeth (Item	3 23a) (Type,	Print)	,	-, , ,		. 10.	1	-			
			CHANDRA	KALA RAJA	, M.D.,	9600 N	NORTH F	TILO	ROA	D. FORT H	IOWARD,	MARYLAN	D 210	152			

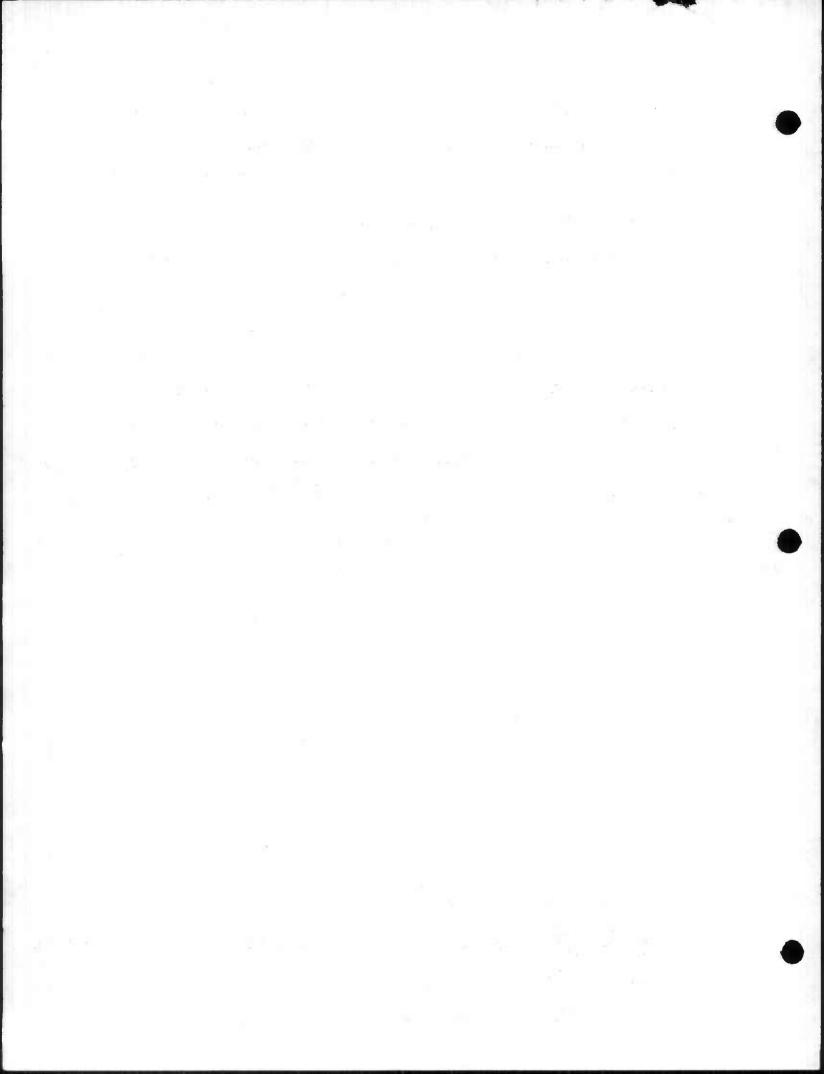
DHMH 16 Rsv 6/95

State Registrar State of Maryland / Department of Health and Mental Hygiene

31851 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Day Edmuso 4c. County of Death (LRBANSKI /Medical OCI 17 AM 60 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Washington Adventist Hospital Takoma Park

If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) Montgomery If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** Birthplace (State or Foreign Country) Months 1⊠M 2□F Days Yrs Director 87 324-26-0746 July 6, 1909 Poland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or frems 23e or 28e-f show traumatic event, the Modical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2X No Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? #M301 Funeral 25 East Wayne Avenue death 20901 U.S.A. 14. Race - American Indian, 12. Was Decedent Ever in U,S Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Peges 1 and 2 should be filed within 72 hours after of health and Mental Hygiene.
Ant If Nem 27 is marked other than "natural", or field the traumatic event, in a Medical Examinatory of the traumatic event, in a Medical Examinatory. Black, White, etc. 1 Never Married 287 Married 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 ☑ No þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Professor Education 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Andrzej Urbanski Leokadia Winkler 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zlp Code) 19e. Informant's Neme/Relationship (Type, Print) Zofia Urbanski 25 East Wayne Avenue #M301 Silver Spring, Maryland 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State permit. Pege Depertment of Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Gate of Heaven Cemetery 10/10/96 Silver Spring, Maryland 22. Name and Address of Facility
Francis J. Collins Funeral Home, Inc. 21. Signature of Funeral Service Licenses comos 500 University Blvd., W. Sil. Spr., Maryland 20901 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest shock, or heart failure. List only one ceuse on each line. Approximate intervat Between Onset and Death **Physician** /Medicai Immediate Cause (Final Cardionyopa disease or condition resulting in death) 2005 Examiner Due to (or as a consequence of): or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, teading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as e consequence of): Box 68760. attending physician Physician/Medical 朝 Due to (or as a consequence of) P.O. signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, à Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? hes certificate 1□ Yes 2No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medicat 26. Piece of Death (Check only one) 1 Yes 2 No Hospital: 1 Impatient 2 ER/Outpatient 3 DOA 10 Other: 4 Nursing Home 5 Residence 8 Other (Specify) After this 27. Manner of Death Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of Time Injury 30 M 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Netural death. - 296 1 Yes 2 TNo Jell 2 Accident after death 6 Could not be determined 3 Suicide In by t 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 55 25 East wayne To the Hospital or within 24 hours a To the Funeral D Home 000 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, date end placa, and due to the cause(s) and manner as stated.

2 Addical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and menner stated. Medical 29a. Certifier completely (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D08549 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) has beu 8218 Wisconsin 31. Date filed (Month, Day, Year) 32. Registrar's Signature State ruka Davidson-Randalle Registrar OCT 0 9 1996

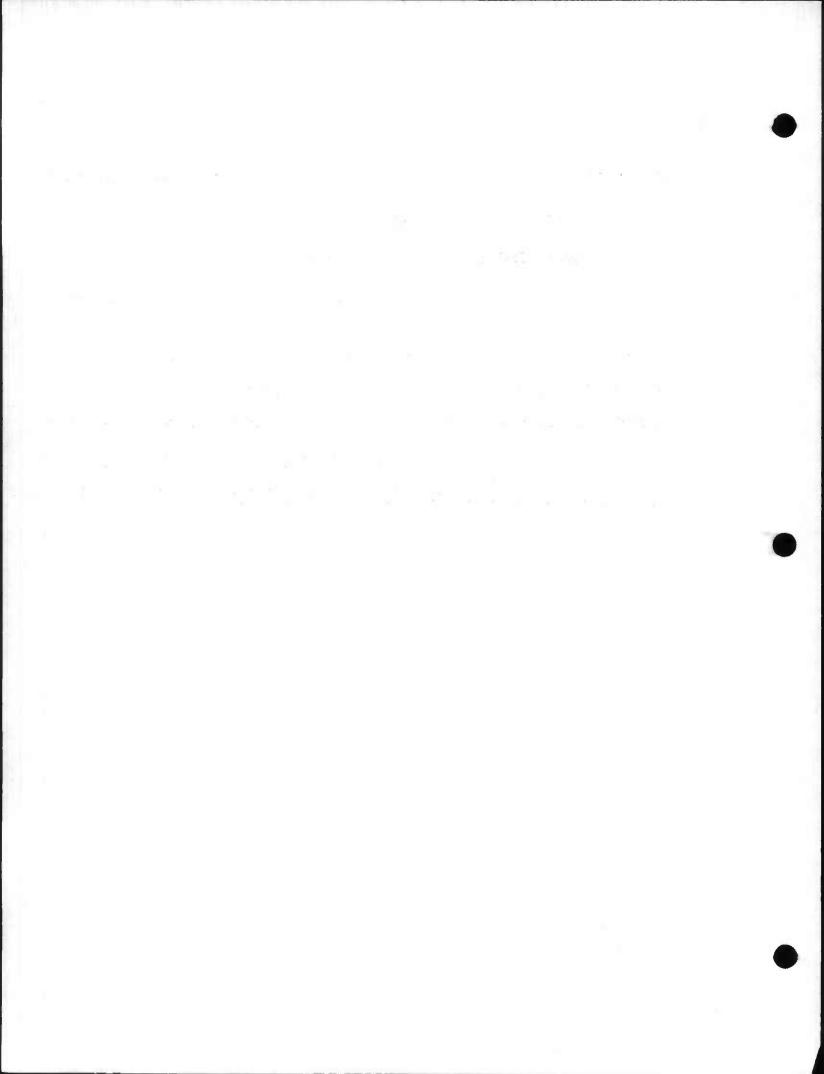


State of Maryland / Department of Health and Mental Hygiene 96

					(Certificat	e oi	f Death			Reg. No.		
	Dhank		1. Dacedent's Neme (First, Middla, La	st)						2. Date of De	ath	Van-	3. Tima of Death
ı	Physic /Medi		Elsie	Usui						OCT.	9, Dey 199	96 ^{ear}	2:40 p.
	Exami		4a. Facility Neme (If not Institution, give	re street and number)				4b. City, To	wn, or Lo	cation of Deetl	4c. County	of Deeth	
L			12017 Galena	Road				Ro	ckv	ille	MON	NTGO	MERY
	Funeral Director		5. Sociel Security Number 6. S 111-09-2166 Usuel Residence of Decedent		(In yrs. last birthe	Months	1 Yea Dey:		24 Hrs. Min.	8. Date of Bir (Month, De May 2 2	y, Year) 2,1909	9. Birthi Cour Ne	plece (Steta or Foreign ntry) W York
	/land		10e. Stete 10b. County		10c. City, Town o	r Location							10d. Inside City Limits
	Many H sh	ţ	MD Montg	omery	Sil	ver S	ori	.ng					1X Yes 2 No
	with the 3a or 284	i Director	10e. Street end Number 8505 Springv	ale Road		10f. Zip		20910			10g. Citizan of V		ntry?
020	72 hours after death with the Meryland "natural", or frems 23a or 28a-f show added Examiner must be morthed at	by Funerai	11. Meritel Stetus 1 Nevar Merried 2 Married 3 Vidowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yas 2 2 3 16 17 Yes, Give Yeer or Detes:				Hispenic Orl Iben, Mexican o Specify:		ecify Yas or No Rican, etc.)	14. Rec Ble	ck, White,	can Indien, etc. hite
2-0	2 ho	b g	15. Decedent's E	ducation	16e. D	ecedent's Usua	el Occi	upation			16b. Kind of B	usiness/in	dustry
21215-0020	within ane. than *	Completed	(Spacify only highest green (S	College (1-4or 5+	-)	ive kind of wo fe. DO NOT us eache:		e during mos red)	t of work	ing	Nurse	ery	School
	be filed tal Hygid of other	Bec	17. Fether's Neme (First, Middle, Lest,					18. Mothe	er's Neme	First, Middle,	Meiden Sumen	ne)	
/lar	0 0 0 0	ToB	Emerish Lubi	tz				Ar	nna	Baumga	artner		
, Maryland	nd 2 shall and 27 Is m		19a. Informent's Neme/Reletionship (Linda Usui (D								er, City or Town, Lle, MI		
altimore,	Pagas 1 and of Hasint: If Itam		20e. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Specif		20b. Pleca of D cemetery, Metrop	crematory or o	ther pl	remat	cory	Date 10/1	20c. Location		own, State
Balt	pemit. Pagas Depertment of Important: If II any Injury or once.		21. Signature of Funerel Servica Licer	Ason Ason	Don			ress of Fecilit		HOME 20850	P.A.		
ox 68760,	Physician and stending physician and lor use as the burial-fransit	n/Medical Examiner	23e. Pert1. Enter the disease, or com shock, or heert failure. List only Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that Initiated events resulting in death) Last	. hy.	us to (or as a con	ter we or: or Re	re	lear	to	Pailu	re		Interval Between Onsat and Deeth Weeks days
.O. Bo	0 00 0	Physician	Part II. Other significant conditions of	ontributing to death but	not rasulting in th	e underlying c	ause g	jiven in Pert I		23b. Did 1	obacco use co	ntributa to	o the cause of death?
Δ.	that the ed by th detache									10	Yes 2 No	3 Pro	bably 4 Unknow
Records,	r requires been sign should be	Completed by									an eutopsy rmed?	av co	ere autopsy findings elteble prior to mpletion of cause death?
č	0 - 5	E O								101	res 2 No	10	☐ Yes 2☐ No
Vital	s cartificate director, pag	Be	25. Wes case referred to medical exeminer?					26. Piece	of Deeth	(Check only o	ne)		
of <	Q 60 Z	10	1 Yes 25 No	Hospitel: 1 Inpatiani	2 ER/Outpe	etient 3 DC	A	ther: 4 🗆 Nu	rsing Ho	me 5 Resid	dence 6 Oth	er (Specif	y)
ion o	Aftar Aftar fune	27. Menner of Deeth To Naturel 5 Pending 28c. Dete of Injury 28b. Time of Injury 28c. Injury et Work? Accident 3 Sulcide 4 Homlcide								28d. Describe I	now Injury occur	red	
Division	is of Attendes is effector: In Director: ed in by the	Certific	3 Sulcide 4 Homlcide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, streat, factory, office building, etc. (Specify)								Street end Numb m, Stete)	oer or Rure	al Route Number,
	To the Hospital or within 24 hours effet To the Funeral Dir completely filled in	edicai	29e. Certifier (Check only one) 29e. Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner es steted. 2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) and manner stated.										eted. the cause(s)
	To the within To the comple	296. Signature and title of certifier with the D1978							85		Defe signe	d (Month, V 10	1996
	6		30. Neme end address of person who comes frauke Westpl	nal, M.D.	809 VI	Eirs M	i 1.	l Rd.	, Ro	ockvil	le, MD	208	50
	Sta Registr		31. Dete filed (Month, Day, Year) OCT 1 0 1	996 32. Regintra	s Signature a Dayason	Andere							

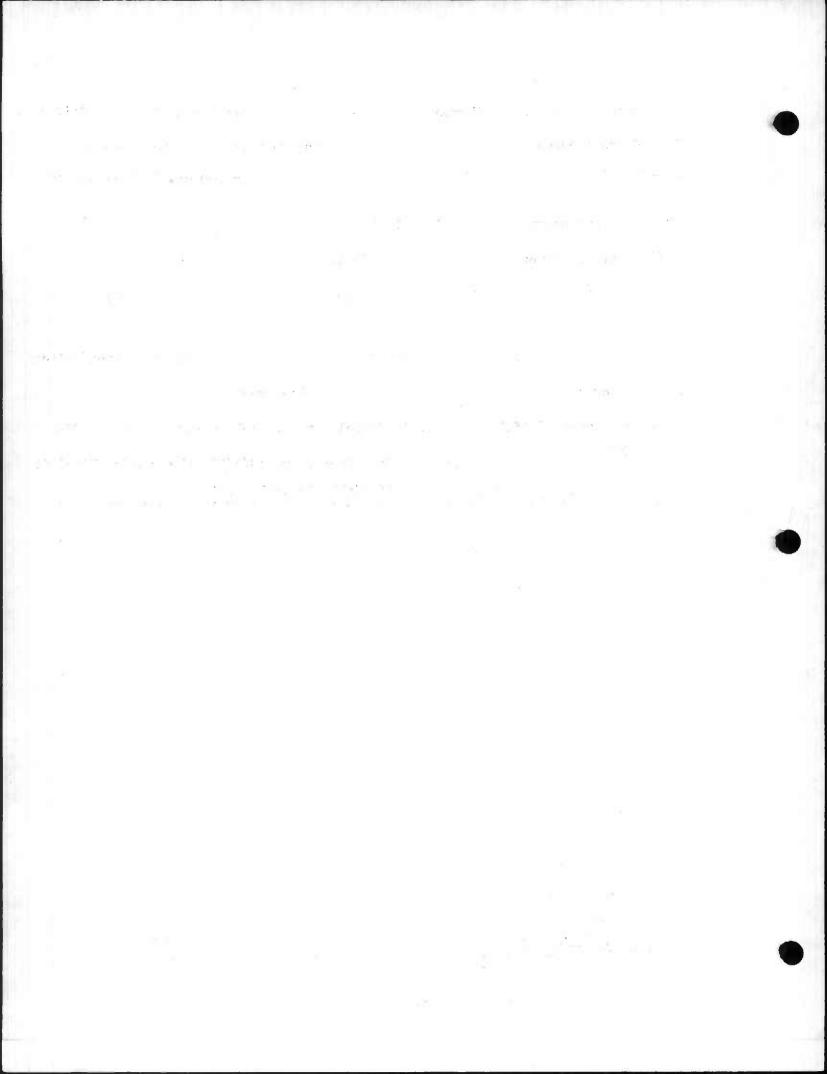
State of Maryland / Department of Health and Mental Hygiene 96 3 | 853

						Certific	ate of	Death			Reg. No.	~		
	Di-		1. Decedent's Neme (First, Middle, La.	4 44						2. Date of De	ath	Vest	3. Time of Death	
	Physic /Medi		Albert I. V	alliant						Month	Dey /o	1996	1345	
	Exami		4a. Facility Name (If not institution, give			c 1				ation of Deeth	4c. County	of Death		
			University of	Maryland 1	Medical	System	1	Balt	more		1391	hino	·C	
	Funeral		5. Social Sacurity Number 6. S		(In yrs. last birt	Mor	nder 1 Yaar ths Days		24 Hrs. Min.	8. Data of Birt (Month, De	h y, Year)	9. Birtho	olece (State or Foreign	
	Director		210-24-2509	MM 2□F 68	,	rrs.			ر ا		7,1928	MA:	RYLAND	
	and		Usuel Rasidence of Decedent 10a. Stete 10b. County		10c. City, Town	or Location						1	0d. Inside City Limits	
	Maryl f sho	5	MD TALBO			ASTON	1						17€ Yes 2 No	
	the the	Director	10e, Street end Number				. Zip Coda				10g. Citizen of	What Cour		
	With With	ā	7696 TRED AVON	CTRCLE		1	216	0.1				· · · · · · · · · · · · · · · · · · ·	nuy!	
	Jeath 2	Funeral	11. Marital Stetus	12. Wes Decedant Ev	ar in U.S.	13. Wes D			igin? (Spac	ifv Yes or No	USA 14. Rec	e - Americ	can Indian.	
0	r Hor	F	1 ☐ Never Merried 2 Merried	Armed Forcas? 1 ☐ Yes ※XXNo						ify Yes or No ican, atc.)	Bia	ck, Whita,	atc.	
070	hours after death with the Maryland hurst, or items 23s or 28s-1 show at Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes:		1 Y	s 2 No	Specify:			Specify	v: WI	HITE	
21215-0020	E E 13	Completed	15. Decedent's Ed (Specify only highest gra		16a.	Decedent's	Usuei Occu	pation	t of working		16b. Kind of B	usinass/In	dustry	
7	within ene.	npie	Elementery/Secondery (0-12)	College (1-4or 5+)		life. DO NO	T use retire	during mos	t OF WORKIN					
	77 70 2	S	11			EXECU	TIVE	,			AUTO		RANTY	
ung	D 2 0 0	B B	17. Father's Nama (First, Middle, Last)								Maiden Surnan	ne)		
Zla	should by nd Menta marked umatic ev	ို	ALLEN H. VALLI		1					MORRI				
Maryland	C/ 4 10 10		19a. Informent's Neme/Reletionship (CHARLOTTE C. V.								er, City or Town,			
	CHNF		20e. Method of Disposition	WINTERNIA I / M	20b. Pieca of			AVON	CIRC	Dete Dete	20c. Location			
100	S of A		1 X Buriei 2 ☐ Cremetion 3 ☐	Ramoval from Stete	cemetar	y, cramatory	or othar pia	,	1 0					
altimore,	it. P.		4 ☐ Donetion 5 ☐ Other (Specify 21. Signature of Funarei Service Lican		SPRING	_		METER ass of Facilit)-14	EASTON	I, MI	21601	
Ba	permit. Pag Department important: I any injury c		21. Signature of Fornard Service Escar	1 M	155P					IN &	NEWNAM	FUI	NERAL HOM	
			M.K. MUST	GNI -	14-01-	200	S. H	ARRIS	ON S	Т	ASTON.	MD	Approximate	
П			shock, or heart failure. List only one cause on each line.											
	Physician /Medical	н	Immediate Cause (Finel	10	16								Onset and Death	
п	Examiner		disaase or condition resulting in deeth)	e. Asy								i	5 MINURS	
		Je.		В. Муоса	ue to (or as a o	consequence	():	. () =				1	7 days	
	cuted	Examiner	Sequentially list conditions.		ue to (or as e c	onsequence	of):						Cuys	
o	a axe		Sequentielly list conditions, if eny, leading to immediate causa. Entar Underlying			•								
68760,	that the death certificate be executed of by the attending physician and deteched for use as the butal-transit	edical	Cause (Disease or Injury that initiated events rasulting in death) Lest	C. Du	ua to (or es e c	onsequance	of):					1		
9 x	a as	Mec										į		
80	ath ca ttend or us	lan		0.										
P.O. Bo	law requires that tha death as been signed by the atter 2 should be detached for t	Physician/	Pert II. Other significant conditions of	ontributing to death but	not resulting in	the underly	ng cause gi	iven in Pert I		23b. Dld 1	lobacco use co	ntribute to	the cause of death?	
σ.	hat the od by detac	F	Hypertension,	Dichotes						10	Y88 2□ No	3 Pro	bably 4 Unknown	
ds,	signed of	d by		.0/4 00						04- 111-	re Vigestii	24h 184	are subaneu findinae	
Ö	been si should	ete								parfo	an eutopsy rmed?	00	are eutopsy tindings allable prior to mpletion of cause	
Re	has ge 2	Completed									24 1.7 <u>0.7 0.7 1</u>		death?	
Division of Vital Records,	ician: The lav cartificata has rector, page 2		OF Was seen referred to marking!								res 2 No	1[Yas 201 No	
5	carti	o Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☑ No	Hospital:	•		Ot Ot	hor		(Check only o		- 10		
o	Phy rrthis eral d	n: To	27. Menner of Death	26a. Dete of Injury (Month, Day)		ime of	28c. inju	4 LI NU			dence 8 Oth		y)	
0	offing : Afte	ation	1 Naturel 5 ☐ Pending 2 ☐ Accident investigation		(ear) In	ijury M		ork?]Yes 2□	No					
N	Atter or dea by th	Hice	3 Suicide 6 Could not be determined	286. Place of injury	- At homa, far	m, street, ta	ctory, offica		28			er or Ruri	Il Route Number,	
ā	s after	Certification:	4 🗆 Homicide	building, efc.	(Specify)					City or Tov	vn, State)			
	To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this cardificata has completaly filled in by the funeral director, page 2	- 1	29a, Certifier 1 Certifying Phy (Check only 2 Medical Exam	sician: To the best of	my knowledge,	death occu	red at the ti	ime, dete en	d pleca, er	nd due to the	ceuse(s) and ma	anner as s	teted.	
	he He Fe Fe Fe Fe Fe Fe	edical	one) 2 Medical Exam	iner: On the basis of ex end mennar state	d.	vor invastige	ition, in my	opinion, dee	th occurrac	d at the time,	deta and place,	and due to	the ceuse(s)	
	To the second	Σ	29b. Signeture and the of certifier				29c. Licens	se number		1	29d. Data signe	d (Month,	Day, Year)	
			MINC	MO			858	39			1	0/10/	96	
			30. Name and address of person who d	completed cause of dee			/		0	1.1				
				rolly, MD	29	5. (sreene	St.	134	Itimo.	ic M.	0 0	21201	
	Sta		31. Dete filed (Mbnth, Day, Year)	32. Registrar's	s Signeture Lavidsor	5								
	Registr	ar	OCT 1 11	996 Palia	Laurdson	-ganda	82							



State of Maryland / Department of Health and Mental Hygiene

			Decedent's Name (First, Middle,	Last)		Cei	rtificate	of D	eath	2. Date of D	Reg. No.	0	3. Time of Death
	ysici		n Borge Kvamme Varmer							Month	Day	Yaar	3. Time of Death
	Medic camin	_	Borge K 4a. Facility Name (If not institution,			e r		4b.	City, Town, or	Octobe Location of Dea	2, 19 th 4c. County	96 y of Death	10:10 A.M
Dire	neral ector		7714 Carroll Av 5. Social Security Number 577–48–5114 Usual Residence of Dacadent		Age (In yrs	(last birthday) Yrs.	If Under 1 Y		akoma If Under 24 Hrs Hours Min	. (Month, D	nn ay, Year)		ery place (State or Foreign ntry) Denmark
ylend	Ħ		10a. State 10b. County		10c. C	lty, Town or Lo	cation					1	0d. Inside City Limits
ith the Maryler or 28a-f show	ztriec	Director	MD Montgo	mery	Tá	akoma P	ark						17 Yes 2□ No
with th	Den		10e. Street and Number				10f. Zip Co	de			10g. Citizen of	What Cour	ntry?
leath w	must	Funeral	7714 Carroll A	venue 12. Was Deceder	nt Ever in I	IS 13 1	209		ania Origin? (6	Consider Van on Al	USA	ca - Americ	non Indian
urs effer dea	E	þ	1 Never Married Marria 3 Widowed 4 Divorced	Armed Forcas	s? ∏XVo		f Yes, specify		Maxican, Puer Specify:	Specify Yes or Note Rican, etc.)		ck, White,	atc.
	Polical	Completed	15. Decedent's (Specify only highast Elementary/Secondary (0-12)	Education grade completed) College (1-4o	r 5+)	(Giva	lent's Usuai O kind of work d OO NOT use re	ona dur	on ing most of wo	rking	16b. Kind of B	usiness/Ind	dustry
filed with Hygiene.	1, 10		47 February Name (Cont. 1474)	5+		Law	yer						ed/Writer
ould be fi Mental F arked otl	9000	Be	17. Father's Name (First, Middle, La	ist)				18	3. Mother's Na	me (First, Middle	, Maiden Suman	ne)	
d 2 should be filed the end Mental Hygi	umetic	10	Axel R. Varmer 19a. Informant's Name/Relationship	(Type, Print)		19b. Mailin	g Address (St		Olga K	Vamme ural Route Numb	er. City or Town.	State. Zio	Code)
00-	Spr.		Else Tove Varme 20a. Method of Disposition 1 Burial 2 Cremation 3	□ Bernovai from Stat	20b.		Carrol	1 A					nd_20912 wn, Stata
Deallimore, permit. Pages 1 a Department of Hea Important: If Itam	y injury	-	4 □ Donation 5 □ Other (Spe 21. Signature of Funaral Service Lice	city)		int Com	fort Cr . Name and A	ema	tory of Facility	10/7/96	Alexan	dria,	Virginia
288	2 2		I	h	2:010					l Servic			
Physic /Med	_		23a. Part1. Enter the disease, or conshock, or heart failure. List or	ny one ease on each	mio.						S Ghurci	h,—VA	Approximate Interval Between Onsat and Death
Exami	iner	- E	disaasa or condition rasulting in death)	a		DIAC or as a conseq		Q 4	ASR	(M))		100
secuted	-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying											
rificete be executed ng physician and	the bur	Cause. Enter Underlying Cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last C. STROKE (MUITIPLE) Due to (or as a consequence of):											
certif		Physician/Me		d								i	
. 0 0	t ped t	ysic	Part II. Other algnificant conditions	contributing to death	but not res	sulting in the un	derlying cause	given i	in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
requires that the	8 0	by Ph								100	Yas 2□ No	3 Prob	eably 4 Unknown
* 5	e 2 should	Completed				<u> </u>					an autopsy ormed?	cor	ere autopsy findings allable prior to appletion of cause death?
: The	- page			-						10	Yas 200 No	1□	Yes 20Ho
Physician: The		20	25. Was case referred to medical examiner?	Hospital:				Other		ath (Check only			
Phys or this		0	1 ☐ Yes 2 ☐ No 27. Manner of Death	28a. Date of Inj	ury	ER/Outpatient 28b. Time of	3L DOA	njury at Work?	4 ☐ Nursing H	oma 5 PResi	dence 6 Oth)
To the Hospital or Attending Physician: T within 24 hours after death. To the Funeral Director: After this certificat	y the tun	Certification:	1 Total State of Injury 1 Total State of Injury 2 Accident State of Injury 2 Accident State of Injury 3 Sulcide State of Injury 4 Accident State of Injury 4 State of Injury 5 Pending Investigation 6 Could not be determined determined state of Injury 288. Place of Injury 288. Place of Injury 4 Accident State of Injury 4 State of Injury 5 State of Injury 6 State of Injury 7 State of Injury 8 State of Injury 9 State of Injury 1 State of Injury						2 🗆 No		Street and Numb		I Poute Number
To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A	filled in C		4 🗆 Homiciae	building, e	tc. (Specil	(y)				City or To	vn, State)		
Hos 24 ho	letely	edicar	(Check only one)	Physician: To the best aminar: On the basis of and manner s	oi examina	wiedge, death tion and/or inve	occurred at the estigation, in m	e time, o ny opinio	date and place on, death occu	, and due to the rred at the time,	cause(s) and ma date and placa,	nner as sta and dua to	ated. the cause(s)
To the	comp		29b. Signature and title of contiller				29c. Lic	ense nu	ımber		29d. Date signer	d (Month, L	Day, Year)
			30 Name and address	V	_	- 00-1 (7		28	43		10/3	196	
10			30. Name and address of person wh Christopher Att	inger, 380	00 Re	servoir	Road,	Was	shingto	n, D.C.	20007		
Red	State distra		31. Date filed (Month, Day, Year) OCT 0 7 199	32 Regist	Davidso	n-Pandel	2.						



BALTIMORE, MARYLAND 21215-0020

0
2
7
00
89
a
×
0
0
$\mathbf{\omega}$
0
ο.
_
S
0
000
\overline{C}
~
0
ш
R
-
_
4
-
_
>
0.4
-
O
-
4
0
-
S
>
=

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

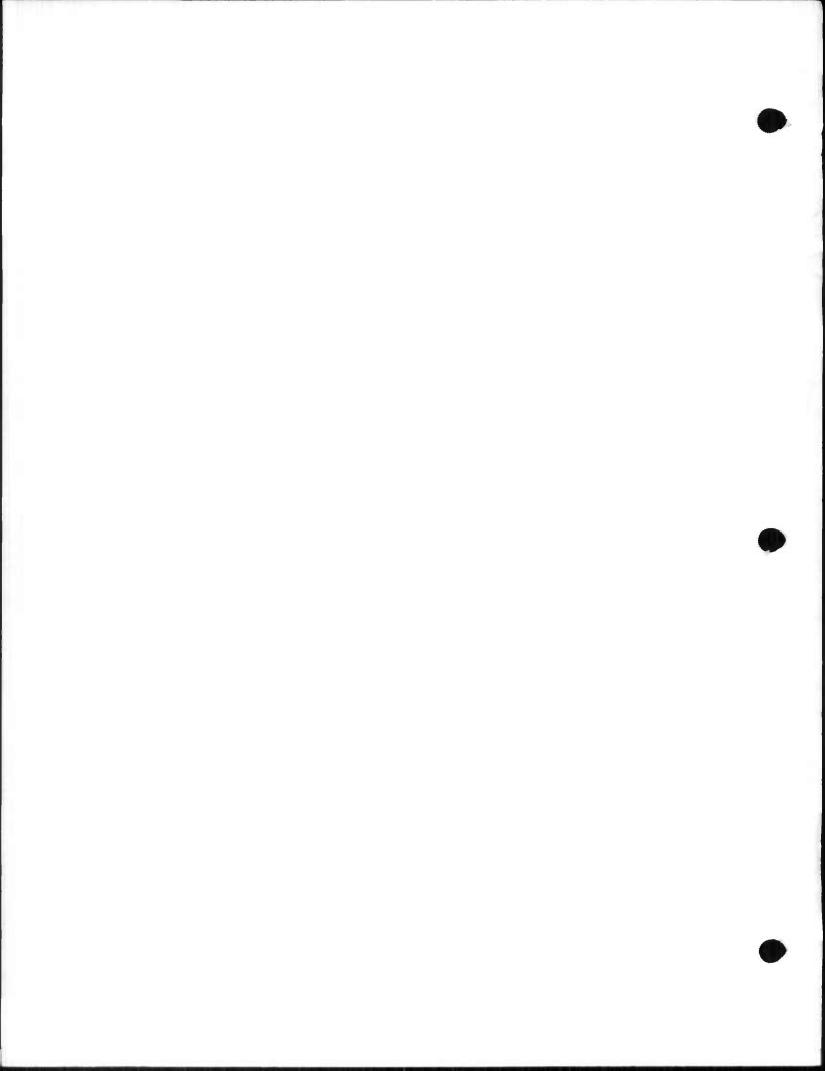
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

		FOR
1		STATE
	_	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					IOAIL	-	WE/			REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR											VEAR	3. TIME OF DEATH	
- 1	ANGELINA			VIGNOLA					October 4, 1996				6:55 Pm M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1			24 HRS.	7. DATE OF BIRTH		8. BIRTHP		PLACE (State or Foreign	
	085-07-3958	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) April 17,1911			New York			
	9e. FACILITY NAME (If not institution, give a	street end number)			9b. CITY,	TOWN C	R LOCATI	ON OF D		1/ 117		INTY OF D		
5	CARRIAGE HILL-	BETHESDA	A		В	ETH	IESD	A					OMERY	
5	RESIDENCE OF DECEDENT										1.1	ONTO	OMERT	
8	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY LIMITS?	
ā	Maryland Mo	ntgomery					Beth	nesd	а				1 YES 2 NO	
A	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?	
E	4429 Rosedal	Le Avenue						20	814		Ur	nited	States	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN			13. W	AS DEC	ENOENT C	OF HISPA	NIC ORIGIN? (S	Specify Yes		14. RACE	- American Indian,	
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 X	NO			ecify Cube 2 W NO		nn, Puerto Rica ly:	in, etc.)		Specific	White, etc.	
							X.						White	
世	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	((ECEDENT'S	work done di			na	16b. KI	ND OF BUS	INESS/IN	DUSTRY		
Щ	Elementary/Secondary (0-12)	College (1-4 or 5 e	- 66	e. Do NOT us	e retired.)				- 1					
₹		4		Home			memaker				Own Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Midd	lle, Maiden :	Sumame)			
BE	Pac	lo Mendo	gni						Teo	linda	Cor	nti		
2	19e. INFORMANT'S NAME (Type/Print)		11	Db. MAILING	ADORESS	(Street a	nd Number	or Rural	Route Number,	City or Town	, Stafe, Zij	p Code)		
F	Mary David/ Daugh	iter	5	472 H	off F	Road	Spr	ing	Grove	. Per	nsv]	lvani	a 17362	
	20e. METHOD OF DISPOSITION	contidence Conti	20b. PLACE	AND DATE	OF DISPOSE	ION (Na	me of	0 1	DATE			City or To		
	4 Donation 5 Other (Specify)	OVAI FROM STATE	- Gate	ometory or of	ther place) (eaver	i Ce	ber mete	erv	1996	Silv	er S	Sprip	o. Maryland	
	Tours of medical demeters 131106 301100 Mary 13071													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501													
	about the inserted to the control that caused the death. Do not after the mode of dying, such as cardiec or respiratory arrest, Approximate													
	iMMEDIATE CAUSE (Final	List only one ceu	se on each iin	е.									Interval Between Onset and Death	
	disease or condition	Stroi	ko											
	resulting in death) a. Stroke OUE TO (OR AS A CONSEQUENCE OF):											1 Day		
-	Cerebral Arteriosclerosis													
CERTIFICATION	Sequentielly list conditions, DIE TO (OR AS A CONSCIUENCE OF).												10 Years	
X	if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):													
Ē														
눈	resulting in death) LAST													
8		u												
MEDICAL	PART II. Other significent condition		deeth but not	resulting i	in the und	lerlying	cause (given in	Part i. 24	e. WAS AN		24b.	WERE AUTOPSY FINDINGS	
음Ⅱ	Alzheimers Di	sease							1	1 YES 2 NO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
W													1 YES 2 NO	
	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEA	ATH YE	S 🗆 N	0 [UNC	ERTAI	N 🖾					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF OEAT										
Sic	1 ☐ YES 2 🔯 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient :	3 🗆 DOA	OTHER:		n 5 □ Ra	eldence	6 Other (S	nac/fv)				
È I	27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TIM	E OF	26c. INJI	URY AT		28d. DESCRI		JURY OC	CURED		
	1 Netural 5 Pending	(Month, Di	ny, Year)	INJ	URY M	1 N	RK?	NO						
ВУ	2 Cutolde	26e. PLACE O	F INJURY — At h	ome, lerm, s	street, factor				28f. LOCATIO	ON /Street a	nd Numbe	r or Burni B	nute Number	
쁘	4 Homicide B Could not be	building,	etc. (Specify)						City or R	own, Stete)		or normal ra	out Hamber,	
9	29e. CERTIFIER										-			
₽ I	(Check only													
COMPLETED	The state of the s	one) 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.												
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	X					20c. LICE	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
	+ trul) // V	15-71	19	NU		D	D 07471			▶ ∩	ctobe	r 5. 1006	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALLE OF DEATH (ITEM 27) (Typo, Print)											2, 1770		
	Paul T. Noone, M.I	0. 50 Wes	t Monto	omers	AVA.	nue	#20	7 Ro	ckwi11	o M	2221	and a	00052	
	31. DATE FILED (MORRIT, Day, 1987)	32. HEGISTHA	H'S SIGNATURE				11 60		CKVIII	e IV	TAT	auu /	U0.72	
	OCT 0 7 1996	Tillia	Davidson-	Handel	2								j	



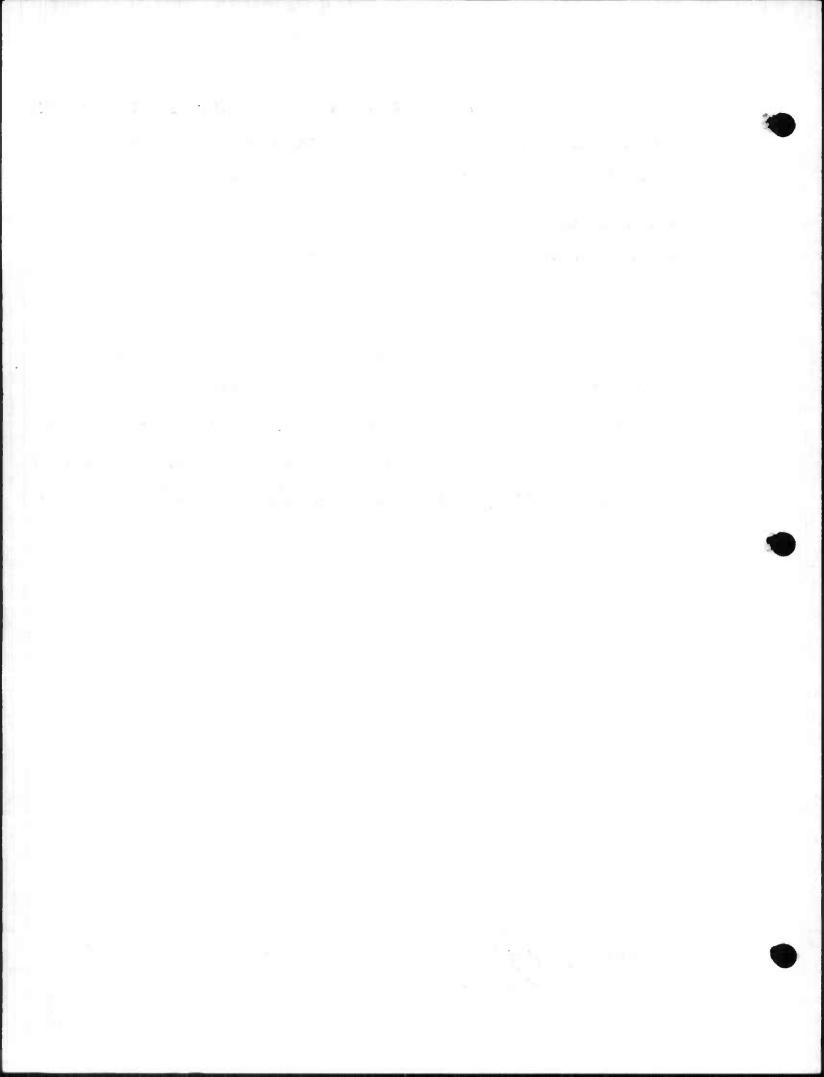
				State of Ma	aryland	•	artment o		ealth and Men Death	, ,	iene	96	31856	
			1. Decedent'a Neme (First, Middle, La	st)						Dete of Deet			3. Time of Deeth	
45	Physic /Medi	cal	Fran		•	Venuto, Sr.					2 2	1996	4:00 AM	
	Exami	ner	4e. Fecility Nema (If not institution, giv		1				City, Town, or Locatio	n of Death		y of Death		
Н	Funeral		Frederick Memoria 5. Social Security Number 6. S		.1 e (In yrs. las	t birthday) If Undar 1 Y		Frederick If Undar 24 Hrs. 8 D	ate of Birth		deric		
L	Funeral Director			FT	4	Yrs.	Months D	ays	Hours Min. Ju	Pate of Birth Month, Day, 11y 21	,1922	Coun	lece (Steta or Foreign try) aly	
	anylan show		10e. State 10b. County		10c. City,	Town or L	ocation					1	0d. Inaide City Limits	
	e Ma Varia	cto	Maryland Frederi	ck]	Frede	erick						1 ☑ Yes 2 ☐ No	
	\$ 4 th	Director	10e. Street end Number			10f. Zip Co			10	10g. Citizen of What Country?				
	ath w		2402 Dominon Drive					170			USA			
020	a within 72 hours after death with the Manyland jiens. Then "neturel", or items 23s or 28s-f show then Modical Examiner must be notified at	by Funeral	11. Marital Status 1 Navar Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedant I Armed Forcas? 1 ☐ Yes 2 ☑ N If Yas, Giva Yeer or Detes:		If Yas, specify Cubi			penic Origin? (Specify , Mexican, Puerto Rican Specify:	Yas or No- n, atc.)				
0-0	2 hor	bed	15. Decedent's Ed	lucetion		16a. Dec	edent'a Usuel O	ccupe	tion		16b. Kind of E	Business/Inc	lustry	
21215-0020	77 Co. by	Completed	(Specify only highest gra Elementery/Secondery (0-12) 12	College (1-4or 5	i+)	16a. Decedent'a Usuel Occu (Give kind of work done life. DO NOT use retire Shoemaker			uring most of working		Sel	loyed		
	be filed ttal Hygid d other svent, tt	Be C	17. Fether's Neme (First, Middla, Last)						18. Mother'a Neme (Fire	st, Middle, N				
Vala	should b nd Mente marked umaric s	To	Nicola Venuto					(Catherine Russo					
Maryland			19e. Informent's Neme/Reletionship (Type, Print)		19b. Mei	ing Address (St	reet a	nd Number or Rural Ro	ute Number,	City or Town	, Stete, Zip	Code)	
	s 1 and if Haalth itsm 27 other tr		Josephine Venuto		:	2402	Dominio	on l	Drive, Unit					
altimore,	S - = 0		20a. Method of Disposition 20b. Plece of Disposition (Neme of cematary, cremetory or other place) 20c. Location - Cit											
	tment tant:		4□Donetton 5□Other (Specify) Gate of Heaven Cemetery 10/05/96 Silver Spring, Mary											
Bal	permit. Page Department of Important: If any injury or once.		21. Signature of Funarel Sarvice Licer	Camo	hul	j	2. Nama and A Francis 500 Univ	ddress J.	of Facility Collins Fu sity Blvd.	neral W. Si	Home, lver S	Inc.	. MD 20901	
	Physician	7	23e. Part1. Enter the diseasa, of com shock, or heert feilure. List only	plicetions that caused one ceuse on each lin	the deeth.								Approximete Interval Between Onset end Death	
	/Medical Examiner		Immediate Cause (Finel disaesa or condition resulting in deeth)	· Hy	peno Due to (or e	2000	rola)	coma				24 hours 24 hours 20 years	
4	p æ	Der			roke		.400.00						24 /2115	
	be axecuted sician and burial-transit	Examiner	Sequentielly list conditions,		Due to (or e								- 1 110213	
,092	cian a	calE											Dyears	
687	2 2 2		thet initieted eventa resulting in deeth) Lest		Due to (or a	a e conse						i	/	
× 6	ding ding sa as	Me	, L	d										
Box	eath certificat attending phy i for use as the	clan												
P.O.	that the death certifica ed by the attending ph detached for use as th	Physician/Med	Pert il. Other eignificant conditions o					_	1				the cause of death?	
	that bed b	by Pt	Multinfar	et dem	entie	7	peri	ph	hera/	1 🗆 Ye	s 2 No	3 □ Prot	bebly 4 Unknown	
Vital Records,	requires that been signed be thould be date		Multi infar	/						24a. Was ar	autopay	24b. We	ere eutopsy findings	
00	- D 0	Completed	Vascular a	15045C						perform	ned?	cor	nilable prior to repletion of cause deeth?	
R	The law ata has page 2	E O								1 ☐ Ye	s 2 100		Yes 2 No	
Ital		Bec	25. Wea case referred to medical						26. Place of Deeth (Ch				7100 20110	
	Physician: this cartific ral director,	ToE	axaminer?	Hospitel: 1 Umpatie	nt 2 EF	VOutpetie	nt 3 DOA	Other				her (Specifi	()	
n of	Aftar this funeral d		27. Menner of Deeth 1 ⊟Netural 5 □ Pending	28a. Dete of Injur (Month, Des	y Year) 28	Bb. Time o	of 28c.	Injury Work			w injury occu			
sio		atic	2 Accident investigation			,			es 2 No					
Division	al or Attan s aftar deal al Director: ed in by the	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injubulding, etc	ury - At home :. (Specify)	e, ferm, s	reet, fectory, of	fice	28f. L	ocation (St. Dity or Town	reet and Num , State)	ber or Rura	l Route Number,	
	To the Mospital or Att within 24 hours aftar of To the Funeral Direct complataly filled in by	edical	29e. Certifier (Check only one)	ysician: To the best o iner: On the basis of and mannar sta	exeminetion	dge, dee	th occurred et th	ne time my opi	o, dete end piece, and d nion, deeth occurred et	ue to the ca the time, de	use(s) and m	annar es st , end due to	ated. tha cause(s)	
	within 2 To the comple	×	29b. Signature and #15e of certifier	1 /1		3	29c. Lic	cense	number	29	d. Date sign	ed (Month, i	Day, Year)	
			1/1//: ()	/len	Att	Tu	D	> :	35/83		10	12	191	
	11)		30. Name and address of person who	completed cause of de	eeth (Item 2:	3a) (Type	, Print)		w9th 3		, ,	/ /	, , ,	
-	10		A1: 5.	A-From	ktel	1 MIL	300)	wath	st 1	Frade	rick	MD	
	Sta	to	31. Dete filed (Month, Day, Year)	32. Registra	ar's Signatur	9	1000							

DHMH 16 Rev 6/95

State

Registrar

OCT 0 7 1996



0	
N	
0	
0	
7	
5	-
-	
N	
-	
N	
-	
7	
7	1
4	4
-	
>	
Œ	•
MARYLAND 21215-0020	
2	,
2	
ш	
00	1
-	
O	4
5	1
=	
	١
ALTIMORE ,	
-	1
•	1

1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

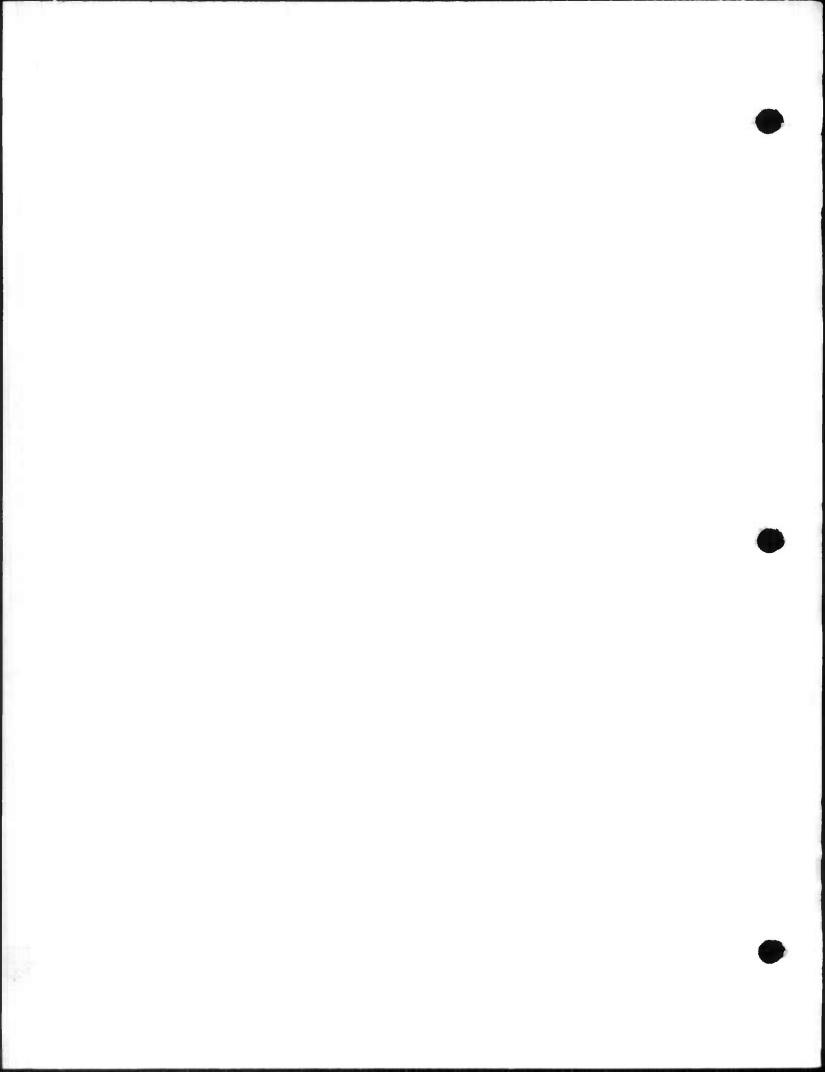
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

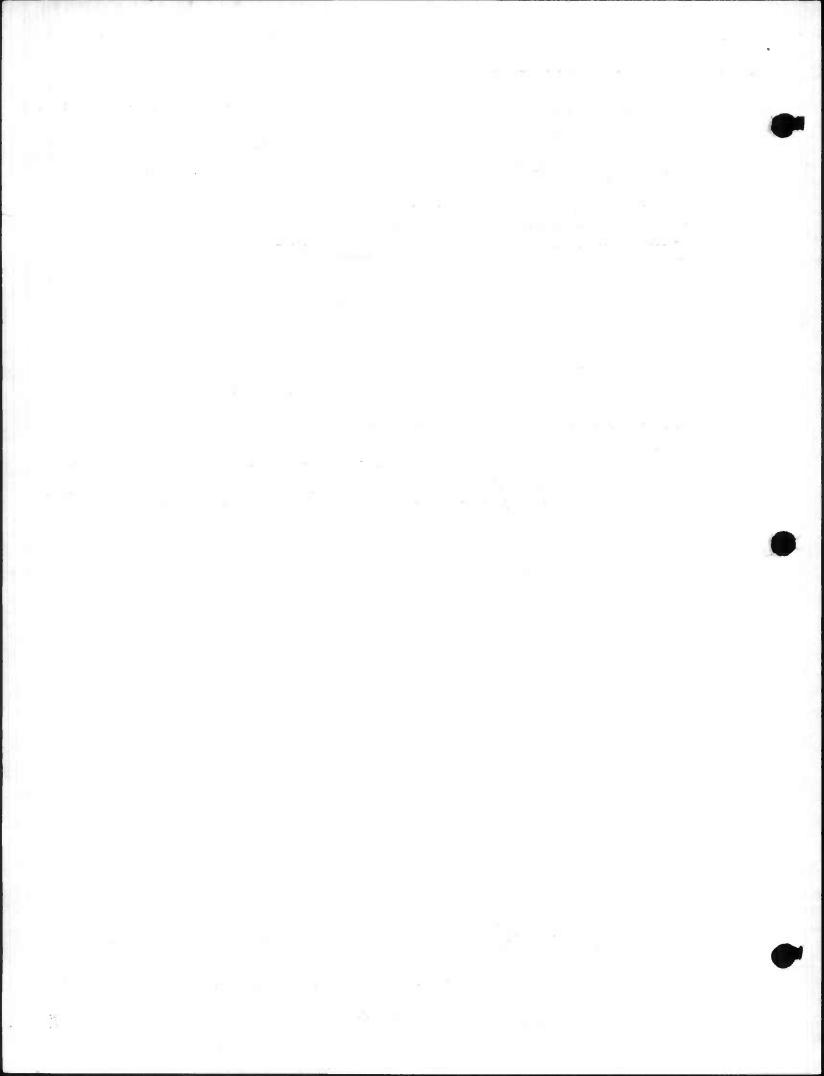
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH, DAY YEAR 3. TIME OF DEATH															
	Stanley Vetula											October 06 1996 00:0				
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. les	it birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH 8. 8				PLACE (State or Foreign		
	293-05-2435		1 🔯 M 2 🗌 F	YRS.	YRS. MONTHS DAYS			HOURS MIN. May 8			.6	Country	Ohio			
	9e. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	, TOWN	R LOCATI	ON OF D				NTY OF D	EATH		
DIRECTOR	SHADY G		ADVENTI	ST HOS	PITA	L	Rock	vill	.e			Mon	tgom	ery		
2	RESIDENCE OF DEC	10b. COUNTY			Inc CIT	Y, TOWN O	OR LOCAT	TON						10d. INSIDE CITY		
E	Maryland		gomery			ckvi		ION						LIMITS?		
	10e. STREET AND NUMBER	Hone	50mcz y		NO	CKVI		ZIP COD	e .			100 017	17EN 05 W	1 X YES 2 NO		
FUNERAL	7 Nelson St	reet						0850						States		
N N	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.				NIC ORIGIN	7 (Specify Yes			- American Indian,		
	1 Never Married 2 🔀			YES 2 1	40		If yes, sp	ecify Cubs	n, Mexica	an, Puerto I	Rican, etc.)		Black Specifi	, White, etc.		
ВУ	3 Widowed 4 Divo	rced		0-1943				- 25	Ороси	·,·			арван	White		
COMPLETED	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	(G	CEDENT'S	work done -	CCUPATIO	ON at of workli	ng	16b	KIND OF BUS	SINESS/IN	DUSTRY			
Ä	Elementary/Secondary (0	l-12)	College (1-4 or 5	*)	. Do NOT u											
MP	1.2. 17. FATHER'S NAME (First, M			En	gine	er					deral		rnmei	nt		
	Jesse	Vetula									Aiddle, Maiden	Sumame)				
BE	19e. INFORMANT'S NAME (7		1	1.0				Ro		Pi						
2	Esther L. Vet										oer, City or Town		,	2070		
	20a, METHOD OF DISPOSIT											ryland 20850 OCATION — City or Town, State				
	1 Suriel 2 Cremation 4 Donation 5 Other	n 3 🗆 Remo	wal from State	cemetery, cre ParkI	matory or o	ther place)	rial	Dar	-09- 1,	-90 0AII			e, Maryland			
	21. SIGNATURE OF FUNERA		EHSEE A	- I al Ki	awii	22.	NAME A	I ADDRE	SS OF FA	ACILITY R	obert	A P	e, Ma	ryland		
	Dett.	/)->	1		_	Ho	me/R	ocky	ille	In.	30	0 We	st Mo	rey Funeral ontgomery 50-2805		
\dashv	22 PAUT Ford the di	/ / / ~	May 1	M0068	_	A	venu	e, K	ockv	7111e	, Mary	Land	2085			
	23. PART I fine the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, heart failure. List only one cause on each line. Approximate interval Between															
	IMMEDIATE CAUSE (Final disease or condition													Onset and Death		
	resulting in death) a. TOUR MYDOMALA INTRYCTION 2. DUE TO LOR AS A CONSEQUENCE OF:												2 hours			
_	Arterios devotic Cardio Vascular disease year													110000		
ō	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													94413		
SAT	cause. Enter UNDERLYING															
H	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):															
CERTIFICATION	resulting in death) LAST															
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS															
MEDICAL										PERFORMED?				MAILABLE PRIOR TO COMPLETION OF CAUSE		
											1 YES 2 @/NO			OF DEATH?		
	DID TOBACCO U	SE CONTR	IBLITE TO CA	LISE OF DEA	TH Y	ES 🗆 I	VO F	LINC	FDTAI	N M				1 TYES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)															
Sic	EXAMINER?		HOSPITAL: 1	ER/Outpatient 3	□ DOA	OTHER		• 5 □ Re	sidence	6 Othe	(Specify)					
호	27. MANNER OF DEATH	28b. TIM		28c. INJ	URY AT		_	28d. DESCRIBE HOW INJURY OCCURED								
BY F	1 Natural 5 2 Accident		M		RK? 'ES 2	NO										
ED 8	3 Suicide 8	Could not be	28e. PLACE C	F INJURY — At ho	me, farm,	street, fact	ory, office	,		281. LOC	ATION (Street e	ind Numbe	r or Rural A	oute Number,		
E	4 Homicide	determined								City	ar rown, stelle)					
PLE	29e. CERTIFIER (Check only (Ch															
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated.															
	29c. LICENSE NUMBER , 29d. DATE SIGNEO (Month, Day, Year)													(Month, Day, Year)		
) BE	Junes	June & Whinh M.D. D23392 Maryland Doctober 6, 19											- 6 1991			
2	30 NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAU	SE OF OEATH (ITE	М 27) (Туре	, Print).	1	y	170	- 17(June		01000	V, ((1))		
	11125 Kock	ville 1	ike. K	ockville	Ma	arylan	d	2085	2							
	31. DATE FILED (Month, Day,			R'S SIGNATURE		J										
	OCT 0 9	1996	Julia Di	widson Ba	de 92											
			17													



end: #10a	, b,	c,e,f Per Informat F	ilm G761 7			tificate o	Health ar f Death			eg. No.	0 0	1000	
Physicia /Medica		PIETRO VILLAR							Month	Dey 199	Yaer	3. Tima of Death 11:45 A.M	
Examine		4a. Facility Name (If not institution,		m <i>ber)</i>			4b. City, Town			4c. County			
Funeral			. Sax t\XM 2□ F	7. Aga (In yrs.	Ven	If Under 1 Ya Months Dey		Hrs. 8. (Data of Birth Month, Day,	Year)	9. Birthplac Country	ca (State or Foreign	
Director		163-36-2587 Usuel Residence of Dacedent		86)			Jı	ine 29	, 1910	Italy		
r 28a-f show	ctor	10a. Steta Pennsylvania N/A Maryland Monta	omery	Phi	ty, Town or Lo lade lphia lver Sp	a					100	I. Inside City Limit	
a or 2 the no	Dire	10e. Street and Number 711 Kimball Stree		10f. Zip Code	19147			0g. Citizen of 1	What Country	n			
natural, or items 23s or 28s-f show- dical Examiner must be notified at	by Funeral Director	11. Marital Stetus 1 Never Merried 2 Merried 300Widowed 4 Divorced	Armed Fo	2 X M 00	1	20904 Ves Decedant of Yes, specify C	f Hispanic Origir uban, Maxican, I	? (Specify Puarto Rica	Yas or No-		e - Amarican ck, White, at	G.	
Health and Mental Hyglene. It is marked other than "natural", or other traumatic event, the Medical Evan	Completed b	15. Decedent's (Specify only highest Elementery/Secondery (0-12)			18e. Decedent's Usuel Occupation (Giva kind of work done during most of tille. DO NOT use retired)			f working	orking 16b		White Sb. Kind of Business/Industry		
al Hyglene. other than vent, the M	Com	9	0	1-40(34)	Manag	er		-		Butche			
Mental H arked oth atic ever	Be	17. Father's Neme (First, Middle, La Salvatore Villar					18. Mother's			Meiden Sumen	na)		
and Menta is marked aumetic ev	2	19a. Informent's Neme/Reletionship			19b. Mailin	g Address (Stre	pet end Number				Stete, Zip C	ode)	
Health a Hem 27 is other tra		Rosetta Parisi		1475	615	Hobbs D	rive, Si	lver_	Sprin	g, Mar	aryland 20904		
75 (40)		20e. Method of Disposition 1 X Burial 2 Cremetion 3 4 Donetion 5 Other (Spe	20b. Piece of Disposition (Neme of cematary, crematory or other piece)								c. Location - City or Town, State		
Department of important: If any injury or ance.		21. Signature of Funerei Service Licantee 22. Neme and Addrass of Facility Hines-Rinaldi Funeral Home, Inc.											
0510	_	23a Satt1. Enter the disease, or a shock, or heart feilure. List of	Luch	10		1800 Ne	w Hampsh	ire A	ve.	Silver	Sprin	20904 g, MD	
physicia s the bur	fedical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last		Due to (ALIZED Due to (or es a conseq	OSCLERO uence of):					5	YEARS	
attending for use as	lan/M		d										
d by the letached	Physician/M	Pert II. Other algorificant conditions	contributing to de	ntributing to death but not resulting in the underlying cause given in Pert I.								he cause of death bly 4 Unknow	
2 should be	Completed by									ta. Wes an autopsy performed? 24b. Were autopsy available prior completion of death?		able prior to pletion of cause	
page .									1□ Ye	s 201No	101	res 2□ No	
	o Be	25. Wes casa referred to medical examiner? 1 ☐ Yes 2 ☐ No	Hospitel:		I ED/O	• • • • • • • • • • • • • • • • • • •	Other:		eck only on		(0		
After thi	atlon: To	1 inpatient 2 EH/Outpatient 3 DOA 4 Nursing								ome 5X Residence 8 □Other (Specify) 28d. Describe how injury occurred			
within 24 hours after death. To the Funeral Director: After completely filled in by the fune	Certification:	3 Suicide 6 Could not determine	28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)										
within 24 hours of the Funeral scompletely filled	edical	29e. Certifier (Check only one) XX Certifying 2 Medical Ex	Physician: To the aminer: On the ba	bast of my kno asis of examine	owledge, deeth	occurred at the estigation, in m	time, dete end ; y opinion, death	occurred at	due to the ca the time, da	ause(s) end ma ate end place,	anner as state and due to th	ed. ne cause(s)	
To the comple	Me	20h Signature and this of care	euth	rual	hel-		nse number	7 I	. 1	9d. Data signe	/ /	y, Year)	
6		30. Name and address of person wh Taky Mourtzakis					Suite l	.09, I	 aurel	, Mary	Land 2	0724	
State	e	31. Date filed (Month, Dey, Year)		egistrar's Signo			_						



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** D. MICHAEL 4:45 AM 10 /Medicai 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Shady Grove Nursing Center Rockville Montgomery 5. Social Security Number If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Birthplaca (Stata or Foreign Country) **Funeral** Days XM 2 F 191-07-5965 78 Yrs Director May 10, 1918 Tyler, Usuai Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic awant, the Medical Examiner must be notified at Director 1 ☐ Yes 2X No Maryland Montgomery Germantown 10e, Street and Number 10f. Zin Code 10g. Citizen of What Country? 6 19515 Frederick Road Lot J 20876 238 United States of America Funeral 12. Was Decedent Ever in U,S. 1
Amed Forces?

XXYas 2□ No Oct. 1941
tyas, Give
Year or Datas: 0ct. 1945 Harne 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Raca - American Indian, Black, White, atc. 72 hours after 1 ☐ Nevar Married 2 Married Baltimore, Maryland 21215-0020 natural', or 1 Yas 2 No þ 3 ☐ Widowed 4 ☐ Divorced Oct. 1945 Specify. White Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withit Department of Health and Mental Hygiene. Important: If flem 27 is marked other than any injury or other traumetic. Elementary/Secondary (0-12) College (1-4or 5+) Building Engineer Perpetual Bank 17. Father's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Sumeme) Giacomo Volpe Estella Conti 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Addrass (Street end Number or Rurel Routa Number, City or Town, Stata, Zip Code) Ethel M. Volpe - Wife 19515 Frederick Road Lot J Germantown, Maryland 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) 10/13/96 Berkey Cemetery Windber, PA 21. Signatura of Funeral Service Licensee 22. Nama and Address of Facility Meek Funeral Home Party Eh or the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, specific or eart failura. List only one cause on each line. 1312 Graham Avenue Windber, Pennsylvania 15963 Approximate Intarval Between Onset and Death **Physician** /Medical Immediate Causa (Final disease or condition resulting in death) **Examiner** Physician/Medical Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediata ceuse. Entar Underlying Cause (Disease or injury that initiated events resulting in daath) Last Due to (or as a consequence of): Box 68760. Dua to (or as a consequence of): for use as P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detect 1 Yes 2 4 3 Probably 4 Unknown Records. þ ate has been sig page 2 should b 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate 1 Yes 1 Yes 2 No Division of Vital Be 25. Was cese referred to medical axaminer? 28. Place of Death-(Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 2 1 Tas Other: 4 Nersing Home 5 Residence 8 Other (Specify) 200 this 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred After or Attending 5 Pending Investigation 1 Natural death. 1 Yas 2 No 2 Accident after death 6 Could not be 3 Suicide P 28e. Piaca of injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Funeral C the Hospital Cartifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier Medical letely (Check only one) 29b. Signature and titla of certifian 29c. License number 29d. Data signed (Month, Dey, Year) 30. Name and addrass of person who completed ceusa of death (item 23a) (Type, Print) LENKIR MYRON 31. Data filed (Month, Day, Year) 32. Registrar's Signature State

Jahr Dawles Rand !!

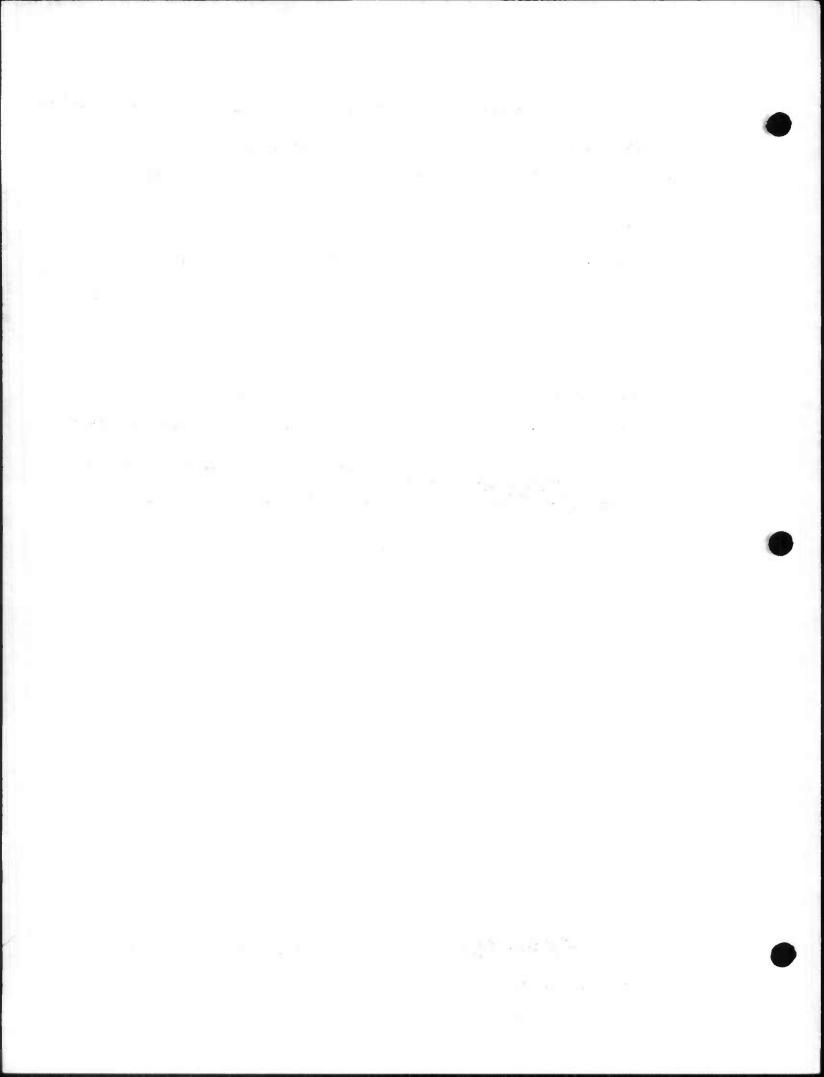
DHMH 16 Rev 6/95

Registrar

107 13 1325 July 200 (1 TO)

					aryland / L		ficate of			Reg. No) 000		
В	Dhambal		1. Decedent's Name (First, Middle, L.	est)					2. Dete of Month	Death	Vana	3. Time of Deeth		
	Physici /Medio		Terry	Keith		Wa	rrick		Octob	er 5,	1996	920 AM		
	Examir		4a. Fecility Neme (If not institution, gi	ve street end number)				4b. City, Tow	n, or Location of De		. County of Dea	ath		
			25798 Dawson St	reet				Royal	0ak		Talbot			
	Funeral			Sex 7. Ag	e (In yrs. lest bir		If Under 1 Year	If Under 2	4 Hrs. 8. Dete of			irthplece (State or Foreign Country)		
	Director		219-60-0116 Usuel Residence of Decedent	1XM 2□ F	40	Yrs.	Months Deys	Hours	Min. (Month, Oct.	4, 19	56 Ma	aryland		
d 21215-0020 filed within 72 hours effer death with the Marylend	anylenc ehow		10a. State 10b. County		10c. City, Town	n or Local	tion			7411		10d. Inside City Limits		
	Man Fied	tor	Maryland Talbot		Royal	0ak						1 ☐ Yes 2 No		
	r 284	ě	Maryland Talbot Royal Oak 10e. Street end Number 10f. Zip Code 10g. Citizen of What									Country?		
	3a o		25798 Dawson Str	eet			21662			USA				
	death	Funeral	11. Maritei Stetus	12. Wes Decedent	Ever In U,S.	13. Wa		Hispenic Origi	n? (Specify Yes or Puerto Rican, etc.)		14. Rece - Am	arican Indien,		
Maryland 21215-0020	n 72 hours effer death with the Maryle "netural", or Herns 23a or 28a-f ehov of sal Examiner must be notified at	þ	1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2/07 If Yes, Give Year or Dates:	No		es, specify Cub		Puerto Rican, etc.)		Bleck, Wh			
9	2 ho	Completed	15. Decedent's E	ducation	16a.	Deceden	it's Usual Occup	pation	(4.70.00)	16b. H	(ind of Business	s/Industry		
215	d within 72 ho jiene. r than "natur the Med cal	ple	(Specify only highest gi	rade completed) College (1-4or 5		(Give kin	d of work done NOT use retire	during most od)	of working					
21	filed within Hygiene. ther than ent, the M	E	12th	College (1-40)		atern	nan			Wat	erman			
D	m = 0 5	Be	17. Fether's Name (First, Middle, Las	t)		•		18. Mother	a Name (First, Mid	dle, Meider	Sumeme)			
<u>la</u>		To	Charles Warrick	. Sr.				Franc	ces Smith					
an	SPE		19e. Informant's Name/Relationship		19b.	. Melling	Address (Street		or Rural Route Nu		or Town, Stete,	Zip Code)		
			Roxine Warrick-	wife	- 2	25798	Bawson	n Stree	et, Royal	Oak,	Md. 2	21662		
re	f Heel from 2 from 2 other		20a. Method of Disposition		20b. Plece of	Dispositi	on (Neme of		Data	1	ocation - City o	r Town, Stata		
Baltimore,	Peges nent of int: If its iry or o		1 Buriel 2 □ Cremation 3 □ Removel from State 4 □ Donation 5 □ Other (Specify) Richardson Cemetery 10/12/								/96 Easton, Md.			
alt:	그 든 큰 중		21. Signeture of Funeral Service		KICHA		etery 10/12/96 Easton, Md.							
ä	Depariment Important Important Incompany Irrespondent					_			Funeral					
			23a. Pant. Enter the disease, or con	nationalisms that caused	I the death. Do r	oct enter t	P.O. Bo	ox 168	7, Eastom	, Mar	yland	21601		
Ä	Physician /Medical Examiner		Immediate Cause (Final disease or condition	r one cause on each lir	ne.				- 31			Approximete Interval Between Onset and Deeth		
В	Examiner		resulting in death)	8. 9100	Due to (or es a c	conseque	nce of):					1		
	0 4	Examiner		INSUL	IN DEA	ENTH	EN/T T	PAGET	ES MELLI	NS				
	acute and trens	E	Immediate Cause (Final disease or condition resulting in death) a. ZND STAGE RENAL FAILURE Due to (or es a consequence of): INSULIN DEFENDENT DIAFFETES MELLITUS Due to (or es a consequence of):											
68760,	e e e si ian a urial-		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events											
876	tificate be executed g physician and as the burial-trensit	edical	thet initiated events resulting in deeth) Lest	C. —	Due to (or es a c	onseque	nce of):							
	ng p													
Вох	the death cer y the ettendir sched for use	an		d								1		
	dea to ed fo	sici	Part It. Other significant conditions	contributing to death bu	ut not resulting In	the unde	oflying cause gi	ven in Pert I.	23b. D	ld tobacco	use contribut	te to the cause of death?		
0.	that the death cert ed by the ettendin deteched for use	Physiclan/N	Pra. 011-10.1	1/2	10 T),50			1	□ Yes 2	No 301	Probably 4 Unknow		
	signed be del	by												
Records,	v requires that been signed b should be dete		Caranin		3151-15				24a. W	es an auto	psy 24b.	. Were autopsy findings available prior to		
000	O7	ple	CHOTICOTNI	STINAL	LEDIN (_ "	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		completion of cause of deeth?		
ď	0 - 0	Completed	ANZMIA						1	☐ Yes 2	No	1 ☐ Yes 2 ☐ No		
Viita		Be C	25. Was case referred to medical					28 Piace	of Deeth (Check on					
>		To B	examiner? 1 ☐ Yes 22 No	Hospitel:	nt 2 ER/Ou	tnationt	3 DOA Oti	her.	sing Home 5		6 DOther /Sn	acity)		
0	Phys eral d		27. Menner of Death	28a. Dete of Injur (Month, Da)		ime of	28c. Inju		28d. Descri			ocny)		
Division of	ding th.	tio	1 Matural 5 ☐ Pending Investigation		Year) Ir	njury		ırk?]Yes 2.∐.N	0					
2	Attending or death. actor: After by the fune	fica	3 Suicide 6 Could not b	28e. Pleca of Inju	urv - At home, fe	rm. street				28f. Location (Street and Number or Rural Route Number				
2	after Dira	Certification:	determined determined determined determined determined determined determined determined determined							City or Town, State)				
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C												
	ompi ompi	Me	29b. Signature and title of certifier				29c. Licens	se number		29d. De	ete signed (Mor	nth, Dey, Year)		
)	⊢ s ⊢ ō		1144	romen M)		1	263	50		0/8/86			
			30. Neme end address of person who	·	, , , , ,		•							
	1		William Breme:	r. MD St.	. Michae	ls.	MD							
	Sta Registr		31. Dete filed (Month, Day, Year) OCT - 9	32. Registre	ars Signature									

DHMH 16 Rev 6/95

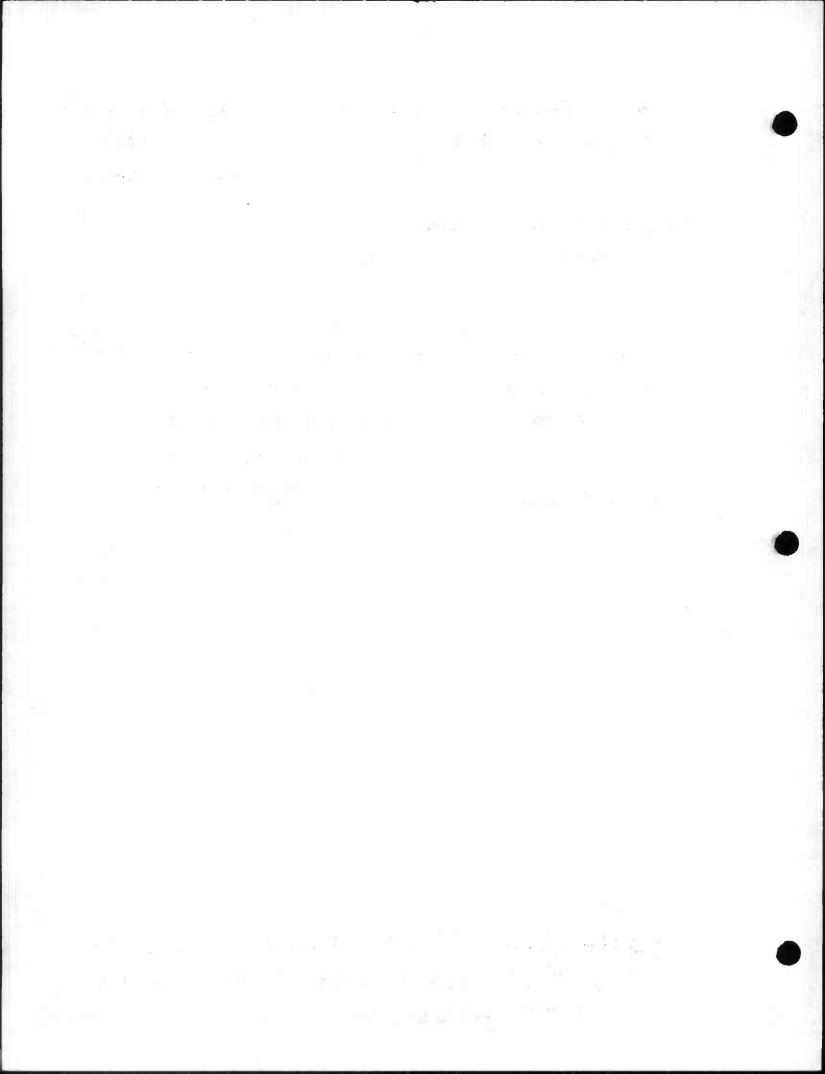


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath **Physician** Month NA //Ace 815 Ame 5 toward to t 4 /Medical 4a. Facility Name (If not ipstitution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner -OthIAN Rd AVC 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** XXM 2 F Days Hours Yrs. 214-40-1508 Director 52 NOV. 7 1943 MARYLAND Usual Rasidence of Decadant the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23e or 28a-f show the Medical Examiner nast be notified at WYes 2□ No Director MARYLAND ANNE ARUNDEL LOTHIAN 10e. Street and Number 10f. Zip Coda 10g, Citizan of What Country? 871 BAYARD ROAD 20711 Funeral US 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Detes: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Maritel Status 72 hours efter 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 BLACK 1 Yes 2 No Specify: by 3 Widowed 4 Divorced Specify Completed 15. Decedant's Education (Specify only highast grade complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Etamantary/Secondary (0-12) Collaga (1-4or 5+) AUTO BODY SHOP permit. Pages 1 and 2 should be filed wit Department of Health and Mental Hygiene important: If frem 27 is marked other tha any injury or other traumatic event, train 2005. WALKER PONTIAC 12th MECHANIC HELPER 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Be JAMES HENRY WALLACE BLANCHE IRENE SELLMAN 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) EVELYN GROSS (SISTER) 7507 PLATER LANE GLENN DALE, MD. 20769 20e. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata MXBurial 2 Cramation 3 Ramoval from Stata ADAMS CHURCH CEMETERY 10/9/96 4 ☐ Donation 5 ☐ Othar (Spacify) LOTHIAN, MD. 21. Signatura of Funarat Sarvica Licensaa 22. Nama and Addrass of Fecility WM. REESE & SONS MORTUARY, P.A. 23a. Part Enter the disease, or complications that caused the death. Do not antar the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batwe Onset and Deeth **Physician** /Medicai Immadiata Causa (Final disaasa or condition resulting in daath) Examiner Examiner ING The law requires that the death certificate be executed Sequentially list conditions, if any, taading to Immadiata causa. Entar Undarlying Causa (Disaase or injury that initiated avants rasulting in daath) Last attending physician end for use as the buriel-trer Dua to (or as a consequence of): Box 68760. Physician/Medical Dua to (or as e consequance of): P.O. been signed by the s should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown Records, by Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? complation of cause of death? page 2 s certificate has 2000 1 Yes 1 ☐ Yas 2 ☐ No of Vital Be 25. Was casa rafarrad to medical axaminar? 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Dealdance 6 Othar (Specify) 2 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this Certification: 27. Mannar of Death . Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After Division Hospital or Attending 1 Natural 5 Panding Invastigation Injury 1 Yas 2 No within 24 hours after deeth To the Funeral Director: A completely filled in by the f deeth. 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida t Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

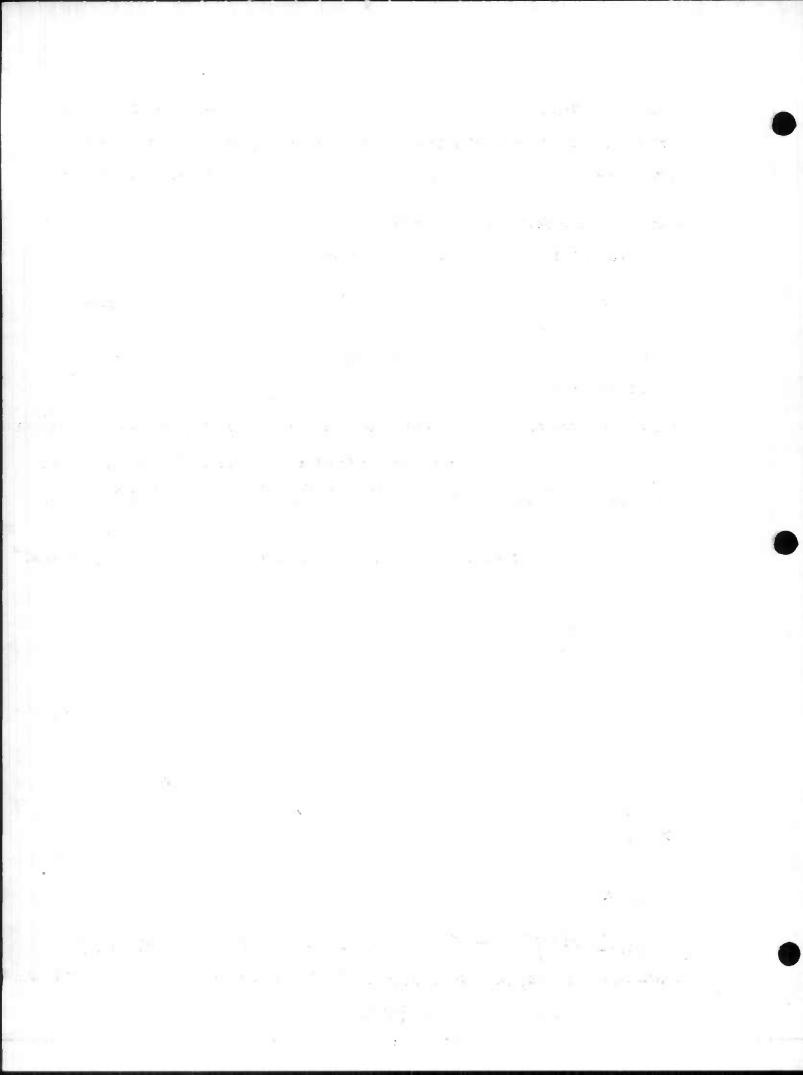
2 Addical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a, Cartifian 29b. Signetura end titla of cartifilla 29c. Licensa number 29d. Deta signed (Month, Day, Year) epity 30. Nama and addrass of person w plated causa of daath (Itam 23a) (Type, Print) MO DNC5 31. Data filad (Month, Day, Year) 32. Registrar's Signatura State Lulia Davidson Registrar OCT 0 8 1996

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene 96 3 | 862

						Ce	rtificate of	Death		Reg. No.	0 0	1002				
	Discorte		1. Decedent's Name (First, Middle,	Last)					2. Date of D	eath		3. Time of Death				
	Physic /Medi		Edith M. Way	son					October	Day 199	Year 96	8:40 AM				
	Exami		4a. Facility Name (If not institution,		r)			4b. City, Town	, or Location of Dear		y of Death					
			Springbrook Adve	entist Nurs	sing Ce	nter		Silver	Spring	Mor	ntgomer	У				
П	Funeral		5. Social Security Number	6. Sex 7. A 1 □ M 2 □ F	Age (In yrs. le.		if Under 1 Yaar Months Days	If Under 24	Hrs. 8. Date of Bi	rth		ce (State or Foreign				
	Director		577-60-6087 Usuel Residence of Decedent	10 M 25X	85	Yrs.			Feb. 13			igton, D.C.				
	nylan show	_	10a. State 10b. County		10c. City,	Town or Lo	ocation				10d	I. Inside City Limits				
	with the Marylar a or 28a-f show be notified at	Director	Maryland Prince 10e. Street and Number	George's	Bel:	tsvil	le 10f. Zlp Coda			10g. Citizen of	What Country	1 ☐ Yas 2 ☑ No				
	23a or	ā	11457 Cherry Hi	11 Pond And	- 203		20705									
	items 2	Funeral	11. Marital Status	12. Was Deceden	t Ever in U.S.	13.			? (Specify Yes or No		S.A.	Indian.				
21215-0020	B X B	by	1 ☐ Never Married 2 ☐ Marrie 3 ☐ Widowed 4 ☑ Divorced	Armed Forces d 1 ☐ Yes 2 ☑ If Yes, Give Year or Datas	No		If Yas, specify Cub 1 ☐ Yes 2 ☎ No		? (Specify Yes or No ruerto Rican, atc.)	Specia	ack, White, etc. Ty: Whit					
	n 72 hours natural', e	Completed	15. Decadent's (Specify only highest	Education		16e. Dece	dent's Usuel Occup	pation	unding	16b. Kind of E	Businass/Indus	stry				
	iena. than than	nple	Elementary/Secondary (0-12)	College (1-4or	r 5+)	life.	kind of work done DO NOT use retire	d) d)	working							
7		Col	12				Supervisor			U.S. Go	overnme	ent				
Maryland	be filed ntai Hygi d other event,	Be	17. Father's Name (First, Middle, La	ist)				18. Mother's	Name (First, Middle							
ya		2	Joseph Hamache	<u> </u>				Mar	У							
a	d 2 should th and Mer 7 is marke traumatic		19a. Informant's Name/Relationshi	p (Type, Print)		19b. Mallin	ng Address (Street	et and Number or Rural Routa Numi		er, City or Town	, State, Zip Co	ode) 20904				
	CHNF		Margaret A. Cos	tello		12001	Old Coli	mbia P		e, #405 Silver Spring, Mar						
ore	of Hei		20a. Method of Disposition 1₺ Burlal 2 ☐ Cramation 3	Demousl from Ctat.	20b. Pla	ce of Disponetery, crer	osition (Name of matory or other pla	ce)	Date	20c. Location	- City or Town	ing, Maryland Town, Stata				
Baltimore,	Pag ment ant: h		4 □ Donation 5 □ Other (Spe		0		coln Ceme		10/07/9	6 Brents	annd Ma	arvland				
a	Departr Departr Imports any Inju		21. Signature of Funeral Servica Li	censee		22	2. Name and Addre	ss of Facility				ilyland				
m	pemit. Pages 1 Department of H Important: If Ne any Injury or ott		1 hanna 6 6	20					ns Funera							
			23a. Part Entar the disease, or conshock, or heart failure. List or	omplications that	d the death.	Do not ent	JU UNIVER er the mode of dyi	sity B.	Lvd., W. S	il.Spr.	Maryla	and 20901				
	Physician		shock, for heart failure. List or	ily one ceuse on each)	line.						ln'	nterval Between				
)	/Medicai		immediate Cause (Final													
	Examiner		diseasa or condition resulting in death)	a. TGR			MALIA	NANO	4		+	en marth				
		ē			Due to (or e	s a consec	quence of):									
	nsit	Examiner		b			,									
_6	ai-tra	xai	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury		Due to (or e	s a consec	juence of):									
68760,	death certificate be axecuted eatending physician and ed for use as the burial-transit		Cause (Disease or injury that initieted events													
80	phy:	Medical	rasulting in death) Lest	s a conseq	uence of):											
×	n certifica anding pl use as t			■ d												
Rox	eath ce attendii I for use	clar														
	that the death ad by the atter detached for	Physician/	Part il. Other significant conditions	contributing to death i	but not resulti	ng In the u	nderlying cause give	ren in Part I.	23b. Did	tobacco use co	ntributa to th	ne causa of death?				
	that the ed by th detach								10	Yes 2 No	3 Probab	Unknown				
	S 5 8	by							_		T	·				
0	v requiras been sign should be	Completed								an autopsy ormed?	avalla	autopsy findings				
e C	2 s t	ple									of dea	etion of causa ath?				
I	The I	No							1 🗆	Yes 2 No	1 D Y	es 2□ No				
2	vician: The	Be (25. Was cese referred to medical					26. Place of	Death (Check only	- '						
>	5 00	To	examiner?	Hospitel: 1 ☐ Inpati	ient 2 EF	VOutpatien	t 3 DOA Oth	T.L.	ng Home 5 ☐ Resi		ner (Snecify)					
0	landing Physeath. or: After this the funeral di		27. Menner of Deeth	28a. Dete of Inju (Month, Da		8b. Time of	28c. injui Woo			how injury occur						
DIVISION	Attanding in death. Sctor: After by the fune	atio	1 Naturel 5 Pending Investigation		ay rear)	Injury		Yes 2 No								
<u>S</u>		Certification:	3 Sulcide 6 Could not determine	ad 289. Place of in	jury - At home	e, farm, str	eet, factory, office			Street and Numi	ber or Rural R	oute Number,				
5	afor A after Direct d in b	ert	4 🗆 Homicide	building, e	tc. (Specify)				City or To	wn, State)		•				
	To the Rospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29e. Certifier (Check only 2 Madical Ex	Physician: To the best	of my knowle	edge, death	occurred at the tir	ne, dete and pl	ace, and due to the	cause(s) and m	anner as state	ed.				
	he F he F plete	Pa	one)	amfner: On the basis of and manner st	tated.	and/or inv	restigation, in my o	pinion, aeetn o	ccurred at the time,	dete end place,	and due to the	a cause(s)				
	Vith To To m	Σ	29b. Signatura and titia of certifier				29c. Licans			29d. Data signe						
			M.S. N.	may			D.	-178	74	10 -	7-19	96				
		-	30. Neme and address of person wh	1	deeth (Item 2	3a) (Type	Print)		/			, -				
1	0		SANKARAN M.	NAYAR		3717	38" A	VE B	RENTH	1000	MD	20722				
	Sta	te	31. Date filed (Month, Dey, Year)													
	Registr		OCT 0 7 1	996	rar's Signatur	n-Ran	delle									
				//												



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month RUTH ELAINE WALDRON OCT. 8:40 AM 1996 7, 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death 3701 BRINKLEY RD. TEMPLE HILLS PRINCE GEORGES 7. Age (In yrs. lest birthdey) if Under 1 Year If Under 24 Hrs. 5. Sociei Security Number 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) Months Deys 1 ☐ M 2 💢 F 577-01-2888 Yrs. 97 NEW YORK Usuei Residence of Decedent 10h County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No PRINCE GEORGES TEMPLE HILLS 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? BRINKLEY RD. 20748 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ñ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify. 3 Widowed 4 □ Divorced WHITE 15. Decedent's Education 18e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) EXECUTIVE TELEPHONE CO. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) PAUL CHARLES FILLY MARIA E. MCALLISTER 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) WOOD/GRANDDAUGHTER ITEM #10 SAME AS 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) FT. LINCOLN CEMETERY 10/11 BRENTWOOD, MD. 21. Signature of Funeral Service Lidensee 22. Name end Address of Fecility W. W. CHAMBERS CO., RIVERDALE, MD. 20737 M00091 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death Immediete Ceuse (Finei · CONGESTIVE HEART FAILULE disease or condition resulting in death) Due to (or es e consequence of): Due to (or es e consequence of) Pert II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 🕅 Unknown 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24a. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 Yes

Physician /Medical Examiner The law requires that the death certificata be executed bunial-transit and

ettending physician for use as the buria

5

signed to

page 2

certificata

To the Mospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director; I

by

Completed

Be

2

Certification:

Medical

the

Physician

/Medical

Examiner

10e State

MD.

3701

11. Maritai Stetus

Director

Funeral

by

Completed

Funeral

Director

r than "natural", or itams 23s or 28s-f show the Medical Examiner must be notified at

the Maryland

with

death

should be filed within 72 hours after ond Mental Hygiena.

permit. Pagas 1 and 2 should be file Deperment of Health and Mental Hy Important: If flem 27 Is merked othe any Injury or other trainmeter

Baltimore, Maryland 21215-0020

Box 68760,

Records, P.O.

Division of Vital

Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Physician/Medical

25. Was case referred to medical examiner? 1 Yes 2 No

27. Manper of Deeth 1 Meturei 2 Accident 3 Suicide 4 Homicide

8 Could not be determined

28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

(Check only 29b. Signeture end title of certified

29a. Certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end dua to the cause(s) end menner es stated.

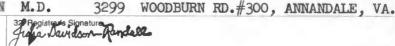
2 Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner stated. 29c. License number 29d. Date signed (Month, Dev. Year)

4580

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) KAUFMAN AVA M.D.

31. Dete filed (Month, Dey, Yeer)

OCT 0 9 1996



Registrar

. of palaba N... alle and the second of the sec and the second control of the second control

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Oct. 3,1996 Salomon Jacques Weening 6:15 AM /Medicai 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Suburban Hospital Bethesda Montgomery 5. Social Security Number if Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Yeer) Dec. 2, 1906 Birthplece (State or Foreign Country) **Funeral** Hours 129 M 2□ F 085-28-2258 Director 89 The Netherlands Usual Residence of Decadent the Maryland x 28a-f show 10e. Stete 10b. County 10c. City, Town or Location 10d. tnside City Limits Maryland Montgomery Bethesda 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? r than "natural", or items 23s or the Medical Examiner must be r 5101 Ridgefield Road 20816 The Netherlands Funeral 12. Was Decadent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yes 2 🗷 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: à 3 ☐ Widowed 4 ☐ Divorced white Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry d 2 should be filed within 7 th and Mental Hygiane.
7 is marked other than "r import-export Elementery/Secondary (0-12) College (1-4or 5+) self-employed business 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be Samson Weening Charlotte Alexandrina Citroen 19e. Informent's Neme/Relettonship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Department of Health ar Important: If them 27 is: eny Injury or other treus Florry B. Weening/ wife 5101 Ridgefield Rd., Bethesda, Md. 20816 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 A Cremation 3 ☐ Removel from State 4 Donetion 5 Other (Specify) Metropolitan Crematory Oct. 4,96 Alexandria, Va. 22. Nome and Address of Fecility DeVol Funeral Home 21. Signature of Eugerei Service Licansee 2222 Wisconsin Ave., N.W., Wash., DC 20007 Therefore disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart fellure. List only one cause on each line. Approximete tntervel Between Onset end Death **Physician** Congestive heart failure

Digito (or es e consequence of):

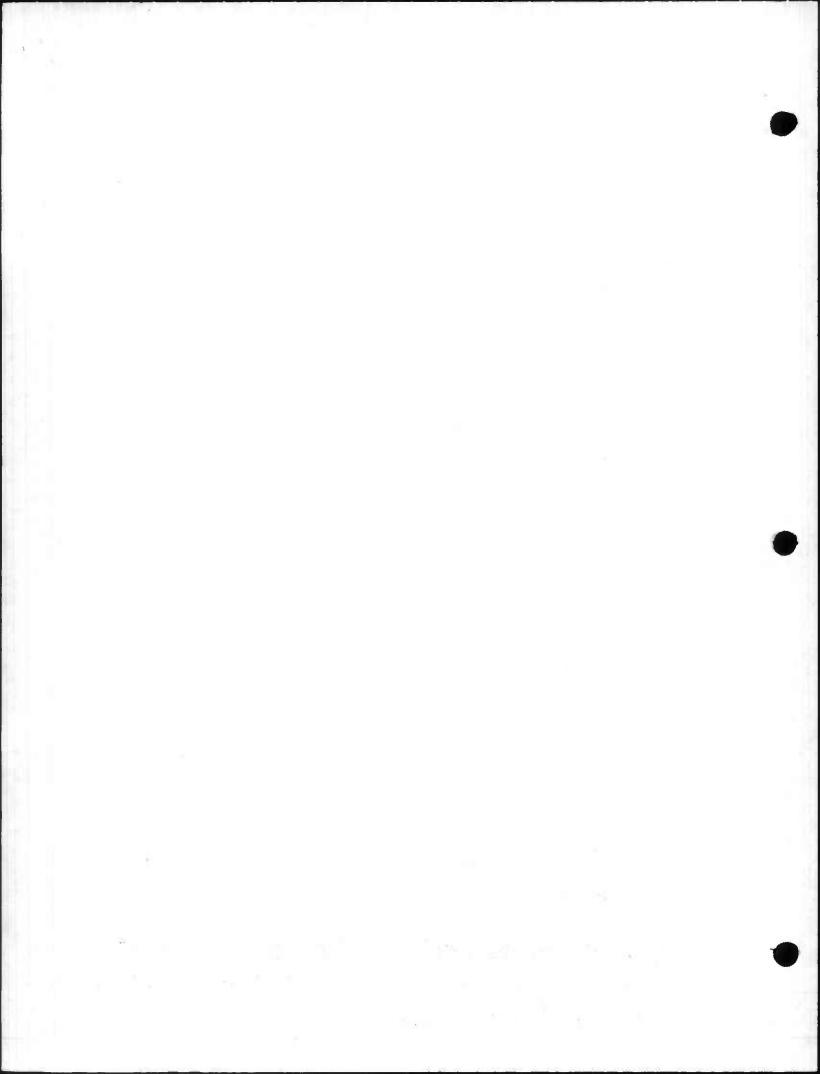
Is Chemic Carclio myopathy

Due to (or es e consequenca of): /Medical Immediate Cause (Final diseese or condition resulting in deeth) Examiner **burial-transit** be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest and physician a tha burial Box 68760 Physician/Medical Due to (or es e consequenca of) 0 P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. tha 23b. Did tobacco use contribute to the cause of death? signed by t auxeus Sepsis, Clostridum dificilo 1 Yee 2 No 3 Probably 4 Unknown Records, Be Completed by 24b. Were autopsy findings evelleble prior to completion of cause of death? 24e. Wes en eutopsy Colitis, altheims's disease paga 2 certificata 1 Yes 2 NO 1 TYes 2 TNo Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p 25. Wes case referred to medical 26. Plece of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Death 26e. Dete of tnjury (Month, Dey Year) 28b. Time of 28c. tnjury et Work? 26d. Describe how Injury occurred 1. Neturet 5 Pending Investigation 1 Yes 2 No 2 Accident 6 ☐ Could not be determined 3 Sutcide 28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1D Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and pleca, end due to the cause(s) and menner es stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date and pleca, and due to the cause(s) and menner stated. 29a. Certifler (Check only one) 29b. Signature and little of cert 29c. License number tad cause ot deeth (Item 23e) (Type, Print) 5602 Shields Drive, Bethesla, MD 20817 31. Dete filed (Month, Dey, Year) 32. Registrer's Signet State

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** October 8, 1996 2:45 AM Norman Wild /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner 4c. County of Deeth Manor Health Care Services Chevy Chase Montgomery 6. Sex 1 M 2 F If Under 1 Yeer If Under 24 Hrs.
Months Days Hours Min. 8. Dete of Birth (Month, Dey, Year)

June 20, 1918 New 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) New York **Funeral** Months Days 579-40-0278 Yrs. Director 78 Usuei Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Examiner must be notified at 1 Yes 2 No Director Maryland | Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? ò Негля 23a 10704 Margate Road 20901 United States Funerai filed within 72 hours efter death 12. Wes Decedent Ever in U,S. Armed Forces? 1 DAYes 2 □ No If Yes, Give Yeer or Detes: WW I I 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☐ No Specify þ 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry than Eiementery/Secondary (0-12) College (1-4or 5+) Linguist Department of Defense Hygie other permit. Pages 1 end 2 should be file Department of Health and Mental Hy, Important: if item 27 is marked othe any injury or other traumatic event. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Julian Wild Salome Katz 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Janet K. Wild 10704 Margate Road, Silver Spring, Maryland 20901 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 ☐ Burlel 2 X Cremefion 3 ☐ Removel from Stete 4 □ Donetion 5 □ Other (Specify) 10-8-96 Beltsville, Maryland Chesapeake Crematory 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, Maryland and a 20910 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** immediete Cause (Finel diseese or condition resulting in deeth) /Medical Diffuse Large Cell Lymphoma Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be executed physician and the bunal-trans Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760, by Physician/Medicai Due to (or es e consequence of) Pert ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveilable prior to Completed 24e. Wes en autopsy performed' completion of cause of deeth? certificate has b 1 ☐ Yes 2 No 1 Yes 2 No or Attending Physicien: Be 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) Other: 4X Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No Hospitei: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Deeth 28c. injury at Work? Certification: 28d. Describe how injury occurred s effer des. *I Director: After *V the fu 5 Pending investigation 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in 24 hou.
The Funeral Dir.
Tilled in by 4 Homicide 122 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the cause(s) end menner as stated.

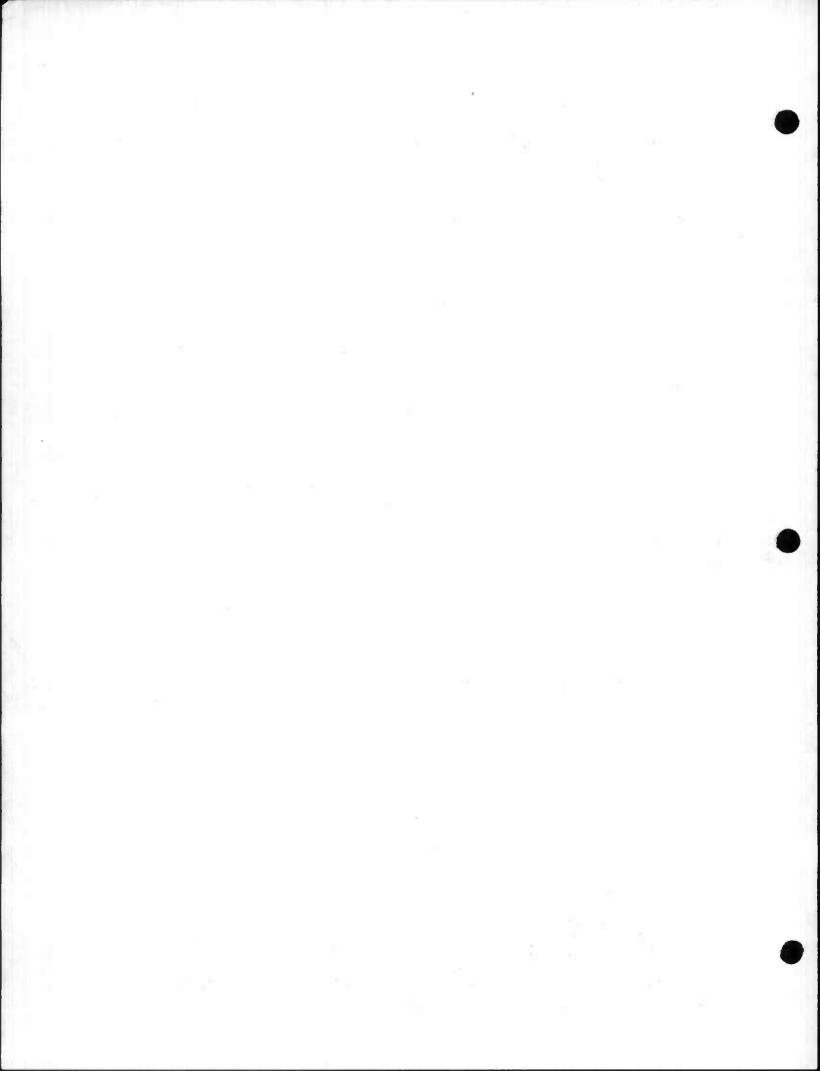
2 Medical Examiner: On the basis of exeminetion and/or investigetion, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end menner stated. Medical 29e. Certifier To the Hosp within 24 ho To the Fune completely f (Check only one) 29b. Signature and title of certific 29c. License number 29d. Date signed (Month, Dey, Yeer) D39166 adarany October 8, 1996 30. Name end eddress of person who completed causa of death (tem 23a) (Type, Print) Alvin S. Madarang, M.D., 6320 Democracy Blvd., Bethesda, Maryland 20817

State Registrar

0 1996

31. Date filed (Month, Dey, Year)

32. Registrer's Signeture his Davidson



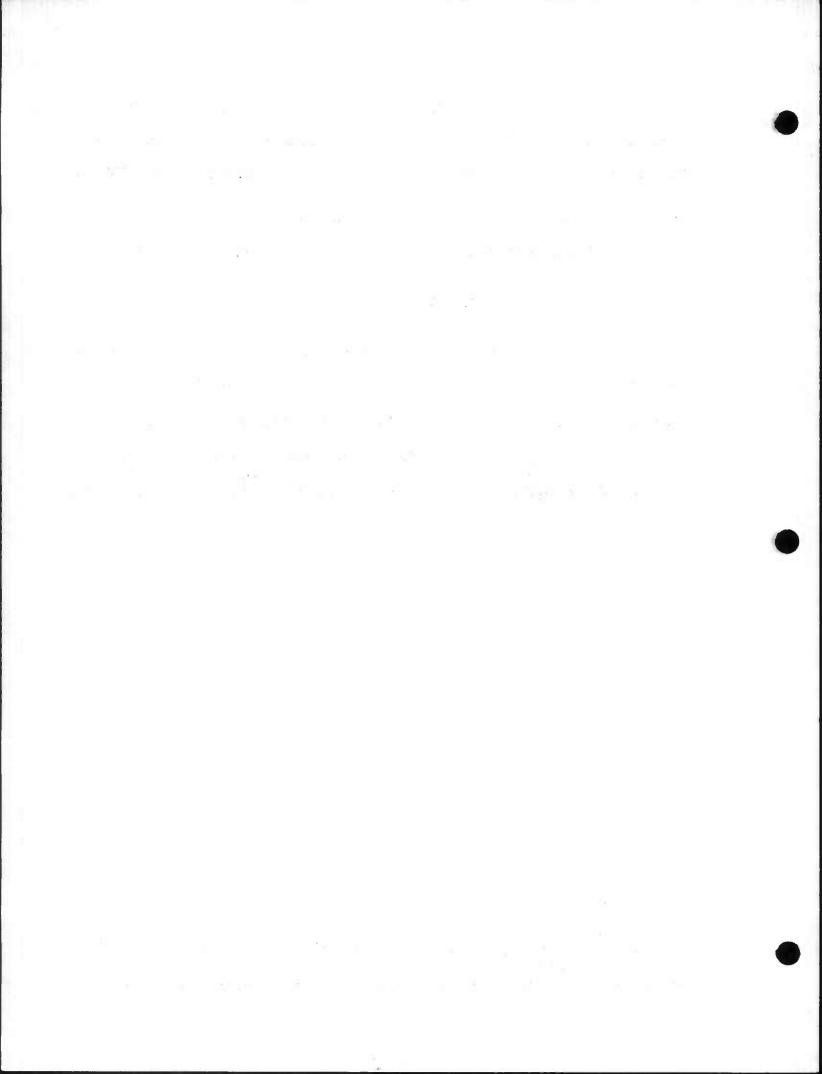
State of Maryland / Department of Health and Mental Hygiene

96 3

31866

							Cer	titica	te or	Death			Reg. No.			
Physic	an	1. Decedent's Nam	ne (First, Middle	, Last)								2. Date of Do	eath Day	Year	3. Tima	of Deeth
/Medi		Leonard					Weiss					Sept.	30	1996	3:30	P.M.
Exami		4e. Feclity Neme ((If not institution,	give street end n	um <i>ber</i>)		41		4b. City, To	wn, or L	ocation of Dee	th 4c. Cou	anty of Deeth			
		Colling	ton Life	e Care Ce	enter					Land	over		Prin	ice Geo	orge	
Funeral		5. Social Security	Number	6. Sex	7. Age (/	n yrs. lest bir	thday)	If Unde Months	r 1 Year Days		24 Hrs. Min.	8. Date of Bi (Month, D	rth av. Year)	9. Birth	placa (Stete	or Foreign
Director	П	329-18-5	264	13X M 2□ F	78		Yrs.	1410111110	Days	Tiours	(4)111.	June 5	1918	III	inois	
>		Usuel Residence o				No. Oh. T.		47								
d a	_	10a. State	10b. County			c. City, Tow	n or Loc	cation							10d. Inside (
	9	VA	A	rlington	1				Ar	lingt	on				MF1 Ae	s 2 No
0 2 8 n	Director	10e. Street and Nu						10f. ZI	p Code					of What Cou	ntry?	
23a	8		4126	N. 34th	Stree	t					22	207		USA		
E	Funerai	11. Meritel Stetus		12. Was Dec	cedent Eve	r in U,S.	13. W	Vas Dece Yes, spe	dent of l	Hispanic Or	lgin? (Sp	ecify Yes or No Rican, etc.)		Race - Ameri Bleck, White,		
9 E			ried 2K Marrie	If Yes G	2 No			□Yes				,			ite	
E E	d by	3 Widowed	4 Divorced	Year or I	Dates: WW	II							Зре	ocny. WII	100	
of 2 should be filed within 72 hours after death with the Maryland the and Mantal Hygiene. The marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Exeminer must be notined as	ete	(Spe	15. Decedent'	s Education grade completed	n	16e.	Give k	ent's Usu	al Occup	pation during mos	it of work	dna	16b. Kind o	of Business/Ir	dustry	
vent, the Mo	Ġ.	Elementary/Sec		College	(1-4or 5+)		life. D	O NOT L	ise retire	id)					_	
1	Completed				6	For	reig	n Se	rvio	e Off				State	Depai	ctmen
Ne V	Be	17. Father's Name Benjami		.ast)								e (First, Middle		neme)		
reumetic ev	0	Denjami	n weiss							Ann	a ra	inkowit	Z			
If itam 2/ is marked oune or other traumatic event,		19a. Informant's N	lame/Relationsh	ip (Type, Print)								ral Route Numi	-	wn, State, Zij	o Code)	
127 i		Mary Lo	uise We	iss		41	26 N	v. 34	th	St.	Arli	ngton,	VA 22	207		
E de		20a. Method of Dis				20b. Place of	Dispos	sition (Ne	me of other ple	ice)	1	Date	20c. Locati	on - City or T	own, State	
ار ار ا	1		5 Other (Sp	3 □Removai from ecity)	State	Mount	-	-			y 1	0/2/96	Alexan	dria,	VA	
important: If Itam 27 is any injury or other tra- once.		21. Signature of Fe	oneral Servica L	icensee			22.	Name a	nd Addre	ess of Fecili	y Jo	seph Ga	wler's	Sons		
any ir		21. Signature of Foneral Servica Licensee 22. Name and Address of Fecility Joseph Gawler's Sor 5130 WI Ave. N.W. Washington, D.C.										20016				
		23a. Party Enter	the disease or	complications that	caused the	death Do								-	Approxima	alo.
		shack, or hea	art failure. List o	only one cause on	each line.	Gount. Do	nor onto		ue or ayı	ing, such as	cardiac	or respiratory i	111001,		Interval Be	stween
sician edical		tmmediate Cause	(Final											1		
miner		disease or condittoresulting in death)	on	a. Myo	cardi	al Inf	arc	tion					_	1	Acute	
	5				Du	e to (or as a	consequ	uenca of)	:							
Sit	in in			b. Crel	bral	Vascul	ar .	Acci	dent					1		
-trar	Examiner	Sequentially list co if any, leading to ir cause. Enter Unde	onditions,		Du	o to (or as a	consequ	uenca of)	:							
cian burie		Cause (Disease of	r Injury	c Muli	ti in	farct	Det	ment	า๋อ							
the	√Medical	that initiated event resulting in death)			Due	to (or es a	consequ	ence of):	14							
nding physician and usa as the buriel-transit	Me			d Seiz	zure	Disord	er								2 week	S
-				U. DUL												
igned by tha atta be detached for	Physicia	Part II. Other signf	ficant condition	s contributing to d	death but n	ot resulting In	the un	derlying	cause gi	ven in Part	l.	23b. Dld	tobacco usa	contribute t	o the cause	of death?
i by t	Phy	Hyper	tension									1	Yss 2□N	lo 3 Pro	bably 4x	Unknow
pe d	by	, p-1							-							
should t													an autopsy ormed?		ere autopsy allable prior	
s be	plet										-	pon	omida :	00	ompletion of death?	
paga 2	Completed											10	Yes 🔊 N	. 1	☐ Yes 2[□ No
cartificata rector, pag	O	25. Was case refer	rred to medical							00.01-					L 165 ZL	1 140
s cartific director,	m	examiner?		Hospital:	14			•□	Otl	hor		h (Check only				
a di	: To	1 Yes 2 2 2 27. Manner of Deal		28a. Date	Inpatient of Injury	2 ER/Ou	itpatient Time of		UA	4 DU NI	ursing Ho	ome 5 Res 28d. Describe			fy)	
na na	ion	1XX\atural	5 Pending	(Mor	nth, Dey Yo		njury	м	28c. Inju Wo	rk?]Yes 2□	No	200. 0 6501106	now injury oc	AUT 100		
5 3	cal	2 ☐ Accident 3 ☐ Suicide	Investiga 6 Could no	nt be	4 (-1	441 4-				165 2	140	004 Leasties	(Canada and Al		al Davida Mi	and the same
tha fu	=	4 Homicide	determin		a of injury ding, etc. (3	- At home, fa Spec <i>ify)</i>	irm, stre	et, factor	у, опіса			28f. Location City or To	wn, Stete)	umber or Hur	ai Houte Nu	moer,
Nrector: A	-															
eral Director: Al	i Certification:	00- 0:		Physician: To the	e best of m	mination an	, death d/or Inve	occurred estigation	at the ti	me, date ar opinion, dea	id place, ith occur	and due to the red at the time	cause(s) and date and pla	manner as s ce, and due t	stated. to the cause	(s)
Funeral Director: At tely filled in by tha fu		29a. Certifier (Check only	1 ☐ Cartifying 2 ☐ Madical E	xaminar: On the b				-	,							
the Funeral Director: At mplately filled in by tha fu	edical	(Check only one)	2 ☐ Madical E	xaminar: On the b and mer	nner stated			T	n 11=			Т	nod Decemb	annul del ar	Day V	
complately filled in by the fu		(Check only	2 ☐ Madical E	xaminar: On the b	nner stated					se number		I		gned (Month,		
to me runeral Director: As complately filled in by the fu	edical	(Check only one)	2 ☐ Madical E	xaminar: On the band mer	nner stated	_)476(S	29d. Date si ept. 3			
	edical	(Check only one)	Madical E	Sy and mer	nner stated	_	(Type, F	E				S				
To the Funeral Direction Completely filled in b	edical	(Check only one) 29b. Signature and	2☐ Medical E	and mer	nner stated	_		Print)	04760	03	Marl		ept. 3			
To the Funeral Director: A completely filled in by the fu	Medical	(Check only one) 29b. Signature and address of the control of the	2 Medical E	and mer	use of death	etteri	Lng	Print) Driv	e [03	Marl	s boro,	ept. 3	0, 199		

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Year 1990 10N X OCT /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (if not institution, give street and number) 4c. County of Death **Examiner** Washington Adventist Hospital Takoma Park MONTGOMERY Hours Min. Mar. 25, 1942 If Under 1 Year 9. Birthpiaca (Stata or Foreign Country)
Wash. DC 5. Social Security Number 7. Aga (in yrs. last birthday) **Funeral** Months Days 1X M 2□ F 54 579-54-0482 Yrs Director Usuai Rasidance of Dacedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Yas 2 No Director Howard Columbia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Death Certificate cleared 6185 Prophecy Place 21045 Funeral U.S.A. 12. Was Decedant Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Bleck, Whita, atc. 11 Maritai Status 1 Yes 2 No If Yas, Giva Year or Datas: 1 Never Married 20 Married 1 ☐ Yas 2 No Black by Specify: 3 Widowed 4 Divorced Examiner Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) 4 yrs. Accountant (Self emp.) Financial 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meldan Sumama) Be Alexander Wallington Carrie Stephaney 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code) edical Carol J. Wallington (Wife) 6185 Prophecy Pl., Columbia, MD 21045 20b. Piace of Disposition (Nama of cemetery, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 Buriai 2 □ Cremation 3 □ Ramoval from State Gate of Heaven Cem. 10/7/96 Silver Spring, MD 4 □ Donation 5 □ Other (Specify) 21. Signature of Funaral Sarvice License 22. Name and Addrass of Facility SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fairure. List only one cause on each line. Approximate Interval Betw Onset and Death **Physician** CALNOGENIC /Medical immediata Cause (Finei diseasa or condition resulting in death) Examiner Dua to (or es e consequença of) Examiner sician and burial-transit ROWARY Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initieled avants resulting in death) Last Dua to (or as a consequence of) physician the death certificate be Physician/Medical the Dua to (or as e consaquanca of): ettending esn signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown P 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? Completed CORONARY BYPAC MERGENT hes DIABETES certificate 1 Tas 1 Yes 2 No WITH To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica 25. Was case rafarred to madical axaminar? Be 26. Piece of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 ☐ Yas 2 ☐ No 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 5 Panding Invastigation 1 Naturai 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) filled in by 4 Homicida To Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifier completely 29b. Signatura and titia of certifiar 29c. Licanse number 29d. Data signed (Month, Day, Year) D36207 OCTOBER 2,1996 Melus nues 30. Nema and address of person who complated cause of death (Item 23a) (Type, Print) Thomas Militano, 7610 Carroll Avenue 31. Data filed (Month, Day, Year) 32. Registrer's Signatura State Julia Davidson-Randall Registrar

DHMH 16 Rev 6/95

OCT 0 4 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

CARLOS LAROY WALKER September of the property				Cei	rtificate of	Death		Reg. No.	0 01000
A CARLOS LAROY WALKER 4. FASITY Name (Free reballow): general early was all the control of Date of Control of Date of Control of Date	ioion	1. Decedant's Nama (First, Middle	a, Last)						3. Time of Deat
2.33 OPUS AVENUE 2.50 of Berush bandwer 6.0 feb. 7. Ago (in year and berushop) 8. United 1 Year 1. Stock 2. Decided 1. Decided 1. Decided 1. Decided 1. Decided 1. Decided 1. Decided 1. Decided 1.	dical			W	ALKER				
S. South Searth Number Style - 1976 - 1976 Style - 1976 Style - 1976 - 1976 Style - 1976	niner	la. Facility Nama (If not institution	n, giva street and number)			4b. City, Town,	or Location of Dea	th 4c. County	of Death
Top Contract Top					and the second s		L HEIGH	TS PRIM	
Top Contract Top			10 STOCK 10 1 TO 10 STOCK 10 S				Min. 1 Alanth, L	oay (par) 19	9. Birthplaca (Stata or Fore
100. Zipe Code 2074 3 100. Zipe Code						1	071111	LJ, 1J	05 HASH., D.
11. Maria Blatus 12. Was Depocient Ever in U.S. 13. Was Depocient of Hispanic Crigin? (Speedy vas on No-Park Marinet 2 (Land Marinet 2 (tor	MARYLAND PRIN	CE GEORGES 10c. C	ity, Town or Lo	APITOL	HEIGH	rs		10d. Inside City Lim 1 X X s 2 □
Specify: S	I Direc		NUE			3			
16th Decedering Education 16th Decedering Charactering (Postal) (Postal		1 X Xover Married 2 ☐ Married	ied XXes JULY 2	3,	XX		(Specify Yes or Nuerto Rican, etc.)		BLACK
Table Name (Pietral Modelle, Last) Table Name (Pietral Modelle, Massian Gramma) Table Name (Pietral Modelle, Mass	fed	15. Decedent	'x Education	16a Degeo	sent's Usual Occup	pation	unical time	16b. Kind of B	usiness/Industry
Table Name (Pietra Modelle, Massian Germany) Table Name (Pietra Mode	ejac			life. I	DO NOT use retire	T use retired)			
Table Name (Pietra Modelle, Massian Germany) Table Name (Pietra Mode	Con	12TH			MUSICIA		Maria	-	
198. Informant's Name/Relationship (7)po, Print) JULIA V. WALKER/MOTHER 209. Method of Disposition Normal 2 Cloumation. 3 Cline provide from Style 200. Method of Disposition Normal 2 Cloumation. 3 Cline provide from Style 198. Informant's Name/Relationship (7)po, Print) 209. Method of Disposition Normal 2 Cloumation. 3 Cline provide from Style 200. Method of Disposition Normal 2 Cloumation. 3 Cline provide from Style 198. Mailing Address of Pacility 199. Date 10 Clouds (2) Cloud	Be								THE PERSON OF STREET,
20s. Method of Disposition 20s. Method of Disposition 20s. Method of Disposition 20s. Pages of Disposition Nature of PARK CEM. 10-3-96 LANDOVER, MI 21. Disposition 5 Disposition State 22s. Part I. Enter the disease, correctionation state 22s. Part I. Enter the disease, correctionation state income the floor of the state of the page	F			1 1 1 2 2 2 2 3 3 3 3 1 3 2		and Number o	r Rural Route Num	ber, City or Town,	State, Zip Code)
ARMON Hem Park CEM 10-3-96 LANDOVER Miles Landover Landover	L					E., C/		A STATE OF THE PARTY OF THE PAR	The state of the s
22. Name and Address of Facility DUDLEY FUNERAL 23. Part I. Enter the disease, or complications that caused field wild by the public of the cause of winds as a consequence of the cause of winds as a consequence of the cause of winds as a consequence of the cause of winds a consequence of the cause of winds a consequence of the cause of winds a consequence of the cause of winds a consequence of the cause of winds and the conditions of the cause of winds and winds and the conditions of the cause of winds and winds and the conditions of the cause of winds and winds and the conditions of the cause of winds and winds an			3 TRespond from State 206.	Place of Dispo cemetery, con	isition (Name of natory or other pla	Way or	Date	20c. Location -	
29a. Part I. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29b. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 29c. Part II. Other elignificant conditions contributing to death other lignificant conditions contributed to the cause of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death o		4 Dongton 5 Dother (S)	pecify)	KMUNT	MEM. P	AKK LI	.m. 10-3	-96 L	ANDUVER, MI
24s. Was an autopsy performed? 24s. Was an autopsy performed? 24s. Was an autopsy performed? 24s. Was an autopsy performed? 24s. Was an autopsy performed? 24s. Was an autopsy performed? 25s. Was case referred to medical examiner? 12s. Was case referred to medical examiner? 12s. Was case referred to medical examiner? 12s. Was case referred to medical examiner? 12s. Was case referred to medical examiner? 25s. Was case referred to medical examiner of cases of death? 26s. Place of Death (Check only one) 27s. Manner of Death 28d. Date of Injury at lower of Death (Check only one) 28d. Date of Injury at lower of Death (Check only	Medical	flany, leading to immediate cause. Enter Undertying Cause (Disease or injury that intiated events resulting in death) Last	c. Due to (c	or as a conseq	uence of);	van in Part I.	23h Di	11ahacco usa co	ntribute to the cause of d
24b. Wars an autopoxy performed? 24b. Wars an autopoxy performed? 24b. Wars and autopoxy performed? 24c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 26c. Place of Death (Check only one) 27c. Manner of Death 28d. Date of Injury 28d. Date of Injury 28d. Date of Injury 28d. Time of Injury 28d. Dat								_ N4	
25. Was case referred to medical examiner: 1									available prior to completion of cause
25. Was case referred to medical examiner: 1	Con						· D	Yes 2□No	Yas 2 No
27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide 28e. Place of Injury At home, farm, street, factory, office 29e. Celffiel (Check ofly and Injury Street) 29e. Celffiel (Check ofly and Injury Street) 29e. Signature and title of certifier 29e. Signature and stille of certifier 30. Name and addresses of person who completed causa of daath (item 23a) (Type, Print) 11 Penn Street, Baltimore, Maryland 2.12 31. Data filed (Month, Day, Year) 32. Registrar's Signature	Be		Manufact		. 12		Death (Check only	one)	, ,
1 Natural Sucided Homitode See. Place of injury. At home, farm, street, factory, office See. Place and Number or Rural Routs Number, City or Town, State) 29a. Ceeffiel Control of the causa(s) and manner as stated. 29b. Signature and title of certifier See. See. Place of injury. At home, farm, street, factory, office See. Place and place, and due to the causa(s) and manner as stated. 29c. License number See. See. Place of injury. At home, farm, street, factory, office See. Place of injury. At home, farm, street, factory, office See. Place of injury. At home, farm, street, factory, office See. Place of injury. At home, farm, street, factory, office See. Place of injury. At home, farm, street, factory, office See. Place of injury. At home, farm, street, factory, office See. Place of injury. At home, farm, street, factory, office See. Place of injury. At home, farm, street, f	-		1LJ Inpatient 2L		I SLI DOA	4TT Minns	-		D. A. P. C. C. C. C. C. C. C. C. C. C. C. C. C.
29a. Ce(file) (Check of) 29a. Ce(file) (Check of) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner as stated. 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and excress of person who completed causa of death (item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 2.12	ion							now injury occur	1 et
29a. Ce(file) (Check of) 29a. Ce(file) (Check of) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner as stated. 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and eddress of person who completed causa of death (item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 2.12	Icat	State of the Control	C C I C		A.Mo	28f Location	VStreat and Numb	res	
29a. Ce(file) (Check of) 29a. Ce(file) (Check of) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner as stated. 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and eddress of person who completed causa of death (item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 2.12	E	2 Accident investig 3 Suicide 6 Could n	of be 28e Pigos of Injury - At h	iome farm ste	aet factory office				per or Rural Routa Number
29c. License number 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year)	1 0	2 Accident investig 3 Suicide 6 Could n	tot be ined 28e. Place of injury - At h building, etc. (Special	ome, farm, str	net, factory, office		City or To		
O.C.M.E. SEPTEMBER 27, 19 30. Namer and address of person who completed causa of daath (item 23a) (Type, Print) The William William Completed causa of daath (item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 212 31. Data filled (Month, Day, Year) 32. Begistrar's Signatura		2 Accident 3 Suicide Homicide 29a. Colffie 1 Certifying	building, etc. (Special of my known of my	owledga, daath	occurred at tha th		533 ace, and dua to the	OWN, Stata) OWS A	E Constitution of the control of the
30. Name and address of person who completed causa of daath (item 23a) (Type, Print) 1	edical	2 Accident Suicide Homicide 29a. Ce (file) (Check only come)	g Physician: To the best of my kno Examiner: On the basis of examine	owledga, daath	n occurred at tha the vastigation, in my co	opinion, daath o	533 ace, and dua to the	own, Stata) OUS a causa(s) and man, data and place,	anner as stated. and dua to the causa(s)
30. Name and actives of person who completed causa of daath (item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 212 31. Data filed (Month, Day, Year) 32. Registrar's Signatura	edical	2 Accident Suicide Homicide 29a. Ce (file) (Check only come)	g Physician: To the best of my kno Examiner: On the basis of examine	owledga, daath	n occurred at tha the vastigation, in my co	opinion, daath o	533 ace, and dua to the	own, Stata) OUS a causa(s) and man, data and place,	anner as stated. and dua to the causa(s)
31. Data filed (Month, Day, Year) 32. Begistrar's Signatura	edical	2 Accident Suicide Homicide 29a. Ce (file) (Check only come)	g Physician: To the best of my kno Examiner: On the basis of examine	owledga, daath	occurred at the the vastigation, in my c	opinion, death o	533 ace, and dua to the	B causa(s) and man, data and place,	anner as stated. and dua to tha causa(s) d (Month, Day, Year)
31. Data filed (Month, Day, Year) 32. Begistrar's Signatura	edical	2 Accident 3 Suicide 4 Homicide 29a. Ce (file) (Chock only care) 29b. Signature and title of certifier	g Physician: To tha best of my kno Examiner: On tha basis of axamine and manner stated.	owledga, daath ation and/or inv	o occurred at the three vastigation, in my o	opinion, death o	533 ace, and dua to the	B causa(s) and man, data and place,	anner as stated. and dua to tha causa(s) d (Month, Day, Year)
at 1000 Super en employ work of	edical	2 Accident 3 Suicide 4 Homicide 29a. Ce (file) (Chock only 2 Medical E 29b. Signature and title of certifier 40. Name and address of person of	g Physician: To tha best of my kno Examiner: On the basis of axamine and manner stated. who completed causa of daath (iter	owledga, daath ation and/or inv m 23a) (Type,	occurred at tha the vestigation, in my of 29c. Licent	opinion, death o	ace, and dua to the courred at tha time	e causa(s) and min, data and place, 29d. Data signe	anner as stated. and dua to tha causa(s) d (Month, Day, Year) IBER 27, 19
	edical	2 Accident 3 Suicide 4 Homicide 29a. Ce (file) (Chock only 2 Medical E 29b. Signature and title of certifier 40. Name and address of person of	g Physician: To tha best of my kno Examiner: On the basis of axamine and manner stated. who completed cause of death (ites with a second seco	owledga, daath ation and/or inv m 23a) (Type, 111 atura	o occurred at tha the vastigation, in my of the vastigation, in my of the vastigation and the vastigation are considered. Print)	opinion, death o	ace, and dua to the courred at tha time	e causa(s) and min, data and place, 29d. Data signe	anner as stated. and dua to tha causa(s) d (Month, Day, Year) IBER 27, 19

5

E Language Contraction

300 EU . 11

DHMH 16 Ray 6/95

Registrar

OCT 0 9 1996

State of Maryland / Department of Health and Mental Hygiene

3 | 8 7 0 Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Death 3. Time of Death **Physician** Month Day 2, 1996 1:59 p.m. White October Earl /Medical Robert 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Washington Adventist Hospital Takoma Park Montgomery If Undar 1 Yaar | If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 □ F Months Days Hours 228-80-3327 42 Yrs. Director Virginia August 15, 1954 Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1) Yes 2 □ No Directo Virginia None Suffolk 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1016 Truman Road 23434 United States of America Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. Armed Polices.

1 X Yes 2 No
If Yes, Give July 1976Yaar or Dates: August 1976 1 ☐ Never Married 2 Married 1 ☐ Yes 2 ▼No þ Specify 3 Widowed 4 Divorced Black Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Planter's Peanuts 12 18. Mother's Name (First, Middle, Malden Sumama) 17. Father's Name (First, Middle, Last) Be Elzie White Dorothy Featherson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If Item 27 is in any injury or other traus once. Vanessa S. White - Wife 335 1/2 Cedar Street Suffolk, Virginia 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 N Buriai 2 □ Cremation 3 □ Ramoval from State 10/6/96 Suffolk, Virginia 4 ☐ Donation 5 ☐ Other (Specify) Carver Memorial Park 22. Nama and Addrass of Facility Crocker Funeral Home 21. Signature/of Funeral Service Licenses 900 East Washington Street Suffolk, Virginia Part¹ Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock for heart feiture. List only one cause on each line. Approximate intervel Between Onset and Deeth **Physician** /Medicai Immediete Cause (Final disease or condition resulting in death) Sudden Cardiac Death 1 hour **Examiner** Due to (or as a consequence of): Examiner 3 months Cardiomyopathy Sequentially list conditions, if eny, leading to immediate causa. Enlar Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of): Physician/Medicai Due to (or as a consequence of) Part il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably ♠ Unknown Sickle Cell Crisis þ 24b. Were eutopsy findings available prior to completion of ceusa of deeth? Completed 24a. Was en autopsy performed? 1 Yes Be 25. Was cese referred to medical 26. Place of Death (Check only ona) 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1XX Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - Al homa, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as steted. Medical 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signature an title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D45560 October 2, 1996 30. Name end address of person who completed ceuse of death (Item 23a) (Type, Print) 3060 Mitchellville Rd. Bowie, MD 20716 Dpinder Singh, M.D. OCT 1 6 1996 32. Registrar's Signature State

Registrar

28a-f show

8

238

ò

offher

nd Mental marked o

72 hours after

should be filed within Hygiene.

Maryland 21215-0020

Baltimore,

Box 68760.

Division of Vital Records, P.O.

event, the Medical Examiner must be

To the Hosp in 24 hours to the Fune completely fi

Hospital or Attending Physician: The law requires that the death certificate be executed
24 hours after deeth.
 Furneral Director: After this certificate has been signed by the attending physician and
leiely filled in by the furneral director, page 2 should be detached for use as the bunial-transit

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

3 Time of Death

8:15 AM

Birthplece (State or Foraign
Country)

10d. Inside City Limits

Approximata interval Between Onsaf and Deeth

24b. Were europsy findings aveilable prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

OCTOBER 8,1996

1 ☑ Yes 2 ☐ No

Maryland 21215-0020 Baltimore,

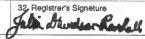
The law requires that the death certificate be executed ettending physician and for use es the buriel-transit Box 68760. Division of Vital Records, P.O. signed by t page 2 should certificate has or Attending Physician: After this death.

1. Decadent's Nema (First, Middle, Last) 2. Dete of Deeth Day **Physician** JAMES McCOY WALDEN 7, 1996 /Medical OCTOBER 4e. Fecllity Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 5413 POWHATAN ROAD Riverdale Prince George's If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Day, Year) 5. Sociel Security Number If Under 1 Yaer 7. Age (In yrs. last birthday) **Funeral** Deys Months 1⊠M 2□ F Yrs. Director 238-44-9644 72 Feb. 26, 1924 Rich Square, N.C. Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City. Town or Location show item 27 is marked other than "natural", or items 23a or 28a-f si other traumatic event, the Medical Experient must be notified Director Maryland Prince George's Riverdale 10e. Straet and Number 10f. Zip Code 10g. Citizen of Whef Country? 5413 Powhatan Road 20737 United States death Funeral 12. Was Decedanf Ever in U.S. Armed Forces? 11. Maritai Status Wes Decedenf of Hispanic Origin? (Spacify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, Whita, atc. permit. Pages 1 and 2 should be filled within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or iten any injury or other traumatic event, the Med call Eventual 2006. 1 Yas 2 No 6/29/44 If Yes, Give 1 Nevar Married 2 Marriad 1 ☐ Yes 2X No Specify: by 3 Widowad 4 Divorced Yaar or Detes: 5/25/46 African American Completed Decadent's Usuel Occupetion (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Self Employed Grocer Entrepreneur 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Be James Walden Emma Walden 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lisa Phillips - Daughter 5413 Powhatan Road, Riverdale, Maryland 20737 20b. Pleca of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBurial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Quantico National Cemetery 10/11/96 Triangle, VA 22. Name end Addrass of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, D. C. Vart1. Enter the disease, or complications that caused the daath. Do not antar the mode of dying, such es cardiac or respiretory arrast, shock, or heert feilure. List only one ceuse on each line. **Physician** /Medical Immediate Ceuse (Finel disease or condition rasulting in deeth) LUNG CANCER Examiner Due to (or es e consequence of) Examiner **SMOKING** Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Physician/Medical Due to (or es e consequenca of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24e. Was en eutopsy performed? 2 No 1 □ Yes Be 25. Was case referred to medical 28. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2⊠ No Other: 4 ☐ Nursing Home 5 🕅 Rasidenca 6 ☐ Other (Specify) 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 XNaturel 2 Accident 5 Pending Investigation To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: A completely filled in by the fi 1 Yes 2 No 3 ☐ Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of axaminetion and/or investigetion, in my opinion, deeth occurred at the time, dete end place, end due to the cause(s) and manner stated. (Check only one) 29b. Signatura and titlesed 29c. Licansa number 29d. Data signed (Month, Day, Year)

6

State Registrar 31. Dete filed (Month, Day, Yeer) OCT 1 0 1



DR.ANTHONY ARCENAS, M.D. 50 IRVING STREET, N.W. WASHINGTON, DC 20422

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

n 9 n ng. Balkar

- L - E 1 YEAR AND G - C 1 S C - S - G - G - G

and the second of the second o

ITEM: 19a, PER F'.H. FILM Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q G-740 10/31/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tetra of Death **Physician** WILSON U7:17 AM 007 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Holy Cross Hospital Silver Spring Montgomery

| H Under 1 Yeer | H Under 24 Hrs. | 8. Dete of Birth |
| Months | Deys | Hours | Min. | (Month, Day, Year) | 9. Birthplace (Stafe or Foreign Country) 7. Age (In yrs. last birthday) 5. Social Security Number **Funeral** 136-25-5259 1 M 2 DE 95 Yrs. Director 12-26-01 New York Usuei Residence of Decedent the Manyland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits d other than "naturel", or items 23s or 28s-f show event, the Medical Examiner rount be notified at NJ 1□Yes 2□No Red Bank Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 104 Sunset Ave 07701 filed within 72 hours after death Hygiene. Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritai Stetus 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 又反 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: Nidowed 4 □ Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondery (0-12) College (1-4or 5+) Tailoring 12 Seamstress permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If flem 27 is marked oths any injury or other traumatic event, sonce. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Unknown Unknown 2 19a. Informant's Name/\ CLANTON Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gloria Wilson Daughter 3100 Q St.SE Wash DC 20020 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 uriai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Monmouth Mem Pk 10/15/96 Thinton Falls No 21. Signature of Funeral Service Ligensge) 22. Name and Address of Facility AAMAN FUNERAL SERVICE lagon 1601 Kenilworth Ave NE Wash DC the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, bean failure. Approximate intervel Between Onset and Death Physician Due to (or as a consequence of):

ARTERIOSCIERETIC CARDIOVASCULAR DISERTE /Medical immediate Ceuse (Finei disease or condition resulting in death) **Examiner** The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury physician as the buriel Division of Vital Records, P.O. Box 68760 that initiated events resulting in death) Last Due to (or as e consequence of)

Physician/Medical Examiner

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24e. Wes an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Piace of Death (Check only one) examiner? 12 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1X Natural 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, and due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29b. Signeture and title of cardile

29d. Dete signed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (item 23e) (Type, Print)

ERNWOOD RO BE 31. Date filed (Month, Day, Year)

State Registrar

ŏ

eug.

signed by t

peen has

certificate

this

After

Director:

24 hours a

To the I

or Attending Physician:

death.

þ

Completed

Be

Certification: To

Medical

32 Registrar's Signature

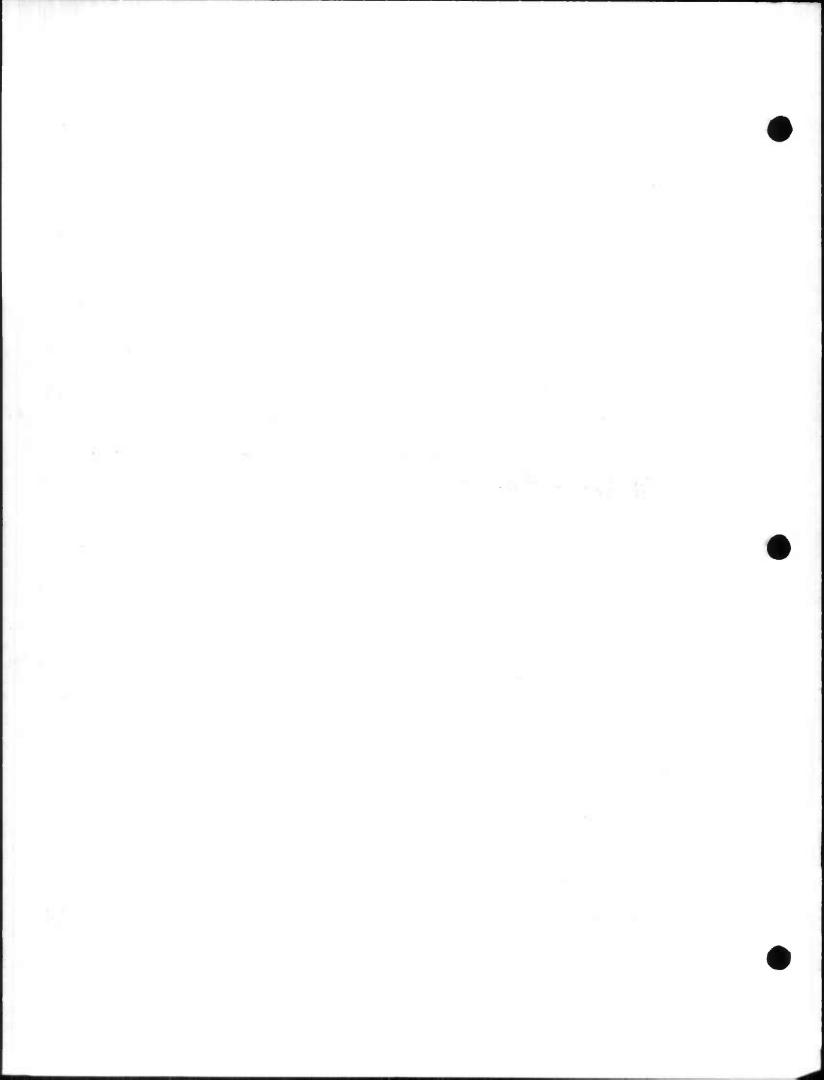
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
M F

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)	AlFred	V	Vhi	-e	2. DATE OF DEAT		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 578-44-8536	1X□ M 2 □ F 62		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ye JAN 6,	er)	BIRTNPLACE (State or Foreign Country) WASH., D.C.	
OR	98. FACILITY NAME (If not institution, give s PRINCE GEORGES HO RESIDENCE OF DECEMENT	1975	R	96. CITY, TOWN C	PR LOCATION OF DE	EATN		NCE GEORGES	
DIRECTOR	10a. STATE 10b. COUNT	CE GEORGES		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 8845 RITCHBORO RO	OAD		101	20747			IZEN OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp		NIC ORIGIN? (Speci in, Puerio Rican, at y:	ly Yes or No-	14. RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 1 2	College (1-4 or 5+)	16a. DECEOENT'S I (Give kind of w life. Do NOT use PARKING	ork done during ma e retired.)	st of working	16b. KIND O	F BUSINESS/IND	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) ALFRED WHITE				16. MOTHER'S NA OSTEIN	JONES	elden Sumame)		
TO E	194. INFORMANT'S NAME (Type/Print) BETTYE WHITE	(WIFE)				FORESTV		D. 20747	
25	20e. METNOD OF DISPOSITION Burlel 2 N Cremation 3 Removal from State 20c. LOCATION - City or Town, St								
	M859 ALEXANDER S. POPE FUNERAL HOMES 5538 Marlboro Pike, Forestville, Md 20747								
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Adssive Introductional bleeding DUE TO (OR AS A CONSEQUENCE OF): Introduction Congrul of Congrue of Congrul of Congrue of Congr							Approximate interval Between Onset and Death Cay Gays H Month	
MEDICAL CE	PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. A NEWY 1 - 24s. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO							AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
IAN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
PHYSICIAN:	EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATN	HOSPITAL:				8 Other (Specifi			
ву Рн	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIMI	URY WO	URY AT DRK? YES 2 NO	28d. DEŞCRIBE I	IOW INJURY OC	CURED	
ED	2 Solicide 3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)								
COMPLET		SICIAN: To the best of my know IER: On the besis of examination						ited. the cause(s) and menner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	nTella	uni		29c. LICENSE NU	274	29d. DAT	TE SIGNED (Month, Day, Year)	
Н	DR. Essam Tella		Old Bra		nue, Cli	nton, Md	. 20735	,	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE				-		

3 6 4

ita	P		
dso	che		43
he h	deta		OUC
by t	8		75
Pe	PIN		60
etair	S.		F
De n	3e 5		6
18	ě.		4
9	ctor.		SOF
306	dire		-10
h. P	eral		Ē
deat	Į,		ХЗГ
ter	류	Dya!	9
rs al	7	E	odic
Pour	ed i	. 0	Ĕ
24	N E	tion	the
1	leter	еша	Ħ,
3	E	J. C.	eve
cute)3 p	wina	tic
903	n an	01	E
20	iciai	rior	neu
icate	phys	9 e	er
ertif	Bu	gier	the state of
th c	pue	E	ŏ
dea	e att	lenta	μŊ,
the	y th	2	Ē
that	D D	h ar	J.
Se	sign	leaft	50
nba	U.S.	10	Po.
J ME	s be	PDT.	33
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writim 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	e o	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N. T	ficat	Stat	2
ICIA	certi	the	. 0
HYS	his c	朝	Ked
G P	E II	the second	nar
NIO	Aft	de	55
TEN	E	after	28
RA	REC	SIT	€
0 7	0	2	ite
MIN	8	22	=
100	UNE	vithi	AN
무	부	M Da	DRT
10	10	e file	MP(
=	F	ō	=

	FOR	OTATE OF \$140\// \$21	D / DEDI					3 31014
	1 - STATE REGISTRAR	STATE OF MARYLAN		ICATE OF		MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Armintie Eliza	abeth Warre	n AKA	Minnie	Warren	October		995 1:45A M
			rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
			88 yrs.			(Month, Day, Year) 05/18/(18	Maryland
~	9a. FACILITY NAME (If not institution, give street				PR LOCATION OF DE	EATH	Bc. COUNTY	
0	Wesleyan Health	l care cent	er	Dent	on		Larc	oline
JEC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY
0		roline			Dei	nton		1 TES 2 XNO
3AL	10e. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?
FUNERAL DIRECTOR	5879 Americar				21629		Unite	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	NO	If yes, sp	ecify Cuban, Maxica	NC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14.	. RACE — American Indian, Black, White, etc.
BY	3 N Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S	1 U YES	2 XNO Specify	y:	100	specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	(TION 18		USUAL OCCUPATION		18b. KIND OF BU	SINESS/INDUS	TRY
		College (1-4 or 5+)	Super	se retired.)		Cafoto	ria_F	E.I.DuPont
MP	11		Super	V 1301				I.bulont
	17. FATHER'S NAME (First, Middle, Last) William C.	Andrew				ME (First, Middle, Maiden abeth Poo		
BE	19a. INFORMANT'S NAME (Type/Print)	711141 611	19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		cle)
70	Janice C. Dulir	n	5431	Sandto	wn Rd.	, Felton	, DE	19943
	20a, METHOD OF DISPOSITION 1 IX Burlel 2 Cremation 3 Remove			OF DISPOSITION (Ne	rme of	DATE 20c. LO	CATION — City	or Town, Stata
	4 Donation 6 Other (Specify)	Co	ncord	Cemete			edera	lsburg, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE		Frame	tom-Ha	wkins-Esl	cow Fi	uneral Home
	Michael +.	· Zskow		PO Bo	x 43,	Federals	ourg,	uneral Home MD 21632
	23. PART I. Enter the diseases, or con ahock, or heart fellure. Lis	ist only one cause on each	na death. Do	not enter the mo	de of dying, suc	h aa cardlac or resp	iratory arrest	Approximate interval Between
	IMMEDIATE CAUSE (Final							Onset and Death
	disease or condition resulting in deeth)	DUE TO (OR AS A CO	- 01, N)				27m
	_							
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate							
CAT	csuse. Enter UNDERLYING CAUSE (Disease or injury							
E	that initiated events	DUE TO (OR AS A CO	INSEQUENCE C	F):				
Ë	resulting in death) LAST							
	PART ii. Other significant conditions	contributing to deeth but	not resulting	in the underlying	g cause given in			24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	Anen	nea				PERFOR	Concession	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC								1 TES 2 NO
ä	DID TOBACCO USE CONTRI				UNCERTAI	N 🗆		
C		HOSPITAL:	PLACE OF DEA	OTHER:				
1YS	1 YES 2 1	1 Inpetiant 2 ER/Outpette 28a. DATE OF INJURY	28b, TII	-		6 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)		JURY WO	PRK?	28d. DESCRIBE HOW	INJURY OCCUR	RED :
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY —	At home, farm,			26f. LOCATION (Street	and Number or	Rural Route Number,
ETED	4 Homicide determined	building, etc. (Specify)				City or Town, State)	,	
2	29a. CERTIFIER 1 CERTIFYING PHYSICIA	IAN: To the best of my knowledg	ga, death occur	red at the time, date	and place, and due	to the cause(a) and ma	nner se stated.	
COMPL	ana)	On the basis of axamination ar						auso(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CENTURER				29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
TO BE	They. I Do	Come			037	-036	D /3	17186
F	38. NAME AND ADDRESS OF PERSON WHO				V V.	(1)	1	. 24
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	2108	D. Dore	the Dri	be the	1 M	W) 21619
6	- 8 196	Julia Davids		00				
	0 30	(10000000000000000000000000000000000000	or - Maria	000				



				laryland / Dep Ce	rtificate of			Reg. No.	5 3	1875		
Physician /Medical	ı I.	Decedant's Nama (First, Middle, La FRANK	WILL	_I AMS			2. Dete of Date Month	Day 03	Year 96	3. Tima of Deeth 1:33 PM		
Examiner Funeral		4a. Facility Nema (If not institution, given Prince George 1.5. Social Security Numbar 6. S. 248-72-5321 Usual Rasidanca of Dacedant	Hospital		If Undar 1 Year Months Days	4b. City, Town, or Chever If Under 24 Hr Hours Mir	s. 8. Date of Birt	Prir	9. Birthple Count	orge's ace (State or Foreign) Carolina		
28a-1 show off ad at	1.	10e. State 10b. County Maryland Prince (Seorge's	10c. City, Town or Lo	Mitche	11:110			10	ld. Inside City Limit		
el', or items 23e or 28e-f shov Examinet must be notified at	1 211 211	10e. Street end Number 10911 Golf Cour		e	10f. Zip Coda	20721		10g. Citizen of	What Count			
eted by Funer		11. Marital Status 1 Navar Married 2 Married 3 Widowad 4 Divorced	12. Was Dacedent Armed Forcas? 1X Yes 2 ☐ If Yes, Giva Yeer or Datas:	No 0/ 10/ 04	Was Decadant of H If Yas, specify Cub 1 ☐ Yes 2 ☑ No	lispanic Origin? (en, Maxicen, Pua Specify:	Specify Yas or No- rto Rican, etc.)	14. Ra Bis	ce - Americe ck, White, a			
edical	Daniel Land	15. Decedant's Ec (Specify only highest gra Elamantary/Secondary (0-12)	ucation	16e. Dace (Give life.	dant's Usual Occup kind of work done DO NOT use retire	during most of wi	orking	16b. Kind of E	Jusinass/Indi			
To Be C	3	17. Fathar's Nema (First, Middle, Last) UNKNOWN		1030	ar super	18. Mothar's Na	ame (First, Middle,	Maiden Sumar		CIIC		
		19a. Informent's Nama/Relationship (Helen Williams/	ype, Print) Wife	19b. Mailii 1091	ng Address (Street 1 Golf C	end Number or F Ourse Te	Rural Route Number	r, City or Town itchell	, State, Zip (Code) , MD 207		
any Injury or other traum once.	1	20a. Mathod of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 ☐ 1 ☐ Other (Specify		20b. Place of Dispo cametery, crer Chesape	apeake Crematory 10/9/96 Beltsville, Maryla							
eny In	21. Signature of Fundral Service Licensee 22. Nama and Addrass of Facility J. B. Jenkins Funeral Home 7474 Landover Road, Landover, Mar 23a. Part 1. Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,									nd 20785		
the bunal-transit up leading l		Immediate Ceuse (Finel disassa or condition rasulting In daath)	4 .	OWCINOM Dua to (or as a consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive t	Q UV					Approximata Intarval Between Onsat and Death		
edical		Sequantially list conditions, if any, leeding to immadiate causa. Enter Underlying Causa (Disease or injury that initiated events resulting in death) Last	c	Dua to (or as a consequence of):								
by Physician/M		Part II. Other significant conditions co	ntributing to death b	tributing to death but not resulting in the underlying cause given in Part I. 23b. Did to						10bacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown		
2 should					200		24e. Was e perfor		aval	a autopsy findings labla prior to plation of cause eath?		
rector 5 Be	1	25. Wes casa rafarred to medical axaminer? 1 ☐ Yas 2 ☑ No	Hospitel: 1 ☐ Inpatle	25/500	Oth.		1 ☐ Y	(e)		Yas 25 No		
funera tlon:		27. Manner of Deeth 1 Natural 5 Panding 2 Accidant invastigation 3 Suicida 8 Could not be	28a. Data of Inju (Month, De)	y Year) 28b. Tima of Injury	28c. Injun World	4 U Nursing F	Homa 5 Rasida 28d. Dascribe ho	ow injury occur	red			
		4 Homicida determined	building, ato	of my knowledge death	occurred at the tim	a, data and place	28f. Location (St City or Town	n, State)				
Medical	2	(check only 2 Medical Examone) 19b. Signatura and titla of certifiar	and mannar sta	axamination and/or inv	29c. Licanse	number	urred at tha tima, de	eate and place, and Date signed	and due to th	na causa(s)		
0/	3	0. Nama and address of person who c		eath (Item 23e) (Type, I			, Na C	10/4	146			
State Registrar	3	11. Date filed (Month, Day, Year) OCT 0 8 199		ar's Signature	. 1000 000	The Property of	, 1000	000 1.0				

en a ver

State of Maryland / Department of Health and Mental Hygiene UNKNOWN 96-818 Certificate of Death 2. Data of Death 3. Time of Death

10d. Inside City Limits

Approximata Intarvai Between Onset and Death

\$EPTEMBER 23, 1996

t♥ Yes 2 No

Physician
/Medicai
Examiner
Examiner

1. Decedent's Name (First, Middle, Last)

WALTER

DEON

21215-0020 Baltimore, Maryland Pages 1 and 2 should be nent of Health and Mental

The law requires that the death certificate be executed bunal-tran and P.O. Box 68760. attending physician use as the signed by Division of Vital Records, 8 page 2 should peen has certificate director, 2 this funeral (Certification: After Attending s after das. af Director: After To the Hospital within 24 hours a To the Funeral Completely filled Medicai

Dey 23, WILSON SEPTEMBER 1995 2:48AM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Sacurity Number 8. Date of Birth
June 12,1968 Washington, D.C. 7. Age (In yrs. last birthday) Funeral 1☐M 2□F Days 577-82-4055 28 Director Yrs Usual Residence of Decedent Maryland a or 28a-f show 10a State 10b. County 10c. City, Town or Location Director Md North East the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? US 144 Mahogany Dr. 21901 "natural", or items 23a death Funeral 12. Was Decedent Evar in U,S. Armad Forces? 1 ☐ Yes 24☐ No ff Yes, Give Yaar or Dates: 11. Marltai Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Raca - Amarican Indian, Black. White, etc. filed within 72 hours after Naver Married 2 Married 1 Yas 2 No Specify: Black þ 3 Widowed 4 Divorced I Hygiena. other than "natura rent, the Medical E Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 18b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Laborer Private Industry of Health and Mental Hygie If Nem 27 is marked other to or other traumatic event, in 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Lynn Wilson Katie Page 0 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Lynn Wilson 20b. Piace of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c, Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If any Injury or 10-9-96 Suitland, Md. Lincoln Memorial 21. Signature of Funeral Service Licenses 22. Name and Addrass of Facility ayun Robert G. Mason Funeral Home 23a. Part1. Enter the disease, or complications that ceusad the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each lina. **Physician** /Medical Immediate Cause (Final MULTIPLE GUNSHOTWOMS disease or condition resulting in death) **Examiner** Due to (or as a consequence of): Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? þ Completed 24a. Was an autopsy performed? 1 Yes 2 No Be 25. Was cese referred to medicei

1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 【XIXTR/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) TXXes 2□ No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturai 5 Pending investigation Injury 9 23 96 1 Yes 2 10 No 0130 A M SUNSJEG SHOT. 2 Accident 6 Could not be determined 3 ☐ Suicide 4 ☑ Homicide 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3052 304 STSE WASHINGTON D.C STREET 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) end manner as stated.

**Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one 29b. Signature and title of certifier 29c. Licanse number 29d. Data signed (Month, Day, Year)

O.C.M.E.

State Registrar

MARYANTS 31. Date filed (Month, Day, Year) OCT 0 9 1996

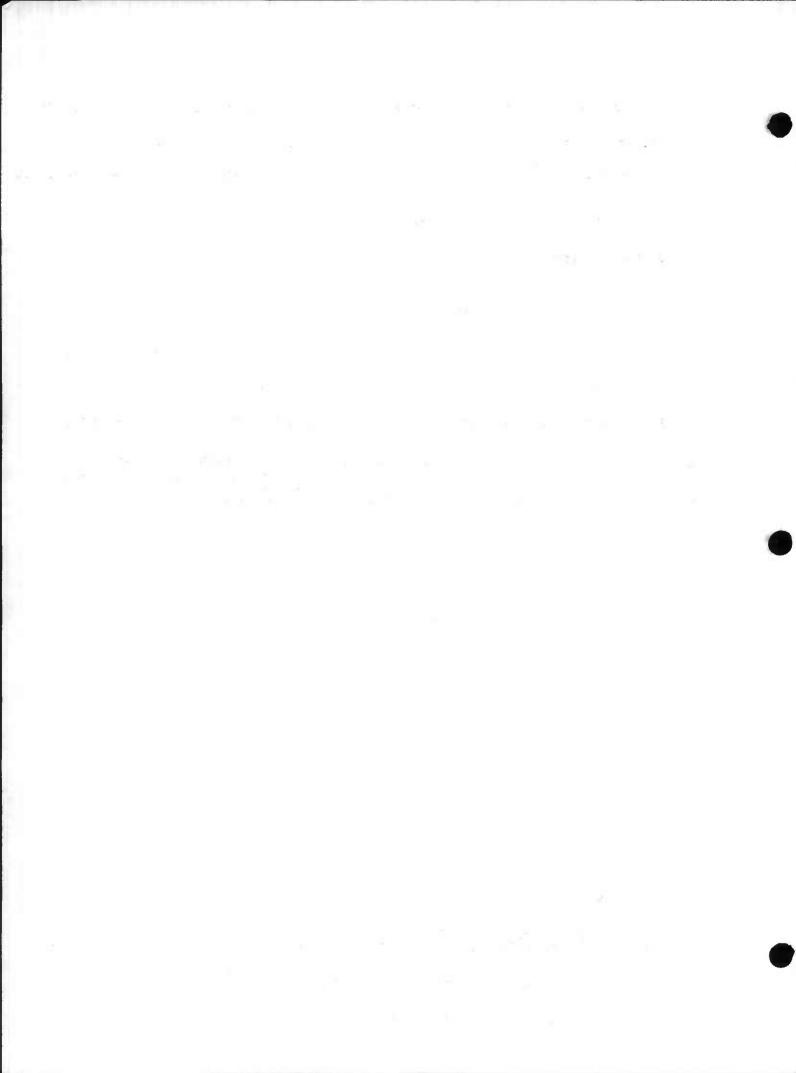
Monte

S-VORStu 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature This Moder Restall

30. Name and eddress of person who completed cause of death (item 23e) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene 96

			Certificate of Death	· ····o·····a·· · · · · ·	Reg. No.	31011
	Diam'r.		Decedent's Neme (First, Middle, Last)	2. Dete of De Month		3. Time of Deeth
	Physici /Medi		Richard John Yanick	October	4, 1996 Year	5:20 AM
	Examir		4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or	or Location of Deeth	4c. County of Dea	ath
			Montgomery General Hospital Olney		Montgom	erv
Т	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 H			rthplace (State or Foreign country)
	Director		577-10-5229 180 M 2 F 87 Yrs. Months Days Hours M	May 26	1909 Was	hington, D.C
	/land		10a. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limits
	Many First	ţ	Maryland Montgomery Silver Spring			1 ☐ Yes 2 ☒ No
	r 28a	Se l	10e. Street end Number 10f. Zip Code		10g. Citizen of Whet C	country?
	ath with the Marylar 23a or 28a-f show ust be nourled at	ral D	620 Ednor Rooad 20905		USA	
20	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show edical Examinet must be incorred at	by Funeral Director	11. Meritei Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Never Merried 2 □ Married 1 ☑ Yes 2 □ No If Yes, Sière 1 □ Yes 2 ☑ No Specify:	(Specify Yes or No- erto Rican, etc.)	Specify:	ite, etc.
Ş	hour		WW 11			hite
21215-0020	C - 0	Completed	15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of wife. DO NOT use refired)	vorking	16b. Kind of Business	s/industry
12	iene. Itan r	E	Elementery/Secondary (0-12) College (1-4or 5+)		Retail G	M O O O MIT
	e filed within the Hygiene.			eme (First, Middle,		rocery
au	S E D S	Be		activity and	Maiden Surrieme)	
3	should be and Menta i marked umatic ev	L	Stephan Yanick Rose Po			
Maryland	2000		19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or 19b. Meiling Address)			
	1 and Health em 27		Elma Yanick / Sister-in-law 620 Ednor Road, Silve			
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other 1 once.		20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 4 □ Donetion 5 □ Other (Specify) Fort Lincoln Cemetery	Dete 10/8/96	20c. Location - City o Brentwood,	
alt	Departri Departri Imports any Inju		21. Signeture of Funerei Service Licensee 22. Neme end Address of Facility H			1 Home
<u> </u>	88E58		Dalan Damel 11800 New Hapshi	aryland	20904	
			23a. Pert1. Enter the disease, ir comblications that caused the death. Do not enter the mode of dying, such as card shock, or heart fellure. List by one cause on each line.	rest,	Approximate interval Between	
	Physician					Onset and Deeth
7	/Medical Examiner		Immediate Cause (Finel disease or condition passifing in death) 8. Pheumotus			7 0445
	Examiner		resulting in deeth) Due to (or es a consequence of):			
	D #	Examiner	Due to (or es a consequence of): b. Congcstive Heart for	21/42		2-3 years
	tificate be executed g physician and es the burial-transit	am	Sequentially list conditions, Oue to (or es a consequence of):		-	
Ö,	lan a		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events			
68760,	nysic he b	edical	that initiated events resulting in death) Lest Due to (or es a consequence of):			
9	2 2 2	Med				
ROX	death cer e attendir od for use	an	d			1
	0 0 0	sici	Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert i.	23b. Did 1	obacco use contribut	te to the cause of death?
. P.O.	requires that the de een signed by the a hould be detached	by Physician/M		10	Y00 20 No 3□1	Probably 4 Unknown
Records,	v requires been sign should be					. Were autopsy findings available prior to
ပ္တ	- 00	Completed		perio	rmed?	completion of cause of death?
ř	0 - 2	mo.		101	as allas	1 Yes 2 No
Ö	ician: The certificate rector, pag		25. Was case referred to medical 26. Place of D		Y	1 1 1 45 2 1 NO
or Vital		o Be	exeminer?	eeth (Check only o		
0	Phy ral d	. To	1 Yes 2 No 10 Inpatient 2 ER/Outpatient 3 DOA 10 Nursing 27. Mejiner of Death 28e. Dete of Injury 28b. Time of 28c. Injury at		ience 6 Other (Sponow injury occurred	ecity)
5	After fune	tion	(Month, Dey Year) Injury Work?		ion injury observed	
Division	Attending r death.	Certification:	3 Sulcide 6 Could not be	28f Location /5	Street and Number or F	Jural Pouta Number
2	or A after Direct	E E	determined determined determined determined 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify)	City or Tox		duel Houte Mulliber,
	To the Hospital or Attending Phywithin 25 hours after death. To the Fuhreral Director: After the completely filled in by the funeral	_	29e. Certifier Certifying Physician: To the best of my knowledge deeth occurred at the time date and ple			
	Fun Fun	edical	(Check only 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth oc	ce, and due to the c curred et the time,	cause(s) and manner a dete end plece, and du	e to the cause(s)
	thin the	Mec	end manner stated. 29b. Signeture and title of ceptifies 29c. License number		29d. Dete signed (Mon	oth Day Year)
	5 ¥ 5 20	-				
	2		6. (hall. 1) 043430	C	KIU DEL,	4th, 1996
	3		30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	D 2083	2 3	
				1 708	,	
	Sta Registr		31. Dete filed (Month, Day, Year) 32. Registrer's Signeture			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Year Paul H C Yin October 7, 1996 3:00 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** 4c. County of Death Manor Care Health Services Potomac Montgomery 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Deys Months 1 DXM 2 □ F Hours 85 084-01-1605 Director China March 15, 1911 Usual Residence of Decadent 10b. County 23a or 28a-f show 10c. City, Town or Location 10d. Inside City Limits the Medical Examiner must be notified at Director 1 ☑ Yes 2 ☐ No Maryland Rockville Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 Radburn Court 20850 United States Funeral , or items 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 14. Raca - American Indian. Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite, any injury or other traumatic event, the Medical Examina 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Yes. Give 1 ☐ Yes 2√ No Specify. by Specify: 3 ☑ Widowed 4 ☐ Divorcad Year or Detes: Oriental Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuai Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) 5+ Elementary/Secondery (0-12) Businessman Import-Export 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Yue-Ssu Yin Tuh-Yu Yeh 19a. fnforment's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert K. Yin/Son 9540 Persimmon Tree Road, Potomac, Maryland 20854 20b. Placa of Disposition (Name of cametery, cremetory or other place) Oct. 20a. Method of Disposition 20c. Location - City or Town, Stete 1996 8, 1 ☐ Burlal 2 ☼ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland Robert Address of Facility Robert Home / Bethesda-Chevy Chase, Inc 21. Signature of Funeral Service Licansee Chase, Inc. M00198 ach 01 Bethesda, Maryland 20814-3501 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Congestive Heart Failure 2 years **Examiner** Due to (or es e consequenca of): Physician/Medical Examiner anding physician and use as the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of): attending physician Due to (or as a consequence of) resulting in death) Last 6 detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. the 23b. Did tobacco use contributs to the cause of death? 3 ☐ Probably 4 🕅 Unknown 1 ☐ Yss 2 ☐ No þ page 2 should be Be Completed 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an eutopsy performed? peeu certificate has 1 Yes 2 No 1 ☐ Yes 2 ☑ No 25. Wes case referred to medical examiner? 28. Piece of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 2 ER/Outpatient 3 DOA the funeral 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 XNatural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide

P.O. Box 68760. Records, Division of Vital al or Attending Physician: To safter death. I Director: After this certificat filled in by 24 hours a Hospital completely To the Within 2 To the

State Registrar

Medical

Michael J. Grady, M.D. 31. Date filed (Month, Day, Yeer) OCT 0 9 1996

29b. Signature and title of cartified

29e. Certifier

(Check only one)

4910/Massachusetts Avenue, NW Washington, D.C.

30. Name and address of person who completed cause of death (Nem 23a) (Type, Print)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) end manner as stated

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(s) end manner stated.

29c. License number

D38781

29d. Date signed (Month, Dey, Year)

October 7, 1996

20016

State

e of Maryland / Department of Health and Mental Hygiene Certificate of Death	96	21	070
Certificate of Death Reg. No.	20	U	013

Fu Dire

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.
Important: If flem 27 is marked other than "naturel", or flems 23a or 28a-f show

Baltimore, Maryland 21215-0020

Physi /Me Exan

a the Hospital or Attending Physician: The law requires that the death certificate be associted whin 24 hours after death.

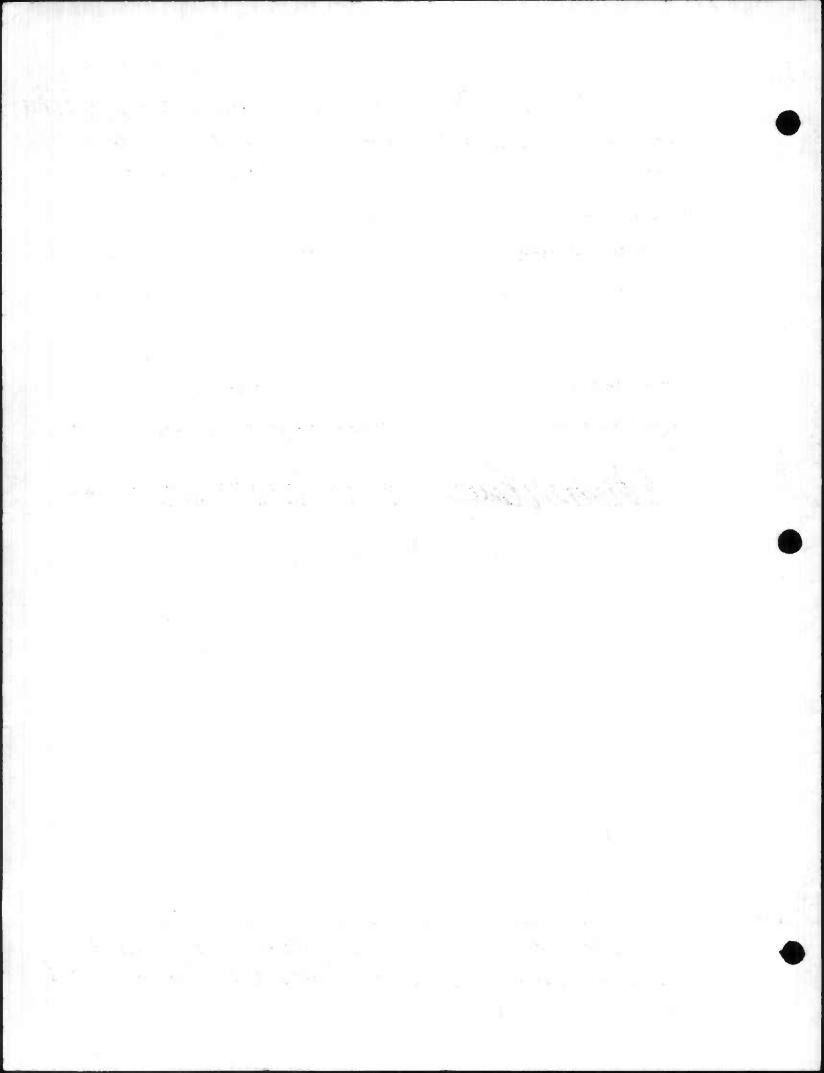
The Funeral Director: After this certificate has been signed by the attending above and Division of Vital Records, P.O. Box 68760,

										J. No.			
	1. Decedent's Neme (First, Middle, L.	ast)							a of Deeth		West	3. Tima of Deat	
n	Lelia Rice Your	nq						Oct		8, 199	Year 96	5:30 F	
il r	4e. Fecility Neme (If not institution, gi		m <i>ber</i>)			4b. C	ity, Town, o	or Location of		4c. County			
1	3625 Dunlap Stre					Ter	mole F	Hills,		Prince			
	5. Sociel Security Number 6.	Sex	7. Age (In yrs.	lest birthdey) If Undar 1	Year If	Undar 24 H		8. Date of Birth (Month, Dey, Year) 9. Birthplace (Stata or Fore Country)				
	228-22-5990 Usual Residence of Decedant	1□ M 2 F	74	Yrs.	Months D	Deys H	lours Mi		nth, Dey, 1	, 1922	Amh	erst Co.	
	10a. Stete 10b. County		10c. Ci	ty, Town or L	ocation						Т	10d. Inside City Lin	
Director	Maryland Prince	Georges	Ten	mple H								1 X X es 2□	
5	10a. Street end Number				10f. Zip Co				109	g. Citizen of V	Vhet Cou	intry?	
10	3625 Dunlap Stre	eet			207	48			J	JSA			
runeral	11. Marital Status	Armed Fo	edant Evar in U proes?	J,S. 13.	Wes Deceden If Yes, specify	t of Hispe Cuban, N	nic Orlgin? lexican, Pu	(Specify Ye erto Rican, a	s or No-		e - Amari k, White	can Indian, etc.	
ב	1 ☐ Never Merried 2 ☐ Merried	1 ☐ Yes If Yes, Gi			1 ☐ Yes 200		pecify:						
000	3 Widowed 4 Divorced	Yaar or D								Afric	can-A	American	
ere	15. Decadent's Education (Specify only highest grade completed) 16a. Decadent's Usuel Occupation (Give kind of work done during most of working							vorking	16	6b. Kind of Bu	siness/ir	ndustry	
Completed	Elementery/Secondary (0-12) College (1-4or 5+)												
ס כ	7th Clerk Pr								rintir		ompany		
9	17. Fether's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumeme) Marryin Pigo									Θ)			
0	Marvin Rice Gertrude English												
	19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Coo												
	Edgar Young/Husband												
	20a. Mathod of Disposition 20b. Pleas of Disposition (Avera of Dis												
	1XS Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Washington Nat'l Cemetery10-12-96 Suitland, MD												
	21. Signature of Funeral Service Line		wa	sningt	on Nat'	T CG	Heter	Strick ATO-T	land	Finers	and,	MD ervice,PA	
	21. Signature of Furneral Service Lib	W Z	0	2	دد. Ivalma and A	100105S 0	racinty L	LLLICA	_uiu	- MICTO	T 106	VICE, PP	
	/ Sulle	sus	land		6500 A						s, N	1D 20748	
	23a. Part1. Enter the disease, or conshock, or heert feilure. List online Immediate Cause (Final	y one ceuse on (eech line.			_					į	Interval Between Onset and Deeth	
	diseese or condition	Ca	ncer of	the T	Luna						T	ess than	
		a. Ca	ncer of	the I							I	less than	
I al	diseese or condition	a.		or es e conse	equence of):					<u></u>	I		
ammer	disease or condition resulting in deeth)	a.	Due to (ain Mat	or es e conse	equence of):						I		
	disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Entar Underlying	a.	Due to (ain Mat	or es e conse tastosi	equence of):						I		
	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events	a.	Due to (ain Mat Due to (or es e conse tastosi	equence of): LS equence of):						I		
Medical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury	a.	Due to (ain Mat Due to (or es e conse castosi or es e conse	equence of): LS equence of):						Į		
Medical	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events	bBr	Due to (or es e conse castosi or es e conse or as a conse	equence of): LS equence of): equence of):	sa givan li	n Part I.	23	b. Did tob	ecco use co		2 Months	
Physician/medical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last	bBr	Due to (or es e conse castosi or es e conse or as a conse	equence of): LS equence of): equence of):	sa givan li	n Part I.	23		ecco use con		Less than 2 Months to the cause of decemberly 4 Unknown	
by rily sicially medical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last	bBr	Due to (or es e conse castosi or es e conse or as a conse	equence of): LS equence of): equence of):	sa givan li	n Part I.			e 2□ No	ntribute 3 Pro	2 Months to the cause of de- bebly 4 Unkr	
of mysicians medical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last	bBr	Due to (or es e conse castosi or es e conse or as a conse	equence of): LS equence of): equence of):	sa givan li	n Part I.		1⊠ Yea	autopsy	3 Pro	2 Months to the cause of decibebly 4 Unkr	
completed by ringsicially medical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in daeth) Last Part II. Other significant conditions 25. Wes case referred to medical	bBr	Due to (or es e conse castosi or es e conse or as a conse	equence of): LS equence of): equence of):				1 ☑ Yee e. Wes an perform	autopsy ed?	3 Pro	2 Months to the cause of de bebby 4 Unker Vere autopsy findin veileble prior to omplation of cause f death?	
De completed by rugsicialitimedical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Part II. Other significant conditions	b. Br	Due to (ain Mat Due to (Due to (or es e conse	equence of): LS equence of): equence of): equence of): undarlying cause	26 Other	s. Plece of C	24 Deeth (Chec	e. Wes an perform	autopsy ed?	ntribute 3 Pro	2 Months to the cause of de babbly 4 Unker Vere autopsy findin veileble prior to omplation of cause f death?	
to be completed by ruysician/medical	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in daeth) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1	b. Br	Due to (ain Mat Due to (Due to (leath but not re-	or es e conse castosi or es e conse or as a conse sulting in tha	equence of): LS equence of): equence of): undarlying cause	26 Other:	s. Plece of C	24 Deeth (Chec	e. Wes an perform. 1 □ Yes k only one	autopsy ed?	ntribute 3 Pro 24b. V a c o 1	2 Months to the cause of decibebly 4 Unkr	
to be completed by ringsicially medical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Death **MXNeturel** 5 Pending	b. Br c. Contributing to d	Due to (ain Mat Due to (Due to (eath but not re-	or es e conse	equence of): LS equence of): equence of): undarlying cause	Other:	s. Plece of C	24 Deeth (Chec	e. Wes an perform. 1 □ Yes k only one	autopsy ed? s 2 No	ntribute 3 Pro 24b. V a c o 1	2 Months to the cause of de babbly 4 Unker Vere autopsy findin veileble prior to omplation of cause f death?	
to be completed by this sicial smedical	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 XNo 27. Menner of Death XXINeture 5 Pending investigations Suicide 6 Could not the could not	b. Br c	Due to (ain Mat Due to (Due to (Due to (Inpatient 2 Collings) of Injury Year) a of Injury - At I	or es e conse castos or es e conse or as a conse sulting in tha BER/Outpetie 28b. Time Injury	equence of): LS equence of): equence of): underlying cause ent 3 □ DOA of 28c	Other: Injury et Work? 1 \[Yes	s. Plece of E	24 Deeth (Chec g Home 5 28d. De 28f. Lox	e. Wes an perform 1 Yes k only one Residen percibe how cation (Street	autopsy ed? autopsy ed? autopsy ed? autopsy ed? autopsy ed? autopsy ed?	24b. V a c c c c c c c c c c c c c c c c c c	2 Months to the cause of de babbly 4 Unker Vere autopsy findin veileble prior to omplation of cause f death?	
to be completed by ringsicial medical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that intileted events resulting in daeth) Last Part II. Other eignificant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 XNo 27. Menner of Death XXNeturel 5 Pending investigeti	b. Br c	Due to (ain Mat Due to (Due to (leath but not re- linpatient 2E of Injury tith, Dey Year)	or es e conse castos or es e conse or as a conse sulting in tha BER/Outpetie 28b. Time Injury	equence of): LS equence of): quence of): undarlying caus ent 3 DOA of 28c	Other: Injury et Work? 1 \[Yes	s. Plece of E	24 Deeth (Chec g Home 5 28d. De 28f. Lox	a. Wes an perform 1 ☐ Yes **k only one **X Residen	autopsy ed? autopsy ed? autopsy ed? autopsy ed? autopsy ed? autopsy ed?	24b. V a c c c c c c c c c c c c c c c c c c	2 Months to the cause of de- beby 4 Unkil Vere autopsy findin veileble prior to ompletion of cause f death? Yes 2 No	
cer illication. To be completed by rugsicially medical	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 XNo 27. Menner of Death XXINeture 5 Pending investigations Suicide 6 Could not the could not	b. Br c. d. Loontributing to de loon be loon be loon be loon be loon loon be loon loon be loon loon be loon loon be loon loon be loon loon be loon loon loon loon loon loon loon loo	Due to (ain Mat Due to (Due to (Due to (Inpatient 2E of Injury ath, Dey Year) a of Injury - Athing, etc. (Species best of my knasis of exemination	or es e conse CASTOS or es e conse or as a conse sulting in tha BER/Outpetie 28b. Time Injury nome, ferm, s	equence of): LS equence of):	Other: Injury et Work? 1 Yes	5. Plece of E 4 Nursing 2 No	Deeth (Chec g Home 5 28d. De 28f. Loc Cit	1 ☑ Yes e. Wes an perform 1 ☐ Yes k only one ☑ Residen escribe how action (Street or Town, or to the cate of t	autopsy ed? autopsy ed? autopsy ed? autopsy ed? autopsy ed? autopsy ed? but local formation occurrence of Other injury occurrence occurre	24b. V a c c c c c c c c c c c c c c c c c c	2 Months to the cause of de- obably 4 Unkr Vere autopsy findin veileble prior to omplation of cause f death? Yes 2 No ify)	
edical certification: To be completed by Filysicially medical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in daeth) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Death Minimizer of Death Minimizer of Death Minimizer of Could not determine 29e. Certifilar (Check only one) 1 Certifying F (Check only one)	b. Br c. d. Loontributing to de loon be loon be loon be loon be loon loon be loon loon be loon loon be loon loon be loon loon be loon loon be loon loon loon loon loon loon loon loo	Due to (ain Mat Due to (Due to (Due to (Inpution 1 2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or es e conse CASTOS or es e conse or as a conse sulting in tha BER/Outpetie 28b. Time Injury nome, ferm, s	equence of): LS equence of): quence of):	Other: Injury et Work? 1 □ Yes offica	5. Plece of E 4 Nursing 2 No	Deeth (Chec g Home 5 28d. De 28f. Loc Cit	e. Wes an perform. 1 ☐ Yes k only one Residen scribe how cation (Stray or Town, to the cause time, det	autopsy ed? 2 No 2 No 1 No 1 No 1 No 2 No 2 No 1 No 1 No 2 No	and due	2 Months to the cause of decobably 4 Unkur Vere autopsy findin veileble prior to ompletion of cause of death? Yes 2 No ify) ral Route Number, steted. to the cause(s)	
Medical Certification: To be Completed by Physician/Medical Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or injury that intileted events resulting in daeth) Last	b. Br c. d. Loontributing to de loon be loon be loon be loon be loon loon be loon loon be loon loon be loon loon be loon loon be loon loon be loon loon loon loon loon loon loon loo	Due to (ain Mat Due to (Due to (Due to (Inpatient 2E of Injury ath, Dey Year) a of Injury - Athing, etc. (Species best of my knasis of exemination	or es e conse CASTOS or es e conse or as a conse sulting in tha BER/Outpetie 28b. Time Injury nome, ferm, s	equence of): LS equence of): quence of): quence of): undariying cause ant 3 DOA of 28c M treet, fectory, of the occurred et investigetion, in 29c. L	Other: Injury et Work? 1 Yes ffica the time, c my opinio	5. Piece of E 4 Nursing 2 No dete end plete on, deeth oc	24 Deeth (Chec g Home 5 28d. De 28f. Loc Cit	1 ☑ Yes e. Wes an perform 1 ☐ Yes k only one ☑ Resident scribe how cation (Stray or Town, et to the caue time, det	autopsy ed? autopsy ed? 2 No) nca 6 Oth. v Injury occurr State) use(s) and make end plece, d. Data signed	24b. V a c c c c c c c c c c c c c c c c c c	2 Months to the cause of depote by 4 Unknown to the cause of depote by 4 Unknown to the cause of death? Yes 2 No ify) ral Route Number, steted. to the cause(s)	
edical certification: 10 be completed by Physician/Medical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in daeth) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Death Minimizer of Death Minimizer of Death Minimizer of Could not determine 29e. Certifilar (Check only one) 1 Certifying F (Check only one)	b. Br c. d. Loontributing to de loon be loon be loon be loon be loon loon be loon loon be loon loon be loon loon be loon loon be loon loon be loon loon loon loon loon loon loon loo	Due to (ain Mat Due to (Due to (Due to (Inpatient 2E of Injury ath, Dey Year) a of Injury - Athing, etc. (Species best of my knasis of exemination	or es e conse CASTOS or es e conse or as a conse sulting in tha BER/Outpetie 28b. Time Injury nome, ferm, s	equence of): LS equence of): quence of): quence of): undariying cause ant 3 DOA of 28c M treet, fectory, of the occurred et investigetion, in 29c. L	Other: Injury et Work? 1 Yes ffica the time, c my opinio	5. Plece of E 4 Nursing 2 No	24 Deeth (Chec g Home 5 28d. De 28f. Loc Cit	1 ☑ Yes e. Wes an perform 1 ☐ Yes k only one ☑ Resident scribe how cation (Stray or Town, et to the caue time, det	autopsy ed? 2 No 2 No 1 No 1 No 1 No 2 No 2 No 1 No 1 No 2 No	24b. V a c c c c c c c c c c c c c c c c c c	2 Months to the cause of depote by 4 Unknown to the cause of depote by 4 Unknown to the cause of death? Yes 2 No ify) ral Route Number, steted. to the cause(s)	
edical Certification: To be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in daeth) Last Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Death Minimizer of Death Minimizer of Death Minimizer of Could not determine 29e. Certifilar (Check only one) 1 Certifying F (Check only one)	b. Br c. d. Loontributing to d. Loontributing	Due to (ain Mat Due to (Due to (Due to (Due to (Inpatient 2E of Injury ath, Dey Year) a of Injury - Ath ing, etc. (Species best of my kn asis of exeminater steted.	or es e conse castos or es e conse or as a conse or as a conse sulting in tha 28b. Time Injury nome, ferm, s owledge, dee	equence of): LS equence of): quence of): quence of): undarlying cause ant 3 DOA of 28c M treet, fectory, of the occurred et investigation, in 29c. L	Other: Injury et Work? 1 Yes ffica the time, c my opinio	5. Piece of E 4 Nursing 2 No dete end plete on, deeth oc	24 Deeth (Chec g Home 5 28d. De 28f. Loc Cit	1 ☑ Yes e. Wes an perform 1 ☐ Yes k only one ☑ Resident scribe how cation (Stray or Town, et to the caue time, det	autopsy ed? autopsy ed? 2 No) nca 6 Oth. v Injury occurr State) use(s) and make end plece, d. Data signed	24b. V a c c c c c c c c c c c c c c c c c c	2 Months to the cause of depote by 4 Unknown to the cause of depote by 4 Unknown to the cause of death? Yes 2 No ify) ral Route Number, steted. to the cause(s)	

byya verice of the second seco

State of Maryland / Department of Health and Mental Hygiene 95 31880

		Certificate of De	eath Reg. No.	20 21000								
Physician /Medical	1. Decedent's Neme (First, Middle, Last)	A) Anders	2. Dete of Deeth Month L Dey Dey Dey	3. Time of Death 1996 5:19 An								
Examiner	4e. Fecility Neme (trnot institution, give street end number) Maky Land (7 En Ell 5. Social Security Number 6. Sex 7. A	al Hospital Be	actimore City	none								
Funeral Director	none 1□M 2□xF		lours Min. (Month, Dey, Year) 44 Apr. 15, 1996	Birthplece (Stete or Foreign Country) Maryland								
pu s	Usuel Residence of Decedent 10e. Stete 10b. County	10c. City, Town or Location										
ta or 28a-f show	14 1	Baltimore		10d. Inside City Limits 1 ☑ Yes 2 □ No								
rect	10e. Street end Number	10f. Zip Code	10g. Citizen	of Whet Country?								
ritems 23s or 23sefs rites must be nutried Funeral Director	4 Valdivia Court-Apt. F	2124	14	U.S.A.								
flams funer	11. Maritei Status 12. Wes Deceden Armed Forces	t Ever in U.S. 13. Was Decedent of Hisper if Yes, specify Cuban, M		Rece - American Indien, Bieck, White, etc.								
natural, or nederal Example	if Yes, Give 3 ☐ Widowed 4 ☐ Divorcad Year or Dates:	No 1 □ Yes 2 □XNo St		ecity: Black								
To Be Completed	15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or	16e. Decedent's Usuel Occupetion (Give kind of work done durin life. DO NOT use retired)	g most of working	f Business/Industry								
Co	0 0	none	no									
Be	17. Fethar's Name (First, Middla, Last) Melvin Pearson	18.	Mother's Neme (First, Middle, Malden Surr	neme)								
To	19a. Informent's Neme/Ralationship (Type, Print)		Crystal Anderson Number or Rural Route Number, City or Tot	- Code 75 Code								
any Injury or other traumetic event, the Medical Examt res must be note. To Be Completed by Funeral Di	Crystal Anderson/Mother 20a. Mathod of Disposition 1 Buriei 2 Cremetion 3 Ramovei from State	t-Apt, F-Baltimore,										
once.	21. Signature of Fuerel Service Licensee 22. Neme end Address of Facility State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1559 23a. Pert I Enter the disease, or complications that causad the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate interest and a control of the											
	23a. Pert1. Enter the disaese, or complications that cause shock, or heart failure. List only one cause on each	Baltimore, d the deeth. Do not enter the mode of dying, su line.	Maryland 21201-159 uch es cardiec or respiretory errest,	Approximate intervel Between								
cian dical diner		eme Prematuri		Onset and Deeth								
ner ner		Due to (or es e consequence of):										
vuriel-transit	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or es e consequenca of):	o (or es e consequenca of):									
clan/Medical Examir	that initiated events resulting in deeth) Last	Due to (or es e consequence of):										
etached for u	Part II. Other significant conditions contributing to death i	out not rasulting in the underlying cause given in	Pert f. 23b. Did tobacco use	contribute to the cause of death?								
			1 Yea 20 N	o 3 Probably 4 Unknown								
should			24e. Wes en eutopsy performed?	24b. Were eutopsy findings evaliable prior to completion of cause								
page 2				of death?								
rector, pag	25. Wes casa raterred to medical	20	1 Yes 2 No	1 Yes 2 No								
E 0	examiner? 1 Yes 2 No Hospitel: 1 Inpati	Other	Piece of Deeth (Check only one) Nursing Home 5 Residence 6 0	Other (Seasibi)								
- m	27. Megner of Deeth 1 Neturel 5 Pending (Month, De Control Note of Control No	ury 28b. Tima of 28c. injury at	28d. Dascribe how injury occ									
ed in by the funer Certification	3 Suicide 6 Could not be determined 28e. Pieca of in	jury - At homa, ferm, street, fectory, office c. (Specify)		mber or Rural Route Number,								
completely filled in by Medical Certifil	29a. Certifier (Check only one) 1 Certifying Physician: To the bast 2 Medical Examiner: On the basis end menner steemens.	of my knowledge, deeth occurred at the time, defeated in my opinion	ete end place, and due to the ceuse(s) end n, death occurred et tha tima, data and place	mennar as stated. e, snd dua to the causa(s)								
Comple	29b. Signeture end title of certifier	29c. License nun	nber 29d. Dete sig	ned (Month, Day, Year)								
	30. Name and address of person who completed cause of c	death (item 23e) (Type, Print)/_	1812 April	15,1996								
State	Parkica Saldana 31. Dete filed (Month, Dev. Year) 32. Registr	m.O. GO Ma er's Signeture	ryland trenekal	Mospital								
Registrar	OCT 2 4 1996 " " " UT Son	-Randelle										



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

gible.	01001
96	3 88
Yaar	3. Time of Death
f Guinty of Deat	
1	N/A
9. Birt	
1 Ma	hplace (Stata or Foreign puntry) ryland
	10d. fnsida City Limits
	1 ☐ Yes 2X No
of What Co	ountry?
S.A.	
	rican Indian, a, atc.
eity: Wh	ıce
Businass/	Induatry
Home	
ema)	
n, State, 2	Zip Code)
21236	
	Town, Stata
	Maryland
	Tal J Land
	226
MD 21	236 Approximate
	Intarval Between Onset and Death
	HOURS
i	
8,9	
100	
Ì	
ontribute	to the cause of death?
3 □ Pi	robably 4 Unknown
24h 1	Ware autonsy findings
	Ware autopsy findings available prior to complation of cause of death?
	of death?
	1 ☐ Yas 2 ☐ No
ther (Spec	city)
urred	•
down	1 stairs
1	

ITEM: 4c per F.H G-740 10-24-96 eoh 1. Decedant's Name (First, Middla, Last) **Physician** /Medical Examiner **Funeral** Director filed within 72 hours after death with the Meryland 10a State rai", or items 23a or 28a-f shov Examiner must be notified at Director Funeral Baltimore, Maryland 21215-0020 þ "natural". Completed 7 is merked other than "natur trsumstic event, the Medical Hyglene. . Peges 1 and 2 should be fill ment of Heelth and Mental Hant: If item 27 is marked oth jury or other traumstic even Be permit. Pege Department of important: If any Injury or Physician /Medical Examiner

The law requires that the death certificate be executed burial-tren the USB BS signed by the etter has paga 2 After this certificate Hospital or Attending Physician: director, funeral death. within 24 hours after deatl To the Funeral Director: completely filled in by the

Division of Vital Records, P.O. Box 68760,

2. Data of Death Month Day 10 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c C SI/MM/A if Under 24 Hrs. unns If Undar 1 Year 5. Social Sacurity Number 6 Sev 7. Aga (In yrs. last birthday) Days 1□ M 2♥ F 216-32-7516 85 Usual Rasidence of Decedant 10b. County 10c. City, Town or Location Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citize 14 Hallview Court 21236 U 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, apecify Cuban, Maxican, Puerto Rican, etc.) 14. 1 ☐ Yas 2 💢 No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married 1 Yas 2 No Specify: Sp 3 XWidowed 4 □ Divorced 15. Dacedant's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 16b. Kind Eiamentary/Secondary (0-12) Collaga (1-4or 5+) Ow 12th grade Homemaker 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Su Maurice Chapman Thompson Brumbaugh Susan 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or T Frances E. Angevine (dghtr) 14 Hallview Court, Baltimore, MD 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20c. Local 1 ☐ Buriai 2X Cremation 3 ☐ Ramoval from Stata Green Mount Crematory 10/22/96 4 Donation 5 Othar (Specify) Balt 21. Signature of Funeral Service License 22. Nama and Addrass of Facility Schimunek Funeral Homes, In-9705 Belair Rd., Baltimore, and 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, hock, or heart feilure. List only one cause on each line. immediate Cause (Final disaasa or condition rasulting in daath) Sequentially list conditions, if any, leading to immediata causa. Entar Underlying Cause (Disease or injury that initiated evants resulting in daath) Last Die to (or as a consequance of) Physician/Medicai Dua to (or as a consequenca of): Part fl. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco us 1 Yes 2 X þ Completed 24a. Was an eutopsy performed? 25. Was casa rafarred to medical axaminer? Be 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 8 2 1 Yas 2 No 1 Appatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Deta of injury (Month, Day Year) /D/18/96 Certification: 28b. Tima of 28d. Describe how injury o 1 Naturai 5 Panding 4:30 PM 1 Yas 2 No 2 Accidant invastigation Location (Street and Number or Rural Route Number, City or Town, Stata) 8 Could not be datamined 3 Sulcida 28a. Piaca of fnjury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida nome Baltimer, mp 29a. Certifiar Ecartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and titla of certifiar 29d. Data şigned (Month, Day, Year)

State Registrar

Boston 31. Data filed (Month, Dey, Yaer)

32 Registre & Signature Jan Boom

address of person who complated cause of death (Itam 23a) (Type, Print)

\$

0



an.	ransit permit. Pages 1, 2, 3 should		
e retained by the hospital or attending physicia	firector, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2,		notified at once.
ed within 24 hours after death. Page 6 may be retained by the hospital or atte	ing physician and completely filled in by the funeral director, page	cremation, or removal.	went, the medical examiner must be
N: The law requires that the death certificate be executed to	ificate has been signed by the attending physician and con	Health and Mental Hygiene prior to burial,	ed, or Item 23 shows any injury, or other traumatic event, the medical examiner
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law rec	TO THE FUNERAL DIRECTOR: After this certificate has been	be filed within 72 hours after death with the State Dept. of Health ar	IMPORTANT: If item 28 is marked, or Item 23 shi
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If I

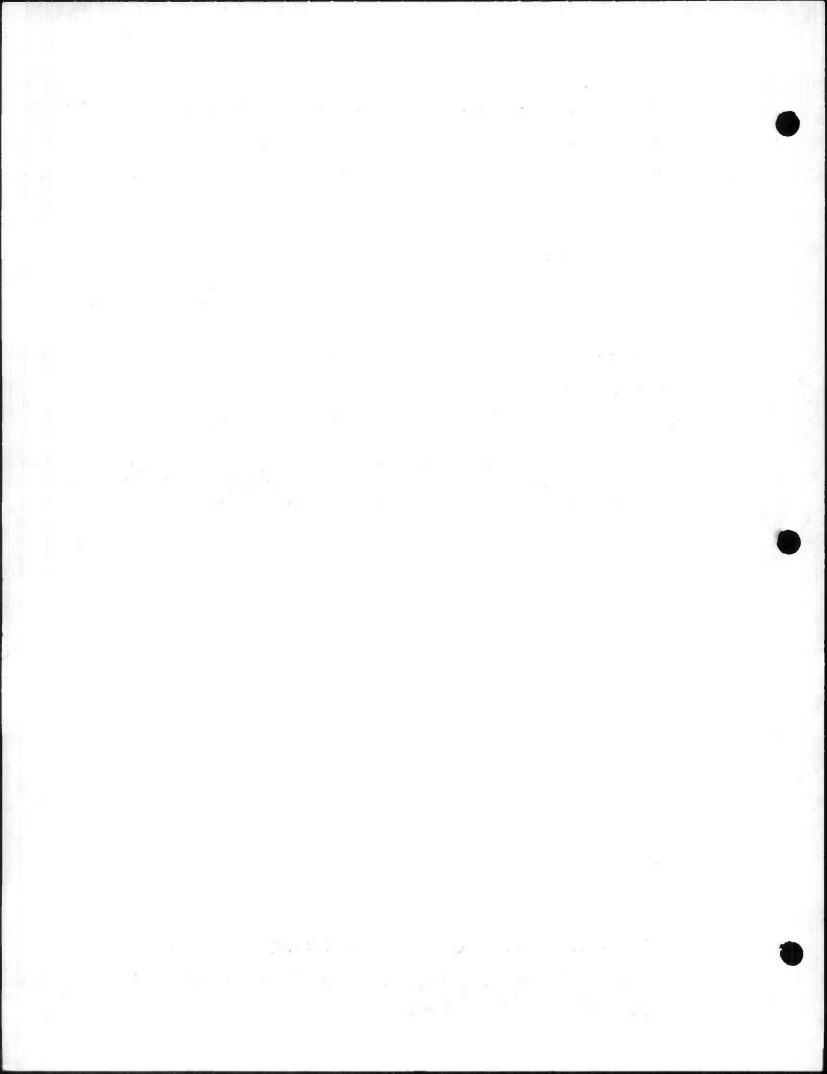
ITEM: 1,4,9c G-740 perf.H eoh
FOR
STATE
STATE
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CI	ERTIFICA	TE OF I	DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TH											
	4. SOCIAL SECURITY NUMBER	.//	an brinds of a large			7. DATE OF BIRTH		996 530 AM				
	99214974-295199	1 - M 2 AF 97	YRS. MONT	HS DAYS	F UNDER 24 HRS. HOURS MIN.	May 1511	899	BIRTHPLACE (State or Foreign Country)				
OR	JOHNS HOPKINS 6	eriatric Center	B		ore, MI		9c. COUNTY	OF DEATH				
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1	10c, CITY, TO	WN OR LOCATIO)N			10d, INSIDE CITY				
DIRECTOR	MD-	NA	B	HIII	UDFE			LIMITS?				
FUNERAL	140 S . EAS	10g. CITIZEN	1 OF WHAT COUNTRY?									
5	11. MARITAL STATUS 1 Never Married 2 Married	RACE — American Indian, Black, White, alc.										
В	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:											
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) Elementary/Secondary (0-12) College (1-4 or 5+) SEAMTRESS FACTORY											
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE C	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town, State, Zip Code)											
5	19a. INFORMANT'S NAME (Type/Print) ANTHUL DLAG	ER ATTOR. 10	b. MAILING ADD			TE 502	wn, State, Zip Co	MD 21202				
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Remo		AND DATE OF DIS	POSITION (Nam		OATE 20c. L	OCATION — City	or Town, State				
	Donation 8 ☐ Other (Specify)		DOL DOL	SYARK	CEM.	9496 Di	110-	MD.				
	Thomas h	Skarde	Q.	SKOR.	DA FH	- 7829	HUDSO MD	21774				
	23. PART t. Enter the disease or c	omplications that caused the de	eath. Do not e	nter the mode	e of dying, auc	h aa cardlac or rea	piratory arrest					
	IMMEDIATE CAUSE (Finel	List only one cause on each line	0 .					Onset and Death				
	disease or condition resulting in death) a. ASPIYATION PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF):											
_												
O.	Sequentially list conditions, If any, leading to immediate b. Demential Due to (or as a consequence of):											
2	CAUSE (Disease or Injury											
CERTIFICATION	that initiated events resulting in death) LAST											
	PART II. Other algnificent condition	a contributing to death but not	resulting in th	e underlying	ceuse given in	Part I. 24a WAS A	N AUTOPSY	24b, WERE AUTOPSY FINDINGS				
MEDICAL				,			RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE				
MED								OF DEATH?				
ž	DID TOBACCO USE CONTE				UNCERTAIL	V 12						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:								
HYS	1 TYES 2 MO	1 Inpetient 2 ER/Outpetient :	28b. TIME OF	18c. INJU		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	RFO.				
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR								
COMPLETED B	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At he building, atc. (Specify)	ome, ferm, street	, tactory, office		281. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,				
PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge, do	eath occurred at	the time, data a	ind place, and due	to the cause(s) and m	anner as stated.					
WO:	202	R: On the basis of examination and/or	investigation, in	my opinion, des	ath occured at the	time, data and place,	and due to the o	sause(a) and manner as stated.				
ш	20b. SIGNATURE AND TITLE OF CERTUFIER				29c. LICENSE NUI		29d. DATE S	IGNED (Month, Day, Year)				
TO B	30. NAME AND ADDRESS OF PERSON WHI	Manus	744 PW 47		0101518	314	1	129/96				
	Collen Christm				enamiz	sConter	Rull	imore, Mb				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	_0_	2.00	2,124,1		1					
	गण्गार ७०। २	4 1996 G " Lavi	wan-Nay	2000								

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death r 23 1996 **Physician** Month DOROTHY BETHEA 9:30 AM Bernice Baker October /Medical 4a. Fecility Name (If not institution, give street and number, 4b. City, Town, or Location of Death **Examiner** 4c. County of Death 729 Roundview Road Baltimore n/aIf Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys Hours 1□M 2√2F 246-20-2817 Yrs. Director 69 May 17, 1927 North Carolina Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location d other than "natural", or itsms 23s or 28s-f show event, the Medical Expiriter must be notified at 10d. fnside City Limits Director 1 Yes 2 □ No MD n/a Baltimore 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 729 Roundview Road 21225 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2000 No It Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: by Specify 3€Widowed 4 □ Divorced Year or Dates: "naturs!" Black Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry Hygiane. Elementery/Secondary (0-12) College (1-4or 5+) High School Nurses' Aide South Balto Gen'l Hosp Department: Pages 1 and 2 should be filled.
Department of Health and Mantal Hyor Important: if liem 27 is marked any highry or other. is marked other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be George G. Baker 20 Dora J. Freeman 19a. Intormant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jerry Bethea 728 Lyndhurst Street Baltimore, Maryland 21229 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Meadowridge Cemetery Oct 26 Howard County, Maryland 22. Name and Address of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls Pkwy
Baltimore, Maryland 21216 21. Signature of Funeral Service Licensee 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue buriel-train Due to (or as a consequence of): ending physician r use as the buriel Box 68760. Physician/Medical Due to (or as a consequence of): jo. P.O. ata hes been signed by the page 2 should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by Completed 24b. Were eutopsy tindings aveilable prior to 24a. Was an autopsy completion of cause of deeth? 2 2 No 1 Yes 2 No 1 Yes Vital or Attending Physician: director. 25. Was cese reterred to medicel examiner? Be 28. Place of Deeth (Check only one) 1 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 2 Mesidence 6 Other (Specify) of this funeral 27. Manner of Death 1 Natural 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred Affer Division 5 Pending investigation efter death. 1 Tes 2 No thei 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide within 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, end due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29e, Certifier Medical completely (Check only one) \$ 29b. Signature and title of cartitier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) 27 South Greene ST. BAITINGET MD 2170 32 pagistrars Ship here. 31. Date tiled (Month, Day Year)
OCT 2 4 199 State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

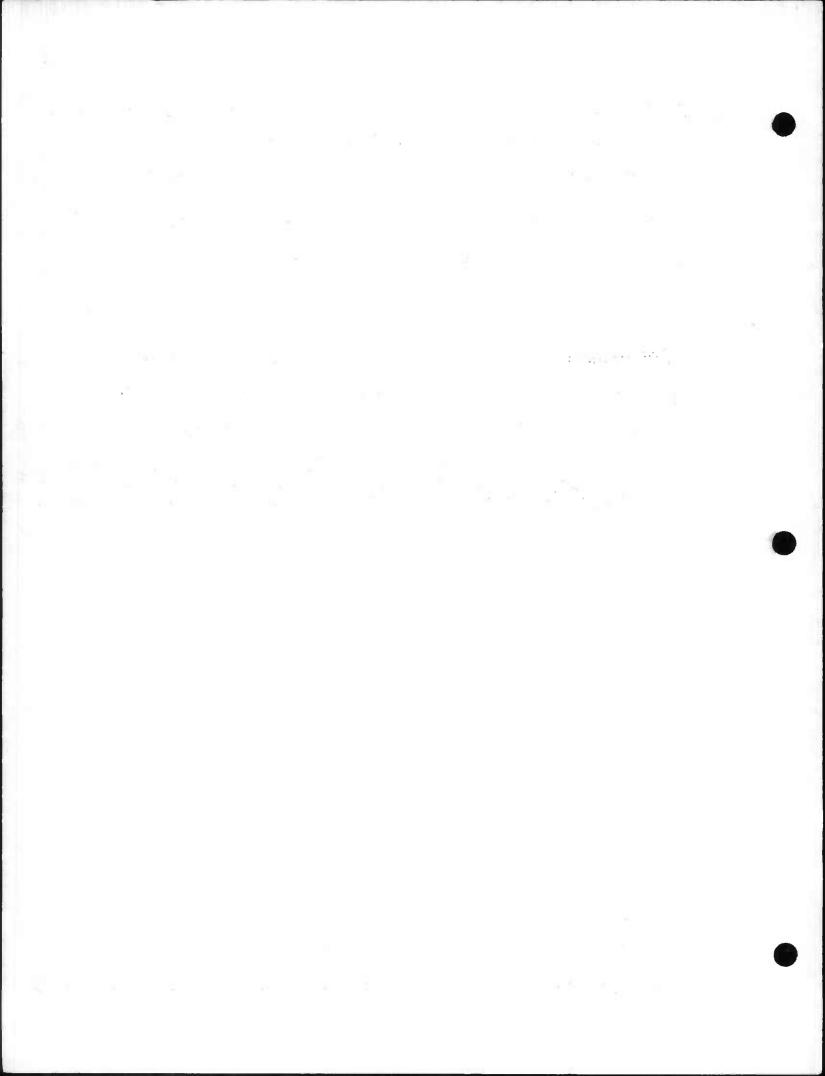
Pi		1. Decedant's Nama (First, Middle, Last)	2. Data of		3. Tima of Death
Physic /Medi	cal	Catherine MARIE Bacon	Month OC-T		996 8:40 AH
Exami	ner		own, or Location of D		y of Death
Funerai Director		5. Social Security Number 6. Sax 1 M 2 X F 7. Aga (In yrs. last birthday) Ht Under 1 Year If Under 2 Yes Months Days Hours			9. Birthplaca (State or Foreign Country) MARYLAND
fand wo		Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location			10d. Insida City Limits
the Man 28a-f sh notified	ctor	MARYLAND HOWARD ELLICOTT	CITY		1 □ Yas 2 XNo
or 26 De no	Director	10e. Street and Numbar 10f. Zlp Coda		10g. Citizan of	What Country?
n 23e mant	Funeral	3621 MT, IDA DRIVE 2 10. Was Decedant Ever in U.S. 13. Was Decedant of Hispanic Ori			SA
r, or item traminer.	by Fun	11. Marital Status 12. Was Decedant Ever in U,S. Armed Forcas? 1 □ Navar Marriad 2 □ Married 3 ☑ Widowed 4 □ Divorced 12. Was Decedant of Hispanic Ori If Yes, specify Cuban, Maxicer 1 □ Yas 2 ☑ No If Yas, Give 1 □ Yes 2 ☑ No Specify:			ce - Amarican Indian, ck, White, atc.
Satura Scal E		15. Decedent's Education 16a. Decedent's Usuel Occupation			usiness/industry
E P	Completed	(Specify only highast grada complated) [Giva kind of work dona during mos life. DO NOT use ratired) [He. DO NOT use ratired]			
A th			RK ar's Nama (First, Mid		E FAMILIES
rkad of	To Be		RRIE		HNSON
and a		19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number	er or Rural Route Nu	mber, City or Town	Stata, Zip Coda)
If flores 27 or other tr		LOUISE BACON (DAUGHTER) 362/ MT. IDA DR 20a. Mathod of Disposition 1 ABuriai 2 Cramation 3 Ramoval from Stata	1		
rtman rtant: njury		4 Donation 5 Other (Spacify) BALTIMORE NATIONA	4 10-28-9	& BALTIH	IORE, HARYLAND
mpo my l		21. Signatura of Runeral Service Licansaa 22. Name and Addrass of Facility Control of Runeral Service Licansaa 22. Name and Addrass of Facility Control of Runeral Service Licansaa 22. Name and Addrass of Facility Control of Runeral Service Licansaa 22. Name and Addrass of Facility Control of Runeral Service Licansaa 22. Name and Addrass of Facility Control of Runeral Service Licansaa 22. Name and Addrass of Facility Control of Runeral Service Licansaa 22. Name and Addrass of Facility Control of Runeral Service Licansaa 22. Name and Addrass of Facility Control of Runeral Service Licansaa 22. Name and Addrass of Facility Control of Runeral Service Licansaa 22. Name and Addrass of Facility Control of Runeral Service Licansaa 22. Name and Addrass of Facility Control of Runeral Service Control of R	SWN JR.	FUNERA	AL HOME, P.A.
		23a. Fart. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as shock, or heart feilure. List only one cause on each line.	N AVE.	BALTIHON	RE, MD. 21217
ysician		shock, or heart fellura. List only ona cause on each lina.	cardiac or respiretor	y arrast,	Intarval Between Onsat and Death
nedical aminer		Immediata Cause (Finel disaasa or condition resulting in death) e. anoyic encepholo pathy			3 1
miller	-	resulting in death) Due to (or as a consequenca of):			anys
unsit	Examiner	· Cerebravascular acciden	+		1 wesly
physician and s the buriel-transit		Saquantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events			
hysici the bu	Medical	Causa (Diseasa or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of):			
OH 65	Med	d diabetes			
often for us	cian			100	
igned by the ettendin be detached for use	by Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I			ntribute to the cause of death?
gned to	by P	hypertension	'	□ Yes 2□ No	Probably 4 Unknown
s been s 2 should	Completed	weight loss	24a. W	as an autopsy orformed?	24b. Wara autopsy findings availabla prior to complation of ceusa of death?
certificate hes b director, page 2 s	Con	hemorrhage of colon	11	Yas 2 No	1 □ Yes 2 No
ector,	Be	25. Was cesa rafarred to madical axeminar?	of Death (Check on	ly ona)	
r this or	5	1 Tas 20 No 1 Department 2 ER/Outpatient 3 DOA 4 Nu	ursing Homa 5 Re	asidance 6 Oth	
ector: After by the funer	tlon	27. Mannar of Daath SNatural 5 Pending 2 Accidant Invastigation 28a. Date of Injury (Month, Day Year) 28b. Tima of Injury Work? 1 Yas 2		e now injury occur	100
s ener ceam. I Director: A od in by the fu	Certification:	3 Suicida 6 Could not be detarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)	28f. Location City or	n (Street and Numb Town, Stata)	per or Rural Route Number,
within 24 hours efter death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Medical	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and the control of the best of axeminetion and/or investigation, in my opinion, deat and manner stated.	d place, and dua to the the courred at the time	na cause(s) and ma a, data and pieca,	annar as stated. and dua to the ceusa(s)
To the comp	Z	29b. Signatura and titla of certifiar 29c. License number		29d. Data signe	d (Month, Day, Year)
		D34018	3	bet	22 1996
[0]		30. Nama and address of person who completed cause of deeth (Itam 23a) (Type, Print)			
Y			20707		
Sta	е	31. Data filed (Month, Day, Year) 32. Registrar's Signatura			

DHMH 16 Rev 6/95

A server of the Story at 1 to 2 at State The masses of a many first The color of the second property of the color of the colo

			State of Maryland / Department of Health and M	ental Hyg	iene 9	6 31885	
			ITEM: 10f per F.H. G-740 10/28/96 reb Certificate of Death		eg. No.	0 0,000	
П	Physici	an	1. Decedant's Nama (First, Middle, Last) A f /) 2 / Z / 2	2. Data of Dee Month	Day	3. Tima of Death	
	/Medi		4a. Facility Neme (If not institution, give street and number) 4 Description of the control of	oation of Death	13 1	196 5.35	
7	Examir	ner	Chiversity of Maryland Medical System Baltim	Ne	4c. County o	/ /A	
1	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs.	8. Data of Birth	/	9. Birthpiece (Stata or Foreign	
	Director		239-20-1929 12 M 2 F 72 Yrs. Months Deys Houra Min.	8. Data of Birth (Month, Day SEPT, 8	1924 A	ORTH CAROLINA	
	pue *		Usual Rasidance of Decedant 10e. Steta 10b. County 10c. City, Town or Location			10d. insida City Limits	
	Menyl f sho	- Lo	41 / 4	= 11	77/	1/Q Yaa 2 □ No	
	r 28a	Directo	MARYLAND NA BALTI MORE 10e. Street end Number 10f. Zip Coda		0g./Citizen of Wi	hat Country?	
	tar deeth with the Menyler Rems 23a or 28a-1 show Inst mast be noutled at		1010 ARLINGTON AVENUE 21217 212		USA	7.	
	eme arms	Funeral	11. Maritel Stetua 12. Was Decedent Evar in U,S. Amed Forcas? 13. Was Decedent of Hispanic Origin? (Spelf Yes, apecify Cuban, Maxican, Puerto F	city Yes or No-		- Amarican indian, , Whita, atc.	
20	or h	by Fu	1 Navar Married 2 Married 1 Mayas 2 No	, , , , ,	Specific		
5-0020	within 72 hours after deeth with the Meryland ene. than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at		35 Widowed 4 □ Divorced Year or Detes: W W 1 15. Decedant's Education 16a. Decedant's Usuel Occupation		16b. Kind of Bus	BLACK	
215	swithin 72 h jene. r than "natu the Medical	Completed	(Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired)	ng	100. Kind of Bus	mesamuustry	
21	THE PERSON NAMED IN	TO.	Generatory/Secondary (0-12) Collaga (1-4or 5+) LABORER LABORER		UNKN	OWN	
pul	be filed trial Hygid d other event, II	Be	17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama			,	
Maryland		To	KING BLAIR ANNA			INGTON	
Mai	d 2 should th and Mer 7 is marks treumatic		19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rura CHERYL BLAIR (DAUGHTER) 26 N, BRUCE ST. E				
re,	f Hael f Hael frem 2 other		20a. Mathod of Disposition 20b. Place of Disposition (Name of	Deta Deta	ORE, MI 20c. Location - C	City or Town, Stata	
E O	00-2		1 Buriel 2 Cramation 3 Removal from State				
altimore	permit. Peg Department Important: I any Injury o		4 Donation 5 Other (Specify) METRO CREMATORY 10 21. Signature of Foceral Service Licensee 22. Nama and Address of Fecility TOSEPH, H. BROW	10	EUNEDI	HOME P.A.	
4	90 E 90		SOUNC 2140N. FULTON A	NOR.	LI TIMADE	UD 21217	
			26a Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shoot, or high failure. List only one cause on each line.	r raspiratory arr	aat,	Approximata tritarvai Between	
	Physician					Onset and Deeth	
	/Medical Examiner		trans trate Causa (Final disease or condition rasulting in death) a. SEPSIS				
	200	er	Dua to (or as a consequance of):				
	be assecuted stelan and burial-transit	Examiner	Sequentially list conditions. b. DNeumonia Dua to (or as a consequence of):				
oʻ	be axecuted Iclan and burial-transit		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury c.				
8760,	5 2 5	dical	Cause (Disasse or injury that initiated events rasulting in death) Last Dua to (or as a consequence of):				
x 68	the deeth certificat y the attending phy sched for use as th	Physician/Mec	4				
Box	attend for us	ian	V			İ	
o.	that the de ned by the a detached t	ysk	Part tl. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i.			ribute to the cause of death?	
S, P	es that igned b	by Pi		1 1	•• 2□ No :	3 Probably 4 Unknown	
rds	v requires that been signed b should be deta			24a. Wes a		24b. Wara eutopsy findings available prior to	
ecc	2 S E	plet		perion	11601	complation of cause of death?	
E .	0 - 7	Completed		1 🗆 Y	as 2 No	1 Yas 2 No	
Vital Record	ysicien: The is certificate director, pag	Be	25. Was case rafarred to medical, axeminar?	(Check only on	a)		
of	5 00	T.	1 ☐ Yes 2 ☑ No Hospital: 1 ☑ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Hon			***************************************	
	After fune	tion	1 ■ Natural 5 Panding (Month, Day Year) Injury Work?	8d. Describe ho	ow injury occurre	d	
Division	deet deet stor:	fical	3 Suicida 6 Could not be 28a Place of injury. At home farm street fectory office	8f. Location (Si	reet and Number	r or Rural Route Number,	
Ö	75 E	Certification:	4 Homicida datamined building, atc. (Specify)	City or Town			
	To the Hospital or within 24 hours after To the Funesi Dir completely filled in	edicai (29a. Cartifier (Check only) 2 Medical Examtner: On the basis of examination and/or investigation, in my opinion, death occurred.	nd dua to tha co	ausa(s) and man	nar as stated.	
	the H hin 24 the F nplete	Medi	and manner stated.	-			
	5 v t		29b. Signety/ra and titla of certifiar PO866			(Month, Day, Year)	
		}	Nach Am 108661		10/	13/96 1D 21043	
	1		30) Panta and address of parson/who complated causa of death (Itam 23a) (Type, Print)	14 /	2h 1	15 21012	
	Sta	te	31. Data filed (Month, Day, Year) 33. Registrar's Signature	ori L	1117,10	71043	
	Registr		31. Data filed (Month, Day, Year) OCT 2.4 1996 Julia Day Son-Render				

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3. Time of Deeth OCTOBER 20, **Physician** MARIA 1996 06:28 PM /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY
If Under 24 Hrs.
Hours Min.
B. Detection N/A # Under 1 Year Months Days 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Dey, Yeer) 1□M 2X□F 213-26-2672 67 Yrs. MAR 22, 1929 Maryland Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Md. Howard Director Elkridge 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5870 Stearman Court 21227 Funeral USA Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian. Black, White, etc. 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2 ☐ No Specify: by 3 Widowed 4 Divorced white Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 10 Real Estate Agent Coldwell Banker 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be James Berardino Christina Guerracio 2 19e. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) James Betz - husband 5870 Stearman Court, Elkridge, Md. 20a. Method of Disposition 20b. Place of Disposition (Neme of Date 20c. Location - City or Town, State cemetery, cremetory or other pleca) 1 🕅 Burial 2 ☐ Cremetion 3 ☐ Removel from State 10/24/96 4 ☐ Donation 5 ☐ Other (Specify) Elkridge, Md. Meadowridge Memorial Park 21. Signeture of Funerei Service Licensee 22. Name end Address of Facility Gary L. Kaufman Funeral Home of Elk., 5695 Main Street, Elkridge, Md. 21227

23a. Pert1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate interval Between Onset end Death immediate Cause (Fine) disease or condition resulting in deeth) EXSANGUINATION 40 minutes EIDMY 0 SARCOMA Physician/Medical Examiner 6 years Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that is the lead of the cause) that initieted events resulting in deeth) Last Due to (or as e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Venous 1 Yes 2 No 3 Probably W Unknown þ Completed 24b. Were autopsy findings available prior to 24a. Wes en autopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Phopatient 2 □ ER/Outpatient 3 □ DOA 1 Yes 2 No 27. Manner of Death 28e. Date of injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Netural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 ☐ Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 10 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner steted. Medical 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) RES-000 OCTOBER 20, 1996

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, it Division

> State Registrar

Funeral

Director

ir than "natural", or Itema 23a or 28a-f ahow Tre Medical Evantiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours efter. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite any injury or other thaumatic event, the Mod call Evantine

Physician /Medical

Examiner

sician and buriel-transit

physician is the buriel

signed by t

pege 2 s certificate hes

The lew requires that the deeth certificete be executed

P.O. Box 68760.

Records,

of Vital

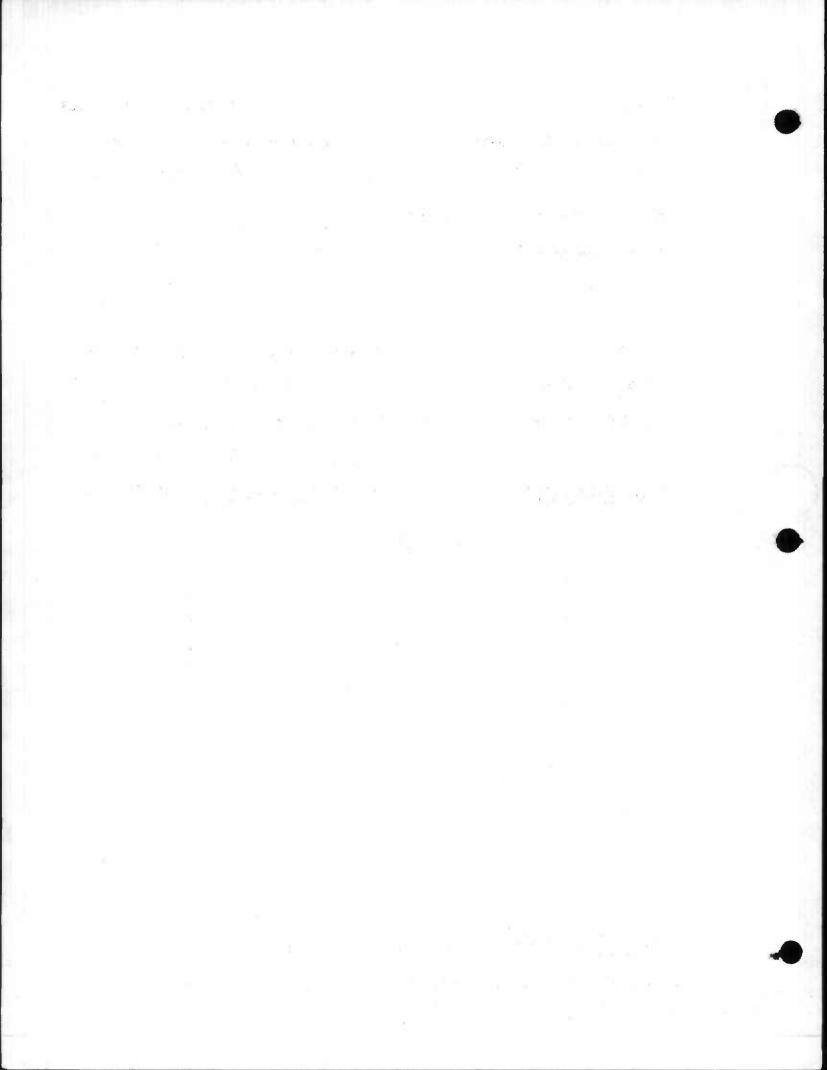
Baldimore, Maryland 21215-0020

MELANIE KATZMAN, M.D. GODNOETH WOLFE STREET, TOWER 110, BALTIMORE, MO 21287 31. Date filed (Month, Day, Year) OCT 2 4 1996

82 Registrats Signature

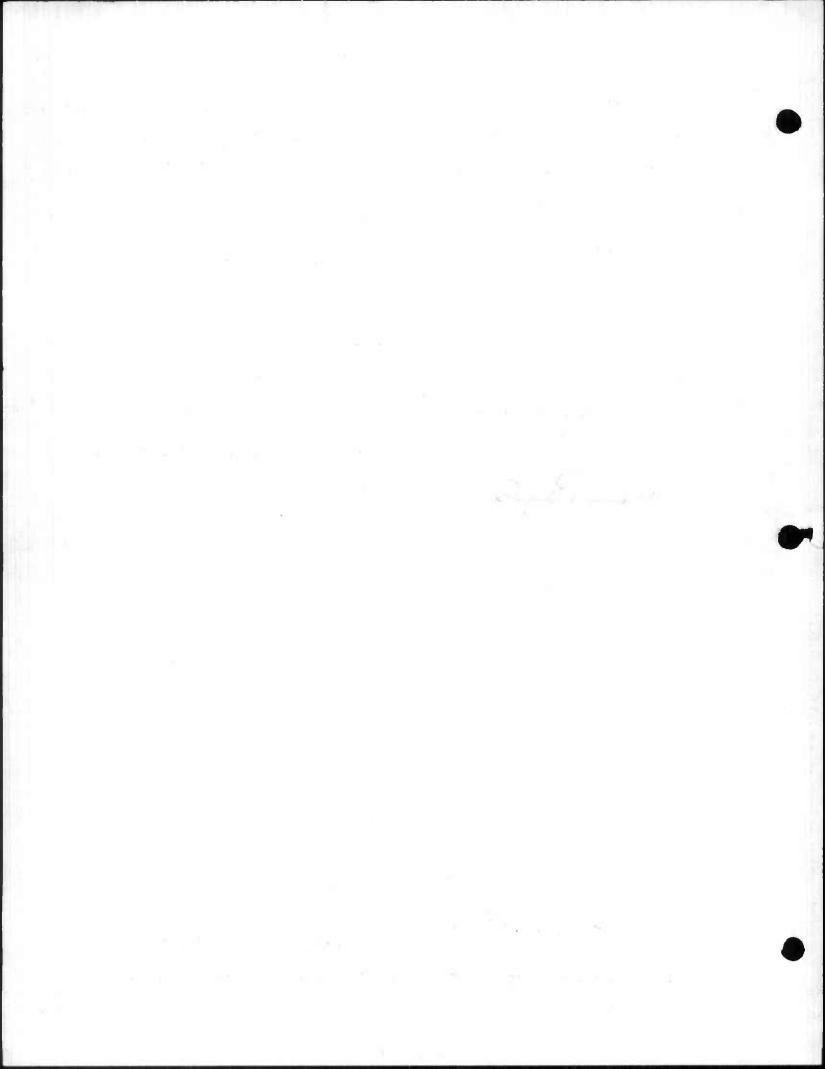
30. Name and address of person who completed cause of death (item 23e) (Type, Print)

Intern, Internal Hedicine



State of Maryland / Department of Health and Mental Hygiene 96 3 | 887

					Ce	rtifica	te of	Death		F	Reg. No.		0,00
Dhyele	ion	1. Decedent's Neme (First, Middle,								2. Dete of Dee		Yeer	3. Time of De
Physic /Med		Clemence	Byo	rick									5:23
Exami		4e. Fecility Neme (If not Institution, Franklin Woods						4b. City, To		ocation of Deeth		nty of Deeth imore	
Funerai , Director		195 09 4877	Sex M 2□ F	7. Age (In yrs.	lest birthdey) Yrs.	If Unde Months	r 1 Year Deys		24 Hrs. Min.	8. Date of Birth July 31	, ⁴ 1917	Coui	plece (Stete or F intry) isylvania
72 hours effer deeth with the Maryland natural; or Items 23a or 28a-f show linal Examinat must be collined at	or	Usuel Residence of Decedent 10e. Stete 10b. County Maryland Baltimo	ro		ty, Town or Lo		_						10d. Insida City I
with the	Directo	10e. Street end Number		P.	ITUATE	10f. Zij		20		,	10g. Citizen o		
eath 23	e a	10 Butternut Dri		cedent Ever In U	. Tan 1	W D			1.0.40				
from 72 hours effect death with the Maryla 8. In Tratural', or Items 23a or 28a-1 show Marylas Examines must be notified at	by Funerai	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed F	orces? 2 ☐ No				Specify:	n, Puerto	ecify Yes or No- Rican, etc.)		ace - Americ leck, Whita, Sify: Whi	, etc.
E . S	Completed	15. Decedent's (Specify only highest) Elementery/Secondary (0-12)	grade complated,) (1-4or 5+)	life. I	kind of wo DO NOT u	ork done se ratin	during mos	t of work	ing	16b. Kind of		
n 25 b 30	S	8			Mach	inis							r Mfg. C
d de g	To Be	17. Fether's Neme (First, Middle, La Stanley J. Byori	_							e (First, Middle, Dyno	Meiden Surna	ime)	
od 2 shifth and lith and 27 is m		19a. Informent's Name/Reletionship Leah Gay Byorick			19b. Mellir 10 Bu	ng Address Itteri	s (Stree	ond Number Drive	er or Run M	iddle R	r, City or Tow	n, Stete, Zip arylar	nd 21220
permit. Pages 1 as Department of Hee Important: If itam i any injury or other once.		Leah Gay Byorick (wife) 10 Butternut Drive Middle River Maryland 2122 20e. Method of Disposition 1											
Physician /Medical Examiner	ner	Immedie Ceuse (Final disease or condition resulting in death)	Inte	rcerebr	al Met	astic	: Ca					1	Onset and Dee
ding physician and se as the buriel-trensit	Aedicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated evants resulting in deeth) Lest	r es e consequence of): r es e consequenca of):										
25	ian/M		d										
by the	Physician	Part II. Other significant conditions Emphyse		eeth but not resu	ulting in the ur	nderlying c	ause gi	ven in Pert I.					o the cause of debably 4 Uni
sw requires s been sign 2 should be	Completed by									24e. Wes e perform		avi	ere autopsy findi reliable prior to empletion of caus daath?
pag										1 🗆 Ye	es 2 No	10	□Yes 2□No
this certificate	Be	25. Was case raferred to madical examiner?	Hospital:				Ott			(Check only on			
h la	ion: To	1 Yes 2 No 27. Manner of Death 1 Naturel 5 Panding	28e. Dete (Mon.		ER/Outpetien 28b. Time of Injury	2	Bc. Inju Wo	ry at rk?		me 5 Reside 28d. Describe ho			y)(Y
after death. Director: After to in by the funeral	Certification:	2 Accident Investigati 3 Suicide 6 Could not 4 Homicida datermine	be 28e. Place	of Injury - At ho ing, etc. (Specify	me, ferm, stre	M eet, fectory		Yas 2⊡f	_	28f. Location (St City or Town		iber or Rura	al Route Number,
within 24 hours after To the Funeral Dir completely filled in	edical C	29e. Certifiar (Check only one) Certifying P 2 Medical Exa	hysician: To the miner: On the be end man	best of my know asis of exeminet ner steted.	vledga, deeth ion end/or Inv	occurred estigation,	et the ti	ma, data and opinion, deet	d plece, e	end dua to the co	ause(s) end m ete end placa	nenner es st	tated. the cause(s)
To the	Me	29b. Signeture end title of codifier	/	1		290	. Licens	e number		2	9d. Date sign	ed (Month,	Day, Year)
X		1	\sim	/			010	BYV		1	0/21/1	996	
19,		30. Nema end address of person who Jeffrey M. Parga					elph	ia Rd	. B	altimore	e, Md.	21237	7
Sta Registr	_	31. Dete filed (Month, Dey, Year) CCT 2 4 1996		egistre Gignal		TTGO	erbu	IIA KU	. в	атсшюге	e, Ma.	2123	,

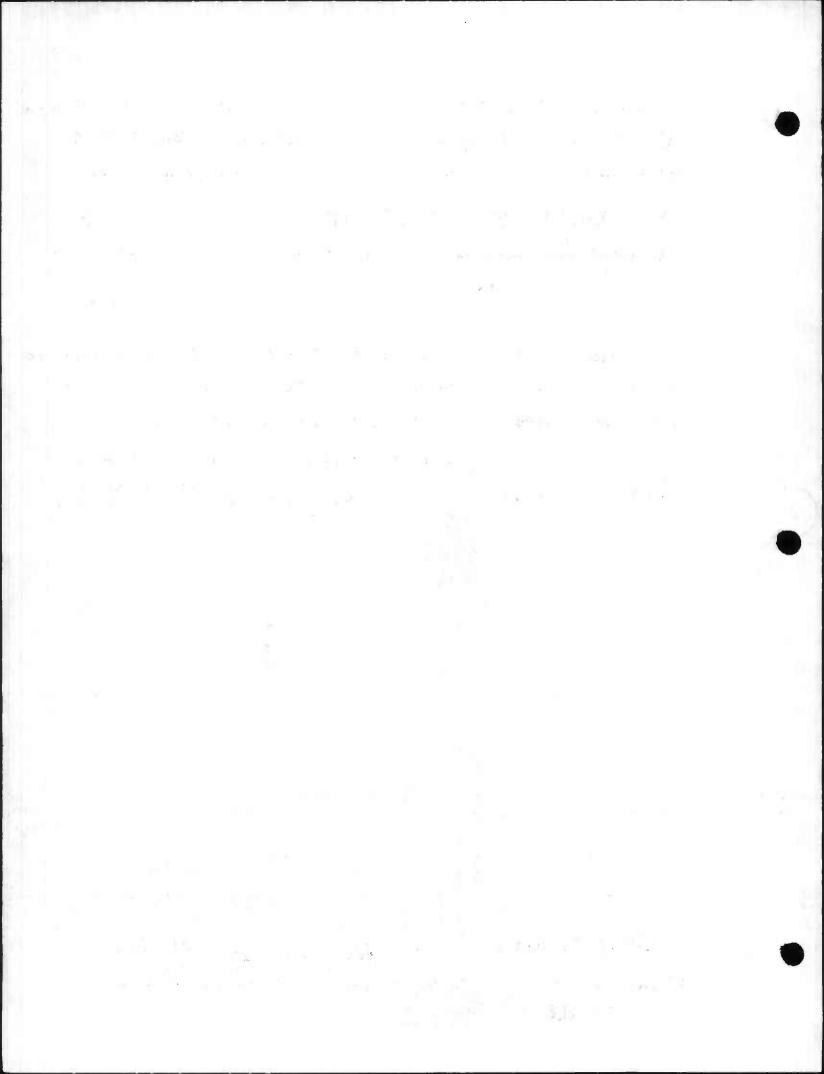


State of Maryland / Department of Health and Mental Hygiene

ITEMS: 4. 10e per F.H. 6-740 10/24/96 reb Certificate of Death 1. Decedant's Name (First, Middla, Last) 2 Data of Daath 3. Tima of Death Day 21 Year 96 **Physician** Month /O JNDRA BOGUES 1000 Aim /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death UNIVERSITY OF MARYLAND BALTIMORE BALTIMORE N/A If Under 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** 1 M 200 Months Days Hours 2 Yrs. Director 218-60-4615 MD Usual Rasidance of Dacedan with the Maryland 10a. Stata 10b. County show 10c. City, Town or Location 10d. Insida City Limits BALT ral", or items 23s or 28s-f st Examiner must be notified MU 1 Yas 2□ No THORE Director LIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1914 El. Fairmount Ave. 2517 (50 Funeral 11. Marital Status 12. Was Decedant Ever in U,S Was Dacedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - Amarican Indian, Black, White, etc. filed within 72 hours efter 1 ☐ Yas 2 ☐ No If Yes, Giva Navar Marriad 2 Marriad 0 21215-0020 1 ☐ Yas 2 ☐ Wo Specify þ Specify: BLACK 3 Widowed 4 Divorced natural Completed The Medical 15. Dacadant's Education 16a. Decedent's Usuai Occupation 16b. Kind of Businass/Industry (Specify only highest grade completed) (Giva kind of work dona during most of working life. DO NOT usa ratired) Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) Television Hostess Granada Nursing Home 12th Grade Maryland 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be and Mental I Peges 1 and 2 should be Richard L. Boques Mary Elizabeth 2 Foskey traumatic end is 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) item 27 i Ernestine B. Redd 819 E. Chase Street/Baltimore, Md. 21202 other altimore, 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata permit. Peges 1 Department of I-Important: If ite any injury or ot once. 1 Burial 2 Cramation 3 Removal from State Arbutus Mem.PK Cem 4 ☐ Donation 5 ☐ Othar (Specify) 10-25-96 Arbutus, MD. 21. Signature of Funaral Sarvice Licensage 22. Nama and Addrass of Facility Baltimore, Maryland WM.C. March F.H. 1101 E. North Avenue Part¹. Entar tha disaasa, or complications that caused tha daath. Do not entar tha moda of dying, such as cerdiac or raspiratory arrast, shock, or haart failura. List only ona causa on aach lina. Approximata Interval Batween **Physician** Onset and Death Immediate Causa (Final diseasa or condition rasulting in daath) /Medicai CARDIAC ARREST Examiner HEMORRHAGE Examine UBARACHNOFD Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury and buriel-tran Box 68760. nding physician use as the bune The law requires that the deeth certificate be Physician/Medical that initiated avants resulting In death) Last Dua to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records, þ 2 Completed 24a. Was an autopsy 24b. Were autopsy findings available prior to complation of causa of death? certificate 2 No 1 ☐ Yas 1 ☐ Yas 2 ☐ No Attending Physician: 25. Was case rafarred to medical axaminar? Be 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) Hospital: 2 1 Yas ₽ No 1 Unpatient 2 □ ER/Outpatient 3 DOA this 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: After 5 Panding Invastigation 1 Natural 1 Yas death 2 Accident after death Director: 6 Could not be datarminad 3 Suicida 28a. Place of Injury - At home, farm, straat, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) à 4 Homicide Hospital Funeral 29a. Certifiar Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. edical \$ 29b. Signatura and titla of cartifian To 29c. Licansa number 29d. Date signed (Month, Day, Year) AU417643558560 10/21/96 MI 12 30. Name and address of person who completed causa of death (Itam 23a) (Type, Print) STEWART 118 W. OSTEND, BALTIMORE MD 21230 YLAN gedistra's Signatur 31. Data filed (Month, Day, Year) State OCT 24 1996

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

31889

						Ce	llliCa	ile oi	Deam			Reg. N	0.		
	Dhamin	!a.u.	Decedent's Neme (First, Middle, La	ist)							2. Dete of D Month		011	Year 3	3. Time of Deeth
	Physic /Medi		William E.		040				7						
)-	Exami		4e. Fscility Neme (If not institution, giv	ion, give street and number)							cation of Dea	Death 4c. County of Deeth			
			CHURCH HOSP	ITAL					BALT	IMOF	RE	n/a			
1	Funeral		5. Sociel Security Number 6. S	Sex	7. Age (In yrs.	last birthdey)		er 1 Yeer		8. Dete of B	irth .		9. Birthplace	e (Stete or Foreign	
ш	Director		216-10-4622	M 2□F					Hours	Min.	8. Dete of 8 (Month, L 7 – 1 4	Dey, Yea	r)	MARYL	AND
			Usuei Residence of Decedent												
	ylan		10a. Stete 10b. County		10c. Ci	ty, Town or Lo	cation							10d.	Inside City Limits
	Mer	to	MARYLAND N/	А	BA	LTIMO	RE								1 Yes 2 No
	1 the	Director	10e. Street and Number				1	ip Code				10g. C	itizen of	What Country's	?
	Mit o	0	2604 FOSTER AVI	ENUE				2122	24				USA		
	filed within 72 hours after death with the Meryland Hygiene. ther than "natural", or items 23s or 28s-f show int, the Medical Examiner must be notified at	Funeral	11. Meritel Status	12. Wes Dec	edent Ever in U	.S. 13.				in? (Spe	cify Yes or N	0-		e - American I	Indien.
	fler	F	1 Never Merried 2 Merried	Armed Fo	rces?		If Yes, sp	ecify Cub	Hispanic Orig en, Mexican,	Puerto	Rican, etc.)			ck, White, etc.	
21215-0020	8 5.74 P. 0	b	3 ☐ Widowed 4 ☐ Divorced	If Yes, Gi	/e ``		1 🗆 Yes	2)(1) No	Specify:				Specif	v: WH:	ITE
ŏ	tur Por		15. Decedent's Ed			16a, Dece	dent's Us	uel Occu	pation		16b. Kind of Business/Indu				in.
15	in 72	Completed	(Specify only highest gra	ede completed)		(Give	kind of w	ork done	during most	of worki	ing	100.		201100001110201	.,
7	with the	E	Elementery/Secondery (0-12)	College (1-4or 5+)	RET	FIR	FMAN	J			BAI	TΠ	CITY	
	E TE		17. Father's Neme (First, Middle, Last,)						'e Neme	(First, Middl				
an	ould be filed with Mental Hygiene. arked other than	Be C	MICHAEL BERESH								BUDACZ				
2	should nd Men marke	2	19e. Informent's Neme/Reletionship (Time Drint		10h Maili	no Addro	- (Ct					0:4: 7:- 0:		
Maryland	C/ c/ = 0		MRS. DOROTHY BY				-				Rural Route Number, City or Town, Stat JE BALTO. MD. 21				00)
	1 and Health em 27				20h F				AVE	VOE	Dete 20c. Location - City			21224	0
Saltimore,	T of I		20e. Method of Disposition 1 Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 4 Donetion 5 Other (Specify) 4 Donetion 5 Other (Specify)												
Ë	Pa men tamt:		4 Donetion 5 Other (Specif	(y)	HOL	Y ROS	ARY	CEM	METERY	/ 1	10-24	BAL	.TO.	CO. 1	MD.
ā	permit: Pages 1 an Department of Heal Important: If Item 2 any injury or other once.	1	22. Name and Address of Fecility KACZOROWSKI FUNERAL HOME												
ш	ZQ E a a	(Karlin K. X	MAN	rusk				ETST				2.1	224	
	_		23a. Pert1. Enter the diseese, or corn shock, or heart feilure. List only	plications that	aused the deet	h. Do not ent	er the mo	ode of dyl	ing, such as o	ardiac c	or respiratory	errest,			proximete ervai Between
ā	Physician	1	shook, or fleet reduie. Cist only											On	nset end Deeth
И	/Medicai		Immediate Cause (Finel disease or condition resulting in deeth) Bue to (or es e consequence of): Due to (or es e consequence of):										1	Jeas.	
п	Examiner		resulting in deeth)	e. /	Due to /			Ν.							
		ě		0 0	PA	71 69 6 CO1136C	quence o	7.						1 7.	ears
	certificate be executed nding physician and use es the burial-transit	Examiner	Sequentially list conditions	b	Due to (c	Y AS B COOSAG	mence of	١٠							LIJ
Ć	exec in an	EX	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undertying Cause (Disease or Injury									Yea		ean	
68760,	a be	cal	thiit initieted events	c. Ith		r es a conseq	2/60 L	١.							
68	ficat phy se th	B	resulting in death) Last		Due 10 (0	i es a conseq	uerice or).							
X	certi nding use	n/Medical		d											
Ď	ette l lor	cla	D + 11 OM - 1 - 111			200		117111111111			1 =				
P.O.	that the death ned by the etter	Physicia	Pert II. Other significant conditions of	ontributing to d	eath but not res	ulting in the u	nderlyling	cause gi	ven in Pert I.		23b. Die	d tobacc	o uss co	ntribute to the	e cause of death
	that ed by deta										1 [Yes	2□ No	3 Probeb	ly 4 Unknow
Records,	The law requiras that the death ate has been signed by the ette page 2 should be detached lor	d by									0.4 - 104-			24b Ware	autopsy findings
Ö	need houl	Completed									24e. Wa per	formed?	opsy	availat	ble prior to
Sec	has t	du												of dea	th?
		S									1□	Yes :	No	1 □ Ye	es 2 No
Vital	ysician: The s certificate director, pag	Be	25. Was case referred to medical examiner?						28. Place	of Deeth	(Check only	one)			
0	5 00	2	1 ☐ Yes 20 No	Hospitel:	npatient 2 🗆	ER/Outpatler	nt 3 🗆 🖸	Ot Ot	her: 4 Nur	sing Hor	ne 5□Res	sidence	6 □Oth	ar (Specify)	
0	fing Ph. After th funeral		27. Menner of Deeth	28e. Dete	of Injury th, Dey Year)	28b. Time of Injury		28c. Inju Wo	ry at	2	28d. Describe	how inj	ury occur	red	
Division	or Attending after death. Director: After in by the fune	atic	1 Neturel 5 Pending investigation		, - 0, 100.,	,,	М		Yes 2 N	ło					
N N	Afte octo by th	Ific	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Piece	of Injury - At h	ome, ferm, str	eet, facto	ry, office		- 2				per or Rural Ro	oute Number,
	din din	Certification:	4 Hornicide	Duildi	ng, etc. (Specif	y)					City or To	own, Ste	Te)		
	spits yours ners		29e. Certifier 1 Certifying Ph	ysician: To the	best of my kno	wiedge, death	occurre	d et the ti	me, dete and	placa.	and due to the	e cause(s) end me	enner es stete	d.
	To the Hospital or Attendii within 24 hours aftar death. To the Funeral Director: A completely filled in by the fu	dlc	29e. Certifier (Check only one) 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and placa, end due to the cause(s) end menn one of end menner steted.										and due to the	ceuse(s)	
	outhir outh	Me	29b. Signature end title of certifier				2	9c. Licens	nse number 29d. Date signed (Moni				d (Month, Day	, Year)	
	F > F 0		MOWD. M.M.					140525 Ocher 20, 1496 Mospital.							
					The world of the		-	, 40	> -1			00	06-1	20,1	146
	17		30. Name and eddress of person who	1. 1.			Print)	11-		1.					
	1(/		21 Date filed March Date Vand	A / I	n·N·	- 9	run	N	1) puta	_					
	Sta	ate	31. Dete tiled (Month, Day Year)	32. R	egistrer's Signa	THE WAY	1								

State of Maryland / Department of Health and Mental Hygiene Q 6 3 1 9 0 0

							Ce	rtificate of	Death		Reg. No.	U	01000			
	Dhuala		Decedent's Nama (First,	Middle, L	ast)					2. Data of De	ath Day	Year	3. Time of Death			
	Physic /Medi		Ethe1		Zelman	n		Bunow		October		996	7:38 a.m.			
	Exami		4a. Facility Name (If not ins	itution, gi	va street end numb	oer)			4b. City, Town, o	r Location of Death	4c. County	of Death				
		31	725 Mt. Wils	on L	ane				Pike	sville	Ba1	Ltimo	ore			
	Funeral		5. Social Security Number		Sex 7. 1 ☐ M 2 🖎 F	Age (In yrs.	lest birthdey)	If Under 1 Yea Months Days	r if Undar 24 Hr Hours Mi	s. 8. Date of Birt (Month, De	h y, Year)	9. Birth	nplaca (Steta or Foraign			
	Director		553-07-2919 Usual Residence of Deceda	nt	IUM ZLAF	85	Yrs.			Aoril	25,1911	Cal	ifornia			
	inylan ihow		10a. State 10b. C				ty, Town or Lo						10d. Inside City Limits			
	M Page	Director	Maryland Bal	timo	re	P	ikesvi	lle					1 ☐ Yes 2 ☑ No			
	4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Dire	10e. Street and Number					10f. Zip Code			10g. Citizen of V	What Co	untry?			
	23a	Ta .	725 Mt. Wils	on L	ane				21208		U.S.	Α.				
	le de	Funeral	11. Marital Status		12. Was Decede Armed Force	ant Evar in U es?	I,S. 13.	Was Decedent of If Yes, specify Cul	Hispanic Origin? (ban, Maxican, Pue	(Specify Yes or No erto Rican, etc.)	- 14. Rac Biac	e - Amer ck, Whita	rican Indian, L. etc.			
	J within 72 hours after death with the Manyland jiene. Than "natural", or items 23s or 28s-1 show the Madesi Examiner must be notified at	by	1 ☐ Naver Married 2 ☑ 3 ☐ Widowed 4 ☐ Div		1 ☐ Yas 2 If Yas, Give Year or Date			1□Yas 2√xNo		,	Specify		nite			
	72 h	Completed	15. Dec	edent's E	ducation ede completed)		16a. Dece	dent's Usual Occu	ipation	orkina	16b. Kind of B	uainass/l	ndustry			
		npl	Elementary/Secondary (0		Collega (1-4	or 5+)	life.	DO NOT use retin	during most of wed)	Olking .						
	filed within Hygiene. ther than ent, tre	S	12		5+		House	ewife	I all all assessment		Own H					
	d 2 should be filed th and Mental Hygi 7 Is marked other traumatic avent,	Be	17. Father's Name (First, Mi		1)					ama (First, Middle,	Meiden Sumen	1a)				
	2 should be 1 and Mental it is marked of raumatic ave	2	Louis Zelman							e Lock						
			19a, Informant's Name/Rela Barry and Ma							Ru <i>ral Rou</i> te Numbe Rockville		1p Code) 20852				
	leal leal im 2		20a. Method of Disposition	гу Б	ullow	20h I		sition (Neme of	od Lane-							
	Pagas nent of int: If It iry or o		1 Burial 2 Crema					netory or other pl	ece)	Date	20c. Location -	City or 1	Town, State			
	Departing Importa any Inju		21. Signature of Funeral Service Licensee 22. Name and Address of Facility													
	88558		Ronald S Wade, Dir. State Anatomy Board-655 W. Baltimore Baltimore, Maryland 21201-1559													
Ī			23a Fint Enter the disea	e, or con	pilications that cau	sed the deat	th. Do not ent	er the moda of dy	ing, such as cardi	ac or respiratory as			Approximate Interval Between			
ı	hysician		Enter the disease, or complications that caused the death. Do not enter the moda of dying, such as cardiac or respiratory arraat, or heart failure. List only one cause on each line.										Onset and Death			
	/Medical		Immediate Causa (Final disease or condition		MAIS	FNP	TRAM	SMA	ROGIA	BULINE	MIA		2 YEARS			
	Examiner		resulting in death)		a. Y	Dua to (or as e consec		1.000	DALIAL	 - - - 	1				
	D ==	Ine.		_												
	death certificate be executed e attending physician end od for usa as the burial-transit	Examiner	Sequentially list conditions. Due to (or as a consequence of):													
	oian ourial		Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury	•	C											
	cate t	Medical	that initiated events resulting in death) Last	1	V	Due to (c	r as a conseq	uenca of):								
	ding p			L	⋖							1				
	eath ce attendii I for use	lan										1				
	that the de ned by the a detached	Physician/	Part II. Other significant co	nditions	contributing to deat	h but not res	ulting in the u	ndartying cause g	iven in Part i.	23b. Did 1	obacco una co	ntribute	to the cause of death?			
	that the ded by detact									10	Yes 2 300	3 Pr	obably 4 Unknown			
	5 5	d by								040 14/00		24b V	Vera autopsy findings			
	been s should	ete									an autopsy rmed?	8	vailable prior to completion of cause			
	N S B	Completed									\/		death?			
	Page ate					_				101	es 20 No	1	☐ Yes 200 No			
	Physician: The this certificate rai director, par	Be	25. Was case referred to me axaminer?	edicai	Hospital:					eath (Check only o	ne)					
	0 0	은	1 Yes 20 No				ER/Outpatier	IL 3D DOA	ther: 4 Nursing		inhos 6 DOth		eity)			
	After funar	on		ending	28a. Date of (Month,	Dey Year)	28b. Tima oi Injury	We		28d. Wescribe i	now Injury occur	red				
	Attanding r death. actor: After by the funs	cat	P L C Promodili	vastigatio ould not b	00		-1127		Yes 2 No	201 1 11 11	N		10			
	or Attano after deat Director: I in by the	Certification:	4 ☐ Homicide d	atarmined	Z8a. Place of	atc. (Specif		eet, tactory, office	12	City or Tox		er or Hu	rel Routa Number,			
	Hospital 24 hours of Funerel (staby filled		29a. Cartifier	olf don Di	welsten. To Make			4 - 4 - 4 - 4								
	To the Neeptial or Attanding Ph within 2 Hours after death. To the Funerel Director: After th complately filled in by tha funaral	edicai		lical Exa	miner: On the basi and manner	s of axamina	tion and/or in	vestigation, in my	opinion, death occ	ce, and due to the courred at the time,	data and place,	and due	to the cause(s)			
	within 2 To the compla	₹ e	29b. Signature and title of o	rtiflac	10			29c. Licer	sa number		29d. Data signe	d (Month	, Day, Year)			
	>=0		1	1	achie	_/		0	29373		10/19	191				
			30. Nama and address of pa	LA	completed to	Manch /11-	n 22a\ /T. m -	Drint\	-1010		10/10	110				
		1	EDIC T	7	completed causa	W DEATH (ITO)	EQI I	2 RD. /1	TILLERINI	E, MD	2100	72				
	Sta	751	31. Date filed (Month, Dey,	(ear)	22 Reg	istra te Gione	ntire -) (A) C	TITIONILL	ريا ارب	210					
	Registr	66 E	00.24199		104.00	istrate Signs										
	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUM	100	N T . O	U												

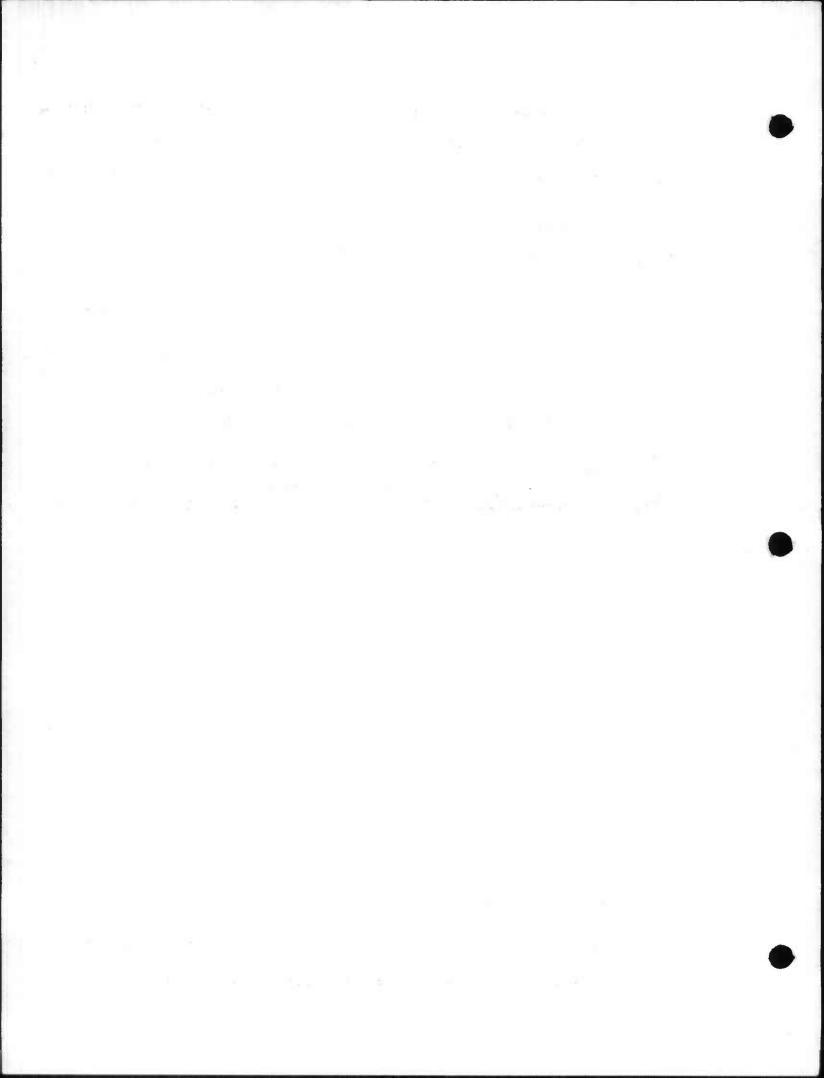
DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 96

96 3189

						Cen	tificat	e of	Death		R	leg. No.			
			1. Decedent's Name (First, Middl	a, Last)							2. Date of Dee	-		3. Time of	Death
	Physici		John	Albert	07	455	_				October	21, 19	Yaar 96	2:36	\ m
8	/Medi		4a. Fecility Nama (If not institution			ARI	V		4h City To		ocation of Death		4c. County of Deeth		7111
-4	Examir	ner	S International	the could not be a second					Rossv				Baltimore		
H			Franklin Square 5. Social Security Number	6. Sax		-thatas i	If Undar		_						-
	Funeral Director		504 01 2166 Usual Rasidance of Decedent	1 N 2 F	7. Age (In yrs. last bii 83	Yrs.	Months	Deys	Hours	Min.	8. Dete of Birth (Month, Day NOV • 20	,1912	Cou	place (Steta o ptry) h Dako	
	DO Res		10a. Steta 10b. County		10c. City, Tow	m or Loc	ation							10d. insida Ci	ty Limits
	after death with the Marylan or Herns 23e or 28a-f show trainer must be notified at	Director	Maryland Baltim	ore	Esse	x	10f. Zlp	Code				On Chinas of	What Cour	1 Yas	2 □ No
	ath with 23s or wat be	Funeral Dir	811 N. Woodlynn				2	2122				US	og. Citizan of What Country? USA		
	N de	Ě	11. Marital Stetus	Armed Fo	edent Evar in U,S. orcas?	13. W	les Deced Yes, spec	dant of h	łispanic Orl en, Maxicar	gin? (Sp	ecify Yes or No- Rican, atc.)	14. Ra	ca - Ameri ck, Whita,	can Indien, atc.	
020		by	1 Nevar Married 2 Married 3 Widowed 4 Divorced	if Yas, Gi	2□No iva Dates: WW2		☐ Yas					Specil			
Maryland 21215-0020	in 72 hours 1 "natural", fedical Ex	Completed	(Specify only highas	t's Education st grada complated)		(Giva k	ant's Ueue and of wo O NOT us	rk dona	during mos	t of work	ing	16b. Kind of B	usinass/in	dustry	
212	fine fore. The	mo	Elamantary/Secondary (0-12)	College (tsmar		,		F	Baltimo	re Ga	as& Ele	ec.Co
P	Hyg other rent,	Be C	17. Fathar's Nama (First, Middle,	Last)					18. Mothe	r's Nam	a (First, Middla,				
ā	hould be d Mental marked o matic ev	To B	Albert Clarin						1	Anna	Littlet	teig			
ary	and M fa men surret	-	19a. Informant's Name/Ralations	hlp (Type, Print)	196	o. Mailing	g Addrass	(Street	and Numbe	er or Rui	rai Routa Number, City or Town, State			Code)	
			Mary Clarin	(wife)	81	1 N.	. Woo	dly	nn Roa	ad	Essex,	Maryla	nd 2	1221	
Baltimore,	pemil. Pages 1 and Department of Health Important. If Item 27 any Injury or other to otics.		20a. Method of Disposition 1 © Burial 2 © Cramation 3 © Ramoval from Stete 4 © Donellon 5 © Othar (Specify) 20b. Placa of Disposition (Nama of cematary, cremetory or othar place) Cardens of Faith Cem. Oct. 23, 1996 Baltimore									-	-	1	
H	it. Pr intme intury injury		4 Donetion 5 Other (S		Garden								ore (co., Mai	cytan
Ba	Departs Departs Imports any Inju		10a- 13	2	: 1						Home PA		land	21221	
1	THE IN		23a Part Entar the disease, or	complications that only one cause on a	cause wha death. Do									Approximate Interval Bate	n waan
	Physician		23a Harri Entar tha disease, or complications that cause who death. Do not entar tha mode of dying, such as cardiac or respiratory errest, nork, or heart failure. List only one cause on each im												Death
7	/Medical Examiner		Immedieta Causa (Final disaasa or condition rasulting in death)	aS	epsis									10 hou	rs
	7 5	ner		Р	Due to (or as a consequence of): Pneumonia 10 hours										
	tificate be executed ig physician and as the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immadiata cause. Entar Undarlying Causa (Disaasa or Injury	Г 6.	Dua to (or es a consequence of):										
68760,	e be e	edical	that initiated evants	c	c. Dua to (or as a consequence of):										
×	requires that the deeth certificate be execut een signed by the attending physician and hould be detached for use as the burial-tran	2	rasulting In daath) Last	d	200 10 10 00 00 0										
Bo	that the death cert ed by the attendin detached for use	Physician/	Part II. Other eignificant condition	ne contribution to d	eath but not requiting h	n the co	dadda a	avea ak	ion la Dari I		22h Did to		manifer etc. A	- the earner -	A death h
P.0	by the ache	hys	Congestive hea			in that und	danying c	ausa gn	van in Part i		23b. Did tobacco use contribute to the cause of				
	signed be del	ру Р	Congestive nea	it failui								24/10		.,	
Records,		Completed	Status post in	nferior my	ocardial i	infa	rctio	on a	ge		24a. Was a perfor		av	era autopsy fi raileble prior to impletion of co death?	0
	The law ate has t page 2 s	ошо	undetermined								1 🗆 Y	as 2 No		Yas 2	No
of Vital		Be C	25. Was casa referred to medical						28. Place	of Deet	h (Check only or	/ \	1		
>	0 0	ToE	examinar? 1 ☐ Yes 2 No	Hospitai:	Inpatient 2 ER/Ou	utpatient	3 🗆 DC	Oth	oer.		oma 5 Rasido		nar (Speci	(v)	
o uc	ling Phys After this funeral di		27. Mennar of Death 1 Natural 5 Pandin	g 28a. Data (Mon	of Injury 28b.	Tima of injury		8c. inju			28d. Dascribe h				
Division	f or Attending latter death. Director: After fin by the fune	Certification:	2 Accident investig 3 Suicide 6 Could i 4 Homicide daterm	not be	of Injury - At homa, faing, atc. (Spacify)	arm, strac			100 20	140	28f. Location (Si City or Town	treat and Num. n, Stata)	ber or Run	al Routa Num	ber,
	rs aff	Ö													
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director; After thi completely filled in by the funeral	edical	29a. Certifier (Check only one) Certifyin Medical	Examinar: On the b	best of my knowledge asis of axamination an nar statad.	e, daath o	occurred astigetion,	at tha tir In my c	ma, data an opinion, daa	d plece, th occur	and due to the c red at tha tima, d	ause(s) end m lata and place,	anner as a and due t	tated. o tha causa(s)
	ro th Nithir To th comp	Me	29b. Signatura and titla of certified				290	. Licans	a number		2	9d. Data signe	ed (Month,	Day, Year)	
	. \		Jullen	ions H	0		R	D19	10		C	ctober	21,	1996	
	10X		30. Nema and addrass of person Dr Twanna Ammor					Balt	imore	Mar	yland 2	1237			relate w
	Sta	te	31. Data filed (Month, Day, Year)	P 4. 32. F	legistrar's Signature	1				-	-				-
	Registr		OCT 24 1996		Son-Mandelle										



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Las 2. Date of Death 4NARS 4a. Facility Name (If not Institution, give street and number 4b. City, Town, or Location of Death 4c. County ano RIS If Undar 24 Hrs. 5. Social Security Number 9. Birthpiace (Stata or Days S 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Nes 2 No MD BALTIMORE n/a 10e. Street and Number 10f. Zip Code 10g Citizen of What Country? PRESTON STREET 501 STATES 21202 UNITED 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No It Yes, Give ↑ Yaar or Dates: 11. Marital Status . Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. X Never Married 2 Married 1 Yes 2XXVo BLACK 3 ☐ Widowed 4 ☐ Divorced Specify: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Indus BURLINGTON Eiamentary/Secondary (0-12) College (1-4or 5+) FACTORY COAT PRESSER 11 th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) CURTIS SYLVIA ERNEST DAWSON 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) STREET, JAMAICA, NY 11432 JOHNSON 89-09 162nd HELEN 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Sunal 2 Cremation 3 Ramoval from State 4 Donation 5 Othar (Specify) HILL CEMETERY 10 - 25ANNE ARUNDEL CO. 21. Signature of Funeral Service License 22. Name and Address of Facility MD WM. C. MARCH F.H.-1101 Ε. NORTH AVE 23a. Part I. Enter the disease, or complications that ceused the daath. Do not enter tha mode of dying, such as cerdiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervei Between Onsat and Death Immediate Causa (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to immediata ceuse. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequence ot): Dua to (or as a consequence ot): Part II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yee 20 No 3 Probably 4 Unknown 24b. Wara autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 DINO 1 Yes 25. Was cese raterred to medicei 26. Place of Death (Check only one) Other: 4 Nursing Home Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 Other (Specify) Manger of Death 28a. Date of Injury (Month, Day Year) 28c. fnjury at Work? 28b. Time of 28d. Describe how injury occurred

burial-transit and be exec Records, P.O. Box 68760. physician the law requires that the death certificate attending 8

Physician

/Medical

Examiner

Funeral

Director

ral", or items 23a or 28a-f show Examiner must be notfied at

Director

Funeral

à

Completed

Be

the Maryland

death

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygione. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical France

Physician /Medical

Examiner

Examiner

Physician/Medical

þ

Certification: To Be Completed

Medical

1 Natural 2 Accident

3 Suicida

29a. Certifiar

4 Homicide

(Check only one) 29b. Signature

Baltimore, Maryland 21215-0020

has been Director: 3

of Wital

Division

or Attendin death. To the Hospital or Att within 24 hours after of To the Funeral Direct

> State Registrar

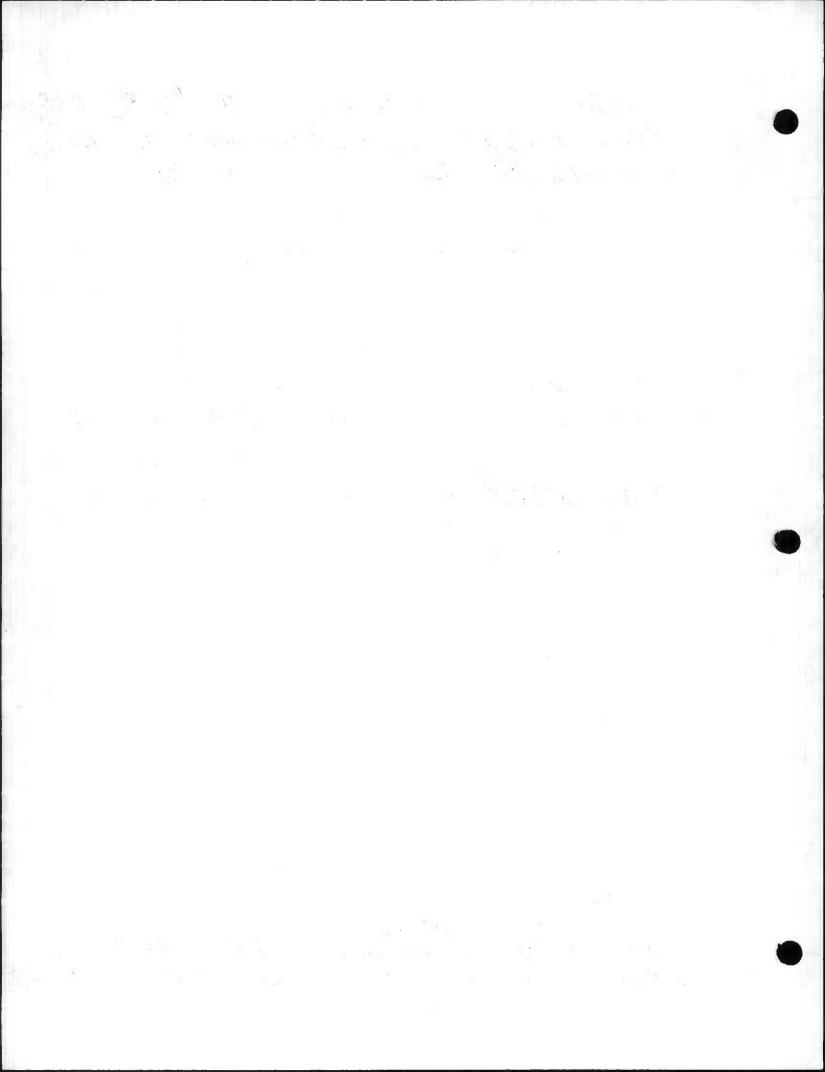
1 ☐ Yes 6 Could not be datamined 28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28t. Location (Straet and Number or Rural Routa Number, City or Town, State) Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the cause(s) end manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceusa(s) and manner stated. 29d. Data signed (Month, Day, Year) PAUL PLACE PACTIMORE MD 21202

31. Data tilad (Month, Day, Year) 32. Registraris Si OCT 24 1996

5 Pending investigation

and title of certifier



25	
400	- 95
140	95
Non	=
0	
	ē
CE	40
400	700
0.	- 22
60	2
0	73
40	ĕ
	- 46
50	-6
-	-
-	-
2	- 23
.0	-
_	300
2	픋
90	7
-	9
-ca	-59
907	v.
2	10
	٠.
. Page 6 may be retained by the hospital or attr	63
2	6
-	ĕ
20	0
100	
	100
	-0
9	20
-	- 23
-36.º	2
307	140
12"	-
TA ₁	-
- 4	29
urs .	63
	- 65
	- 25
2 5	4000
ъ.	401
	- 24
TOI .	20
45	_
766	- 25
100	-
100	100
3	-=
0	-
Aria.	- 20
	-25
NP I	=
NO.	-
	- 5
0.000	-
-	- 25
20	- 65
5	78
30	7
Time I	
65	0
근	- 63
-	_
9	- 52
평	- 5
23	5.0
-	-
603	2
ă	-23
_	.0
60	U
25	S
63	Æ
2	듬
illice	ndo i
rtifica	do no
certificate be executed within 24 hours	line obsciolar and completely filled in by the funeral director page 5 should be detached for use

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALT/MORE, MARYLAND 21215-0020

use as the burial-transit permit. Pages 1, 2, 3 should tending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and there. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

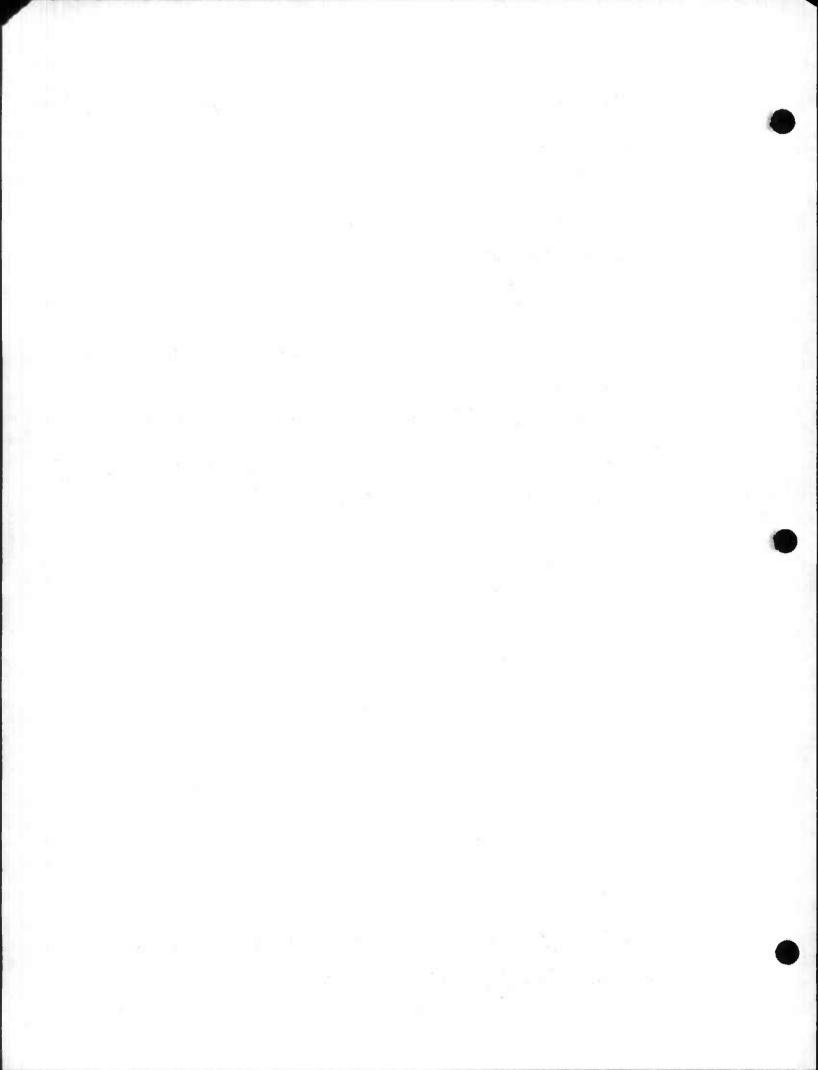
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ITEM: 1,	per As	soc. M.D. G			MENT O	- MEATEN	AMD	********	IVOLEN		0 0	31030	
1 - STATE REGISTRAR		SIAIE UP N	/MARYLAND /			F HEALIH			REG. NO.	E			
1. DECEDENT'S NAME (First		DODOT	HEA W. CL	ADV				2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATN	
4. SOCIAL SECURITY NUM	BER CLA	S. SEX	6. AGE (In yrs. la:									12:00 a M	
215-32-234		1 M 2 🕁 F	82		MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)							y)	
9e. FACILITY NAME (# not i		street and number)	02		9b. CITY, TO	WN OR LOCAT	ION OF D		Ly I.		NTY OF D	TIMORE CITY, M	
RIVERVIE	W NURS	ING CENTR	E,INC.		BALTIM	ORE COL	NTY			BALTIMORE			
RESIDENCE OF DE	10b. COUNT	Υ	10c. CITY,	TOWN OR LO	OCATION				10d, INSIDE CITY				
MARYLAND BALTIMORE BALTIMORE COUNTY 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WH										LIMITS? 1 YES 2 NO WHAT COUNTRY?			
7517 BELATR	ROAD					21236					LS.A.		
11. MARITAL STATUS	100	12. WAS DECEDEN	T EVER IN U.S. AF	MED		DECENDENT		NIC ORIGIN? (-	14. RACE	— American Indian, c, White, etc.	
1 Never Married 2 3 Widowed 4 Div		IF YES, GIVE Y	YES 2 NAR OR DATES	NO		YES 2 X NO		an, Puarlo Rice ly:	ın, etc.)		Speci	fy:	
		10471041	140.00									WHITE	
(Specify or	CEDENT'S EDU	completed)	(0		SUAL OCCUI ork done durin retired.)	PATION g most of work	ing	16b. KI	ND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary	(0-12)	College (1-4 or 5 N/A		SEWITE				HOLI	SEKEE	מואוכ ר	WN HU	ME	
17. FATNER'S NAME (First,	Middle, Last)	14/1	1.100			18. MO1	NER'S N	AME (First, Mide			*****		
BERNARD MURI						ISA	BELLE	KELLEY					
19a, INFORMANT'S NAME		DALKY (TED)						Route Number,					
DOROTHEA E.		DAUGHHER)			FDISPOSITIO		LIIM	RE MAR			City or To	nurn. State	
1 N Burial 2 Cremet		noval from Stala	cemetery, cri	matory or oth	er place)	OCTOBER	. 22 4	1			. MAR		
21. SIGNATURE OF FUNER		CENSEE	LAIN	UD VI	22. NAM	E AND ADDR	ESS OF F	ACILITY		JIVUBO	, LUAD	ILANU	
Madr	0/2	though	\sim					HOME, I					
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disesse or condition resulting in death)	heert feliure.	complications the	ise Dn eech lin	Ð.	ot enter the	mode of d	ylng, aud	ch as cardiac	c or reapl	ratory a	rest,	1236–4625 Approximate interval Between Onset and Death	
Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or In that Initiated events resulting in death) LA	ediate riNG jury	b	(OR AS A CONSE	OUENCE OF)): :								
PART II. Other algorithm (Italia deput DID TOBACCO	e HRANT The check dia	Silae Chronin Leto, Hyro	repord	Netro,	tival.	Steunii,	given in		4a. WAS AN PERFOR	IMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	28. PLA		H (Check only	one)							
1 - YES 2 - 60		1 Inputlent 2		B DOA	~		Rasidenca	6 Other (S					
27. MANNER OF DEATN 1 Netural 5	Pending	28a. DATE OI (Month, I	FINJURY Day, Year)	286. TIME INJU	JRY	WORK?		28d. DESCF	RIBE NOW I	NJURY O	CURED		
2 Accident	Investigation	28a. PLACE (OF INJURY — AI h	ome, farm. =t		YES 2	NO	281, LOCATI	ION (Street	and Numb	r or Rumi I	Route Number,	
4 Homicide	Could not be determined	building	, atc. (Specify)		,			City or	Town, State)				
cont only		SICIAN: To the best of										s) and manner as stated.	
290 SIGNATURE AND TITE	-						CENSE NU					(Month, Day, Year)	
Whall	Keessy	and and				I	219	667			ماعد		
1000 1000 1000	The second	CULLADEZ				דו א מ	TMOT	ים זע					
DR . M.L.C. 31. DATE FILED (Month, De		CHWARTZ	606 HAM	MONDS	LANE	BALI	TMOF	RE, MD.					
OCT 9 41			on-Randa	2									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Cei	tificate o	f Death	F	Reg. No.	0	01094	
Physic	ian	1. Decedent's Nama (First, Mide						2. Data of Dea		Yaar	3. Tima of Death	
/Medica		Cecil M.						00	722	1996	07:00A1	
Exami		4a. Facility Nama (If not institution	on, give street end numb	er)			4b. City, Town, or L	ocation of Death	4c. Count	y of Daath		
CALL	Ш	Levindale H					Baltin			n/a		
Funeral Director		5. Social Security Number 214-26-2361 Usual Residance of Decadent	6. Sax XXM 2□ F	Aga (In yrs. 6	last birthday) 5 Yrs.	If Undar 1 Yea Months Day		8. Data of Birth (Month, Day July 3	, Yaer) , 1931	9. Birthp Coun Mar	place (Stata or Foraign otry) yland	
fand		10a. Stata 10b. Count	/	10c. City	y, Town or Lo	cation				1	Od. Insida City Limits	
Mary If sh	Director	MD n/	а		Balt	imore					No. Yes 2□ No.	
r 28s		10e. Street and Number				10f. Zip Code	i (10g. Citizan of	What Cour	ntry?	
h wit		3642 Forest G	arden Avenu	ie		212	207		119	SA		
n 72 hours after death with the Maryland "naturel", or items 23s or 28s-f show of call Examinat must be notified at	/ Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Ma	II Vas Giva	es?		Vas Dacedant of I Yas, specify Cu	Hispanic Origin? (Spuban, Maxican, Puarto o Specify:	pecify Yes or No- Rican, atc.)	14. Rad Bla	ca - Amaric ck, Whita,		
raf',	d by	3 ☐ Widowed 4 ☑ Divorce	Yaar or Date	es:		AX.	o opecny.		Specif	Bla	ck	
C . W	c - 4	15. Deceda (Spacify only high	15. Decedant's Education (Spacify only highast grade complated)				upetion a during most of work red)	ring	16b. Kind of B	usiness/Inc	dustry	
with ena.	dwo	Elamantary/Secondary (0-12)	Collaga (1-4d						oolto C	o Boo	rd of Ed	
등관측	Ö	17. Fathar's Name (First, Middla			PELSC	virier of	ecialist 18. Mothar's Nam				ru or ru	
should be and Mantal marked o	To Be	Lewis Stanley	Cooper				Maryla	ee Stapl	98			
2 should b and Manta is marked	-	19a. Informant's Name/Reletion		ahter	19b. Mailin	g Addrass (Stre	et end Number or Rui			. Stata. Zip	Coda)	
nd 2 alith a 27 ls		Marcia Cooper		.9.1001			Garden Av	MD 21207				
of Haritem		20a. Method of Disposition		- 01	laca of Dispo	sition (Nama of netory or other p			20c. Location	-		
		1 🎇 Burial 2 □ Cramation 4 □ Donation 5 □ Other (ita .		Memoria]		ct 28 I	Paltimo	ro Co	unty, MD	
V 2 2 2 2		21. Signatura of Funaral Sarvice		ALI								
once.		21. Signatura of Funaral Sarvice Licansaa 22. Nama and Addrass of Facility Nutter Funeral homes, I. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216										
		23a. Part1 Entar tha disaasa, o	r complications that cause	sad tha daath							Approximata	
Physician /Medical Examiner		shock or haart lailura. Lis Immedieta Cause (Final diseasa or condition rasulting in daath)	e		CA r as a conseq	Tuesda all:	PROS	TAT	E		Interval Batween Onsat and Deeth	
D #	iner			Dua to (or	as a conseq	uanca or,						
eath certificata be axecuted attanding physician and for usa as tha bunal-transit	Examiner	Sequentially list conditions,	B	Dua to (or	as a conseq	uence ol):						
ficata be ay physician as tha buna		Sequantially list conditions, if any, laading to Immedieta causa. Entar Underlying Causa (Disaasa or Injury										
phys phys s tha	edical	that initiated avents rasulting in daath) Last		Dua to (or	as a consaqu	uence of):						
certifi ding	2		d									
attan	ciar									1		
that tha death co	Physician/	Part II. Other significant conditi	darlying causa (givan in Part i.		1		the cause of death?				
that hed by deta								1 U Y	es No	3 Prob	bably 4 Unknown	
The law requires that tha death ate has been signed by the atter page 2 should be detached for t	ed by							24a. Was e	en eutopsy		ere autopsy findings	
w require	Completed							perfor	med? /	cor	allabla prior to mpletion of causa death?	
he lav e has age 2	E							1 🗆 Y	- Au			
ifficat		25. Was casa rafarred to medica	1				26. Placa of Deat		-		Yes 2 No	
Physician: this certific	To Be	axeminar? 1 ☐ Yas 2 No	Hospital:	ationt 2 🗆 I	ER/Outpatien	3□ DOA C	Whor:	me 5 Rasida		(Coosié	.1	
Phy arthis aral c		27. Menner of Deeth	28a. Date of Ir	-	28b. Tima of Injury	28c. Inj		28d. Dascribe h	-		//	
a fun	atio	1 Avatural 5 Pandii 2 Accidant invasti	ork? □Yas 2□No									
f or Attending after daath. Director: After d in by the fune	Certification:	3 Sulcide 6 Could datam	ined 288. Place of	Injury - At ho atc. (Spacify	ma, farm, stre	et, factory, office	a .	28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata)				
To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate has complately filled in by the funeral director, page	edical C	29a. Cartifiar (Check only one) Certifyle 2 Medical	ng Physician: To the bes Examinar: On the besis end mannar	of examineti	vledge, deeth ion end/or inv	occurrad at tha astigation, in my	tima, date and place, opinion, deeth occurr	end dua to tha c red at tha time, d	ause(s) end me lete end pleca,	ennar es st	ated. the ceuse(s)	
To th Vithir To th	M	29b. Signatura and Illia Cartilia	r			29c. Licar	nsa number	2	9d. Data signa	d (Month, I	Day, Year)	
. 21-0		11/Vu	1/4/			0,	9317		101.	22/1	196	
		30. Nema and addrass of person	who completed cause of	I death (Itam	23a) (Type. F	Print)	171/		1/0	-/	47	
		1838 GAFFAIR	TRU RO	134	107.	Tho	RE MO	2	-12-	00		
Sta	te	31. Data liled (Month, Dey, Year)	10 Tanfless	drac's Signat	uto	. ,			10	-0		





State of Maryland / Department of Health and Mental Hygiene

96 31895

	-		1 Decedestic blome (First Middle 1	41		Cel	Tificate C	or Deatr	7	1	Reg. No.		0105										
	nysicia Medica	_	Decedent's Neme (First, Middle, L. WARREN	2. Dete of De Month OCTODE	r 22, 1	996'	3. Time of Deeth 8:45AM																
E	xamine	er	4e. Facility Neme (If not institution, gi Genesis Eldercar			nter			own, or L timo:	ocation of Deeth		of Deeth	e										
Dire	nerai ector	lor	5. Social Security Number 6. 231–26–6079 Usual Residence of Decadent	Sex 1Å M 2□ F	7. Age (In yrs. Ias 68	t birthday) Yrs.	If Under 1 Ye Months De		Min.	8. Dete of Bird (Month, De Dec 22	th y, Yeer) 1, 1927	9. Birthp Coun Viro	elece (State or Forei etry) Inia										
Maryland	Maryland B-f show		10e. Stete 10b. County MD Baltim	ore	10c. City, Town or Location 10 Parkville							0d. Inside City Limi											
with the	if be not	Il Direc	10e. Street end Number 3016 Second Ave				10g. Citizen of	Whet Coun	ntry?														
.0020 hours after death with the Maryland ural: or tlema 23a or 28a-f show	1	To Be Completed by Funeral Director	Be Completed by	Be Completed by	Be Completed by	Be Completed by	by Funera	11. Maritei Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Dece Armed For 1 X Yes If Yes, Give Yeer or Da	2 No TT		21234 13. Was Decedent of Hispenic Origin? (Specify if Yes, specify Cuban, Mexican, Puerto Ricer 1 □ Yes 2 ♥ No Specify:				14. Red Bia	ce - Americ	- American Indian, k, White, etc. White					
21215- d within 72 giene. rr than "net	int, the Medical						15. Decedent's E (Specify only highest gr Elementary/Secondery (0-12) 12 17. Fether's Neme (First, Middle, Les	-4or 5+)	16e. Decedent's Usuel (Give kind of work life. DO NOT use Maintenanc			r	e (First, Middle,	16b. Kind of B									
d be	90								m					Meade Mi		ne)							
Z 0 0 8	traumati						٥	George Lonnie Cunningham 19e. Informant's Neme/Reletionship (Type, Print) William Schmidbauer 19b. Meiling Address (Street and Num 10 Bangert Ave.							per or Rui	ral Route Numbe	er, City or Town	. Stete, Zip L128	Code)				
Baltimore, N permit. Peges 1 and Department of Health Important: if Item 27	any injury or o		20e. Method of Disposition 1 □ Burial 2 ☑ Cremetion 3 ☑ 4 □ Donation 5 □ Other (Speci 21. Signature of Furnant Service Lice 23a. Part 1 Enter the disease, or considered in the case of the considered in the case of the considered in the case of	Dete 0/23/96 HOME, P.	/23/96 Baltimore, MD																		
Ned (Med Continued on the continued on t	lical iner iner	clan/Med	by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting In death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieled events resulting in death) Lest	e	bue to (or expue to (or expue to (or expue to (or expue to (or expue))	s e consequ		imor AC	nia Cid	ent			Onset and Death days									
P.O. BC het the death d by the etter	be deteched for			by Physicia	Physicia	Physicia	Physicia	Physicia	Physicia	Physicia	Physicia	Physicia	Pert II. Other significant conditions of		ath but not resulting			given in Part	l.	23b. Dld 1	V	ntribute to	the cause of death
of Vital Records, Physician: The lew requires tribis certificate hes been signe	ge 2 should I				U							24a. Was perfo	an eutopsy med?	ava	ere autopay findings nilable prior to npletion of cause deeth?								
of Vital R Physicien: The ithis certificate h		D	25. Wes case referred to medical exeminer?					26. Plec	e of Deet	1 ☐ Y		10	Yes 200No										
Of Of Ohysel	76	- -	1 Yes 7No			/Outpetlent	3LI DOA		ursing Ho	me 5 Resid			1)										
After After	fune	Cation	27. Menner of Death Neturel 5 Pending 2 Accident investigatio 3 Suicide 6 Could not by	n	f Injury 28), Dey Year)	b. Time of Injury		njury et Vork? Yes 2	No	28d. Describe how Injury occurred													
Division Attended the Intercept of the I			4 Homicide determined	building	of Injury - At home g, etc. <i>(Specify)</i>					28f. Location (5 City or Tow	m, Stete)												
he Hosg in 24 ho he Funs	plately		29e. Certifier (Check only	ysician: To the b niner: On the bes end menne	sis of examinetion	dge, deeth end/or inv	occurred et the estigetion, in m	time, date er y oplnion, dee	nd piece, eth occurr	end due to the d red et the time, d	cause(s) end ma dete end plece,	anner as at and due to	ated. the cause(s)										
o le	Noon N	2	29b. Signature and title of Bertifler	rih	h m	D		onse number	158		29d. Date signe	d (Month, 1	Day, Year)										
6	3		30. Name and address of person who	completed cause	of deeth (Item 23	N. E					himore	, in	021201										

Registrar

DHMH 16 Rev 6/95

State

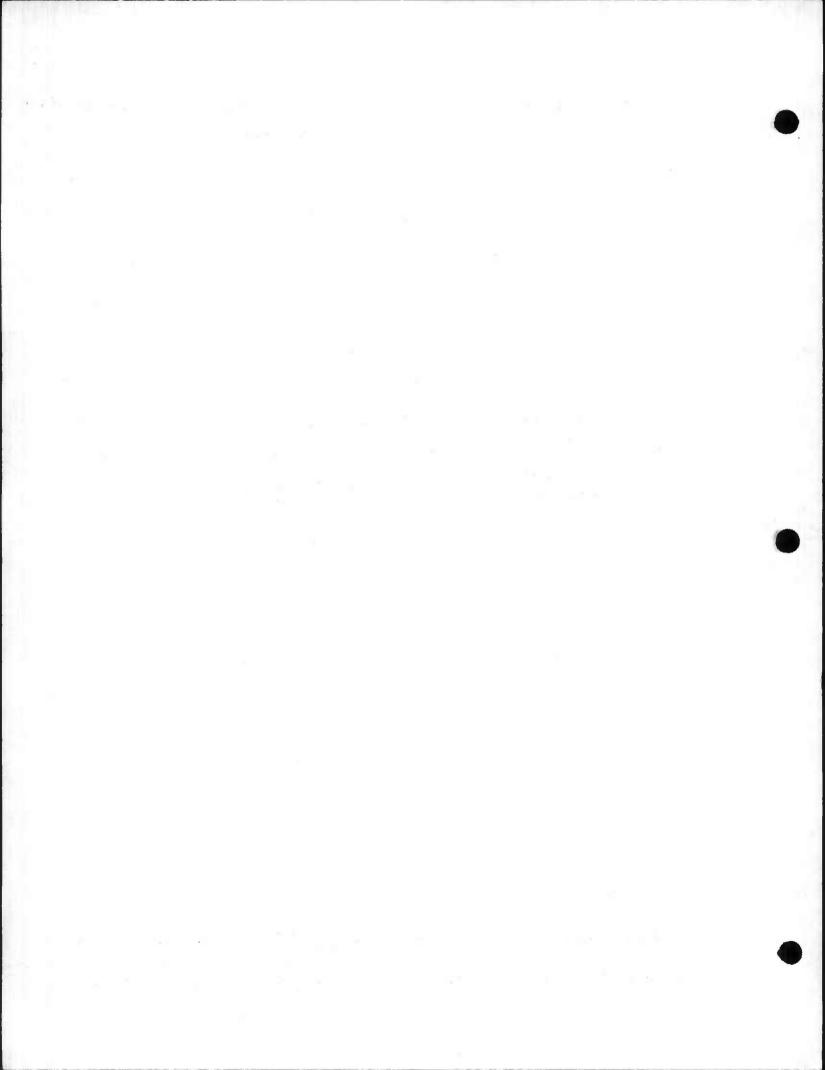
State of Maryland / Department of Health and Mental Hygiene

31896

				,	Cei	tificate	e of	Death	,	Reg. N	0.		01030
Physicia		1. Decedent'a Neme (First, Middle, Li	ist)						2. Dete of De Month		ay	Year	3. Time of Death
/Medical		James			Cegi	elsk	i		october 22, 199			8:13 P.M.	
Examine		4e. Facility Neme (If not institution, gir					4	b. City, Town, or I	Location of Deet		c. County		
		2421 Coon Club R	oad					Westmi			Carro	11	
Funeral Director			Sex 7. Ag	ge (In yrs. I 85	last birthdey) Yrs.	If Under Montha	1 Year Deys	If Under 24 Hrs. Hours Min.		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7)	9. Birthi Cou Mary	place (Stete or Foreign niny) Tand
ž		10a. Stete 10b. County		10c. City	, Town or Lo	cation							10d. Inside City Limits
d ab	0												1 TYes 2 □ No
289	90	10e. Street and Number 10f. Zip Code 10g. Citizen of What Co										/hat Cou	ntry?
5 2	₫	2231 Bank Street 21231									S.A.		
2 2	era	11. Meritel Stetus						Ispenic Origin? (S	pecify Yes or No			- Ameri	can Indien,
	d by Funeral Directo	1 Never Married 2 Merried 3 Widowed 4 Divorced	No	i	Yes, spec		Ispenic Origin? (S en, Mexican, Puert Specify:	o Rican, etc.)			k, White, Whi		
Det dies	Be Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)		16a. Deced	kind of wor	k done	during most of wor	rkina	16b. I	Kind of Bu	siness/in	dustry
e a	dr.	Elementery/Secondery (0-12)	College (1-4or	5+)	life. L	OO NOT us	e retired	1)					
7.62	8	8	0		Presse	er	1						nufactuer
o d ot	Be	17. Fether's Neme (First, Middle, Last						18. Mother's Ner				a)	
merke metric	ို	Anthony Cegielsk						Katheri					
neum mem		19e. Informent's Neme/Reletionship						and Number or Ru					o Code)
m 27	-	Joanita Brightbi 20a. Method of Disposition	ll Daugh	_	2421 lece of Dispo			b Rd. We	T				01-1-
Important: If its any injury or of once.		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	(y)	Cé	emetery, cren Ly Rosa	ary Co	ther plea emet	ery	10/25				own, Steta aryland
Department of Important: If any injury or once.		21. Signeture of Furneral Service Lice	Uller	CFS	ρ)1 s.	Che	ster St.		ore,			
		23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plicetions thet caused one ceuse on each li	d the deeth ine.	. Do not ent	er the mode	e of dyin	g, such es cardle	or respiretory a	rrest,			Approximate intervel Between
ysician ledical		Immediate Cours (Final	<u></u>									1	Onset end Deeth
aminer		Immediate Cause (Final disease or condition resulting in deeth)	· GAS	TRI	c C	AN	CE	P					2 years
200	7		·	Due to (or	es a conseq	uence of):						-	
nsit.	Examiner		b									-	
physician and s the burial-transit	Xa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or es e consequence of):								i		
siclar buri	Sal	Cause. Enter Underlying Ceuse (Diseese or Injury that initiated events	c	Dun to for									
FD 66	/Medical	resulting in deeth) Lest	d	Due to (or	es e conseq	uence or):							
attendir for usa	Physician/M	D. All Other Parks	7.60 14 - 1. 147 14 14		et e		2 554	20.500	l ani ani	. Was tribe			
ed by the detached	l ys	Pert II. Other significant conditions	contributing to death b	ut not resu	itting in the ur	nderlying ca	ause giv	en in Pert I.			2 D No		o the cause of death? bebly 4 □ Unknown
	by P								טי	Yes	2UP NO	3 Pro	babiy 4 Unknown
old be	D								24a. Was	an eut	opsy	24b. W	ere autopsy findings
should	Completed								perfo	rmed?		av co	vallable prior to empletion of cause death?
paga 2	티												
		25.10							10		2 No	11	Yes 20 No
recto	Be	25. Wes case referred to medical examiner?	Hospitel:				Oth	26. Place of Dea					
	2	1 ☐ Yes 2 ☑ No 27. Menner of Deeth	1 ☐ Inpatie		ER/Outpatien 28b. Time of		A	4 LI Nursing H	ome 5 PResi				fy)
Attar	5	1 Neturei 5 Pending	(Month, De	y Year)	Injury	м	Bc. Injur Wor	k? Yes 2 □ No	200. Describe	now my	ury occurr	60	
Director: A	Certification:	3 Suicide 6 Could not b	e 00- Disse et la	uny - At ho	me ferm etr	-		103 20110	28f. Location (Street and Number or Rural Route Number,				al Route Number
Direc In by	5	4 ☐ Homicide determined	bullding, et	c. (Specify)	-	, omce		City or To	wn, Ste	te)	or or right	or route rumber,
		29e. Certifier 1 Certifying Pt	ysician: To the best	of my know	uladaa daath	occurred o	nt the tim	no data and place	and due to the	oouso/	a) and ma		stated
ataly	edical	(Check only 2 Medical Examone)	niner: On the basis of and menner st	f examineti	ion end/or Inv	estigetion,	in my o	pinion, deeth occu	rred et the time,	date er	nd plece, a	nd due t	o the cause(s)
dwo	_	29b. Signed re and title of certifier		7		29c	. Licens	e number		29d. D	ete signed	(Month,	Dey, Year)
-0		1		4	. (D	29071		10	124	196	
2	-	20 Nome and order		/ \	200	Dutan	0	7011		10	1	1/0	
8		30. Name and address of person who R KNISHWAW, W	N 821	N.E	23a) (Type,		7 :	# 305	BAL	115	ioR	E	21201
State Registra	e	31. Dete filed (Month, Dev. Year) OCT 2.4 1996	de la Valudo	1-/L	432								
		M T (/			4							

State of Maryland / Department of Health and Mental Hygiene 3 | 897 ITEM: 19a, per F.H G-740 10-24-96 eoh Certificate of Death 1. Decedeni's Name (First, Middle, Last) 2. Date of Death 3 Time of Deeth **Physician** Leah N. Friedman 6:18 PM 11996 21 actober /Medicai 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE N/A SINAI HOSPITAL if Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1□ M 2□X Months Days Hours 75 Director 215-12-1559 OCT.29,1920 MARYLAND Usual Residence of Decedent 10b. County 10c. City. Town or Location ahow 10d. Inside City Limits must be notified at Director MD 1 Xes 2 No N/A BALTIMORE or 28a-f 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? herms 23a 2715 JENNER DR. Funeral APT. D 21209 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedeni of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indian, Black, White, etc. Yes 2 No 1 ☐ Never Married 2 ☐ Married attimore, Maryland 21215-0020 8 1 ☐ Yes 2 ☐ No Specify à Specify: WHITE 3 Widowed 4 Divorced Year or Dates natural. Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Coilege (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) ges 1 and 2 should be t of Health and Mental RABBI SAMUEL marked HURWITZ IDA **ELLISON** P 19a. Intoman's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Nam 27 SAMEULFRIEDMAN (HUS.) 2715 JENNER DR., APT. D BALTIMORE, MD 21209 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Locailon - Cliy or Town, State 1 Burlai 2 □ Cremation 3 □ Removal from Stele KOVNA CONG. 10/23/1996 4 Donation 5 ☐ Other (Specify) ROSEDALE, MD re Funeral Service Lounus 22. Name and Address of Fecility SOL LEVINSON & BROS., INC. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,

Approximate shock, or heart failure. List only on pause on each line. Approximate intervel Between Onset and Death **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) /Medical SEPSIS days Examiner Due to (or as a consequence of) Examiner graft Astula requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enier Underlying Cause (Disease or injury that initiated events resulting in death) Last burial-tran Due to (or as a consequence of): Pailure month P.O. Box 68760, chronic renal Physician/Medical the Due to (or as a consequence of): usa as 50 years glumern lonephvitis Pert il. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 20 No 3 Probably 4 Unknown bipolar disorder Records, 2 8 director, paga 2 should Completed 24b. Were eutopsy findings evallable prior to completion of cause of death? 24e. Wes en autopsy performed? The law 1 🗆 Yes 2 1 No 1 Yes 2 No cartificate of Vital Physician: Be 25. Wes case referred to medical examiner? 28. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Impatient 2 ☐ ER/Ouipatient 3 ☐ DOA this 28a. Date of injury (Month, Day Year) 27. Manner of Deeth 28c. injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred of or Attending P s after death. Division 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be delermined 3 Sulcide 28e. Place of Injury - Ai home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Hospital 24 hours 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and pieca, and due to the cause(s) and manner as steted. Medical 29a. Certifier 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. complately (Check only one) To the within 2 29b. Signature end title of certifier 29c. License number AJUIY735 7(BY/AS) 29d. Deie signed (Month, Dey, Year) surgery resident bere K. nakahnisa october 21,1996 30. Name end address of pereon who completed cause of deeth (Item 23a) (Type, Print) EVIC KAUTU Nakakura 2809 Boston street Apartment 144 Baltimore, maryland 21224 32. Registrar's Signature 31. Dete filed (Month, Day, Year) State Registrar T 2 4 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician Month SOPHIA GREENFELD OCT. 21 1996 11:58 PM /Medicai 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CHERRYWOOD NURSING HOME BALTIMORE REISTERSTOWN 5. Sociel Security Number If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) MAR. 25,1903 7. Age (In yrs. lest birthday) **Funeral** 9. Birthplaca (State or Foreign 1□M 2X F Days Yrs Director 93 212-16-5549 MARYLAND Usual Residenca of Decedent 10a. State 10b. County 10c. City. Town or Location 10d, Inaide City Limits Director MD BALTIMORE BALTIMORE 1 ☐ Yes 2 🗓 No 28a-7 198 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò 8 130 SLADE AVE., APT. 517 21208 USA ns 23e munt Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, the Medical Examiner Black. White, etc. filled within 72 hours after 1 Yes 2 You if Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 21215-0020 b 1 ☐ Yes 2 ☐ No þ WHITE 3 □Widowed 4 □ Divorced Specify: Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 HOMEMAKER OWN HOME Maryland 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be and 2 should be saith and Mental marked **ABRAHAM** CAPLAN IDA CHAIT 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) f Hoalth I MRS. LOIS BURKE (DAUG.) 95 RIVER OAKS CIR. BALTIMORE, MD 21208 Jore, 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State # Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 10/24/96 HAR SINAI OWINGS MILLS, MD 21. Signature of Funeral Service Licensen, 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or compleations that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Cardiomyspath /Medical Immediate Cause (Final ea diseese or condition resulting in death) Examiner Due to (or as a consequence of): The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last the burial-trar Due to (or as a consequence of) Box 68760, attending physiclan Physician/Medical Due to (or as a consequenca of): ed by the a Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? signed by i plewis 1 Yee 2 No 3 Probably 4 Unknown ours Records, þ Completed 24a. Was an autopsy performed? 24b. Were autopsy tindings aveilable prior to completion of cause of death? 188 certificate 1□ Yes 2UNo Division of Vital 1 ☐ Yes 2 ☐ No or Attending Physician: after death.

Director: After this certifica Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) 2 1 Yes 2 No Other: 42 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Inpatient 2 ER/Outpatient 3□ DOA Certification: 27. Manner Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28c. Injury at Work? 1 ANatural 5 Pending investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) in by 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide 24 hours Hospital edical 29a, Certifier 1 🖵 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. pietely 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuae(s) and manner steted. To the I within 2 To the I 29b. Signature and title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) se of death (item 23a) (Type, Print) Old Court Road Suck 201 Rendallstown MO 5

32. Registrar's Signature

State Registrar

31. Date filed (Month, Day, Year)

QCT 24 1996

State of Maryland / Department of Health and Mental Hygiene 31899 Certificate of Death 1. Decedent's Neme (First Middle Lest) 2. Dete of Deeth 3. Time of Death **Physician** Month HARRIET OCT. GOLDSTEIN 20 1996 10 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 2 POMONA NORTH, APT. 4 If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) NOV. 14, 1916 BALTIMORE BALTIMORE 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□ M 2□ F Yrs 216-80-7512 79 Director MARYLAND Usuel Residence of Decedent with the Maryland 10a. Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at MD BALTIMORE BALTIMORE Director 1 ☐ Yes 2 XNo 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? items 23a or 2 POMONA NORTH, APT. 4 21208 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give 11 Maritei Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. filed withIn 72 hours after 1 Never Merried 2 Married 00 Ballimore, Maryland 21215-0020 1 Yes 2 No Specify: WHITE g 3 ☐ Widowed 4 ☐ Divorced natural Completed 16e. Decedent's Usuel Occupetion (Give kind of work done duning most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) 12 College (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Peges 1 and 2 should be fill ment of Health and Mental H ant: If Itam 27 Is marked oth Be MORRIS HUMMEL. CELTA ZETLIN traumetic 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health a I: If Itam 27 is or other tra NATHAN GOLDSTEIN (HUS.) 2 POMONA NORTH, APT. 4 BALTO., MD 20e. Method of Disposition 20b. Plece of Disposition (Neme of cametery, cremetory or other pleca) 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete Department of Important: If any Injury or other OHEB SHALOM MEM. PARK 4 ☐ Donetion 5 ☐ Other (Specify) 10/22/96 REISTERSTOWN, MD 21. Signeture of Funeral Servica Licansee 22. Name and Address of Fecility BROS., INC. Jeven 100 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Intervei Between Onset end Deeth **Physician** the lung retarlated /Medical Immediete Ceuse (Final diseese or condition resulting in deeth) **Examiner** be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Box 68760. ettending physician for use es the buris Physician/Medical The law requires that the death certificate Due to (or es a consequence of): signed by the et of be deteched for Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Chronic O belradio fung Discose 1 Yes 2□ No 3 Probably 4 Unknown à 1 Seperterour Cardio Vascuelar Disess 24b. Were eutopsy findings evallable prior to completion of cause of deeth? Completed 24a. Wes en autopsy performed? hes 1 ☐ Yes 2 No 1 Yes 2 No certificate I or Attending Physician: efter death. Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA P 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) this 27. Menner of Deeth 28c. Injury et Work? Medical Certification: 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of After 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident Director: in by the 3 Sulcide 6 Could not be 28e. Piece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours e Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end menner stated. 29b. Signeture and Mile of cartifier 29d. Dete signed, (Month, Qay, Year) 29c. License number 30. Name and address of person who completed cause of death (Item 23e) (Spe. Print) HOTS AVE BALTIMUE /ND 2/2/5
MANINEL HE UIN NO 6/0/ TARK HOTS AVE BALTIMUE /ND 2/2/5

State Registrar 31. Dete filed (Month, Dey, Year)

32. Registrer's Signeture

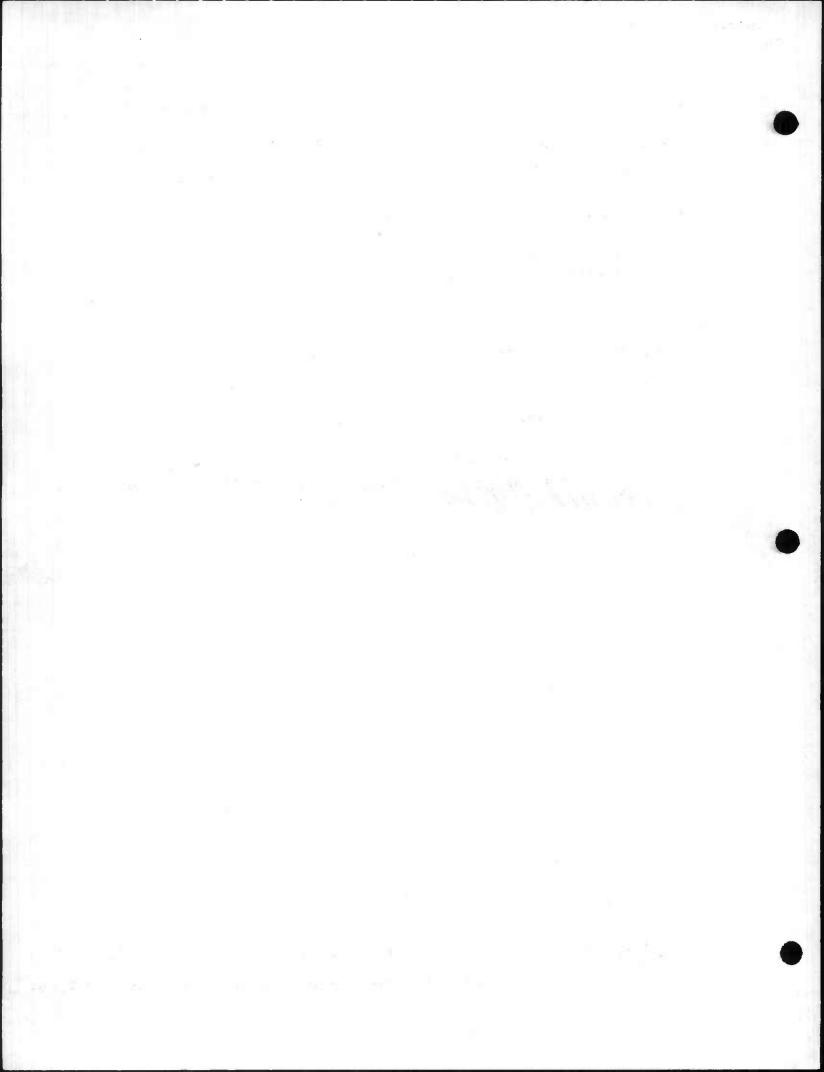
And the second of the second o teet. and the second of the second o

State of Maryland / Department of Health and Mental Hygiene

96 31900

					Cert	ificate d	of Death		Reg.	No.		01200
Physicia		1. Decedent's Neme (First, Middle, La	ist)					2. Dete Mont	of Deeth		Vaca	3. Time of Death
Physicia /Medica		EDWIN			HA	RWELI		OCTO		Dey 11.1	Yeer Q Q F	1015AM
Examine		4a. Fecility Nema (If not institution, given	re streef end number)					n, or Location of		4c. Count		TOTORIA
إراك		327 CAMDEN AVE	NUE APT.	В			SALISE	BURY		WICC	MICO	
neral				ge (In yrs. lest b	irthdey)	If Under 1 Ye Months Da	aar If Under 2		of Birth	ner)		eca (State or Foreign
ector.		unknown	I DkM 2□ F	59	Yrs.		,		2, 1		unkno	• •
	ŀ	Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, To	um or Loos	ation						
notified at	2	Maryland Wicomic	_								10	d. Inside City Limits
	Director		0	Sal.	isbur							1 ☐ Yes 2 📆 No
1 1		10e. Street and Number	#			10f. Zlp Cod			10g.	Citizen of	What Count	ry?
any injury or other traumatic event, the Modelal Examining Frank Co.	Funeral	327 Camden Ave			1		1801				unkno	
	un I	11. Marital Stetus unknown	12. Wes Decedent Armed Forcas?	unknow	13. Wa	as Decedent (as, specify C	of Hispanic Origi Suban, Maxican,	in? (Specify Yes Puerto Rican, et	or No- c.)		ce - America ick, White, e	
	by F	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yas 2 1	No		JYes 2√€	No Specify:			Specif		nite
	8		Yeer or Detas:									
	Completed	15. Decedent's En (Specify only highest gre	ide completed)	160	(Give ki	nt's Usuel Oc nd of work do	cupetion ne du <i>ri</i> ng most (tired)	of working	166	o. Kind of B	lusiness/Indi	ustry
	E	Elementery/Secondary (0-12) unknown	College (1-4or s		1116. DC						,	
		17. Fether's Nema (First, Middle, Last,				un	known	's Neme (First, M	liddle Mei		nknowr	1
0	9 Re	unknown					10. 111011	unknown		Jen Jamen	110)	
F	2	19e. Informent's Neme/Reletionship (Time (Point)	10	A Adallian	Address (Ot-						
Š		Mary Martin/F		13	D. Mailing	unkn		or Rurel Route N	rum <i>ber</i> , Ci	ny or rown	, Stete, Zip (200e)
	-	20a. Method of Disposition in		20b. Pieca	of Disposit	ion (Neme of		Dete	200	Location	- City or Tov	m State
5		1 ☐ Buriai 2 ☐ Cremation 3 ☐		cemen	ery, creme	tory or other	plece)	Dolo	200	Location	- Oily of Tov	III, Stele
		4 □ Donetion 5 □ Mather (Specification 1)		1.								
ouce	ď	21. Signature of Funeral Sarvice Licer Ronald	S. Waye, D	rector	22. N	Nama and Ad ate An	dress of Fecility atomy Bo	oard-655	W. T	Baltin	more 9	treet
		Januar	/////	all			e, Mary		1201-			
		Part . Enter the diseesa, or com shock, or heert fellure. List only	plicetions that sused one cause on each lin	the death. Do	not enter	the mode of	dylng, such es ca	ardiac or respiret	ory arrest,			Approximate ntervel Between
ian												Onset end Deeth
cal ner		Immediete Ceuse (Finel diseese or condition	e. 5ub	dusal	1200	naton	10				1	
		resulting in deeth)		Due to (or es e			199					
Evaminar			b									
	Xall	Sequentially list conditions, if any, leeding to immediate	0.	Due to (or es e	conseque	ence of):						
ú		cause. Enter Underlying Cause (Disease or injury										
Madical Exami	200	thet Initieted avents resulting In deeth) Last	0.	Due to (or es e	conseque	nca of):						
Ma	2											
a a			d									
Phyeician	200	Pert II. Other significant conditions of	ontributing to death bu	ut not resulting	in tha und	erlying cause	given In Pert i.	23b.	Did tobac	co uss co	ntribute to t	he cause of death?
J. d.		(222 122 1		1	1 . /				1 Yss	2 No	3 Probe	bly 4 Unknow
2	2	Cerebral		ACCIO	ignt							
patel		Hypertens						24e.	Wes an au	utopsy		e eutopsy findings able prior to
Completed	2	11 x per Tens	1017						nited	11	com of de	pletion of cause
Pa Com	5								1⊠Yes	2 🗆 No	101	Yes 2□ No
8		25. Wes case referred to medical					26 Place o	of Deeth (Check of		2 110	10	165 20110
L C		eyeminer?	Hospitel:	nt 2 ER/O	utpationt	217 DOA	Other:			2 TO:		
		27. Menner of Deeth	28a. Dete of Injur	y 28b.	Time of			ing Home 5 28d. Desc		njury occur	11.	
10		1 ☐ Neturel 5 ☐ Pending investigation	(Month, De)	Year)	Injury	28c. Ir V	Vork? ☐ Yes 2 ☑ No					
fica	2	3 Suicida 6 Could not be	10 10		30			Fal	ion (Street	m Wi	heel c	nain Boute Number
Medical Certification: To Be	5	4 ☐ Homicide determined	28a. Piaca of Injubuilding, etc		, 0.1041			City o	r Town, St	(ete) 3 2 7	cand	Poute Number, B
O		29e. Certifier 1 Certifying Phy	sician: To the best o	om e	a death or	ocurred at the	time date and	Salis	bury	Ma	rylan	d 31801
edical	5		iner: On the basis of end mennar sta	exeminetton er	d/or inves	tigetion, in m	y opinion, deeth	occurred at the t	ime, date	and pleca,	and due to t	he cause(s)
2		29b. Signetura and title of certifiar				29c. Lice	ense number		29d.	Dete slane	d (Month, Di	ay, Year)
		1 tools	4/1-	-13	- 110							
	-	sugar 1	Via	de	MD	0.	C.M.E.		OC'	TOBE	R 12,	1996
	3	30. Neme and address of person who o										
		Stephen S. Ra	dentz M	ρ 1	11 P	enn S	treet.	Baltin	nore	. Ma	rvlan	d 21201

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Willie S. Mays 0517AM 18 1996 october 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY
If Under 24 Hrs. 8. Date of NA 8. Date of Birth (Month, Dey, Year) M-2 0 - 1950 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Days Months 1 M M 2 □ F Hours Min 46 422-70-9584 Usuai Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits NA 1 Yes 2 No 10f. Zip Code 10g. Citizan of What Country? U. 5-A North Circle 21215 agaCOMB 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 No It Yes, Give 1 ☐ Never Merried 2 ☑ Married 1□ Yes 21 No Specify: Specify: 3 Widowed 4 Divorced Black Year or Dates: 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Coltaga (1-4or 5+) Elamentary/Secondary (0-12) Disabled 12 trande 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname) Mays Johnson arrie 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) Sister 2917 North Barto, Ad ZIZIS Davis irde Edgecomb 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removei from State Cemetery 4 □ Donation 5 □ Other (Specify) Ebenezer 10-26-96 Forkland Greene Co, aL 22 Name end Address of Fecility 21. Signature of Funerel Service Licanses brielle Wabash Serve Da 140 Mel 212,5 1300 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory arrest, ehock, or heer failure. List only one cause on each line. Approximate Interval Between Onset and Death nepatic encephalopathy yr alcoholic awhosi's 2 45 Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Positive 24e. Wes an autopsy performed? 24b. Ware sutopsy tindings available prior to completion of cause of deeth? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 26. Placa of Death (Check only one) Hòspital: 1 (Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how Injury occurred

Physician /Medicai Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burial-transit

P.O. Box 68760,

Division of Vital Records,

Examiner

Physician/Medical

à

Completed

Be

Certification: To

Medical

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

10a. State

Md

11. Marital Status

Carrie

10e. Street end Number

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show trsumatic event, the Modical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours efter death 1 nnt of Health and Mental Hygiene.

1: If item 27 is marked other than "natural", or Hemmatic according to the control of the c

Peges 1

Baltimore, Maryland 21215-0020

Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disaasa or injury thet initiated evants resulting in death) Last

Immediete Cause (Finel disease or condition resulting In death)

art II.	Other significant	conditions of	ontributing to	death but	not res	sulting In	the underlying	causa given i	n Part
					0	•			

Human immunodificiency

Aspiration Preumonia

25. Was case ratarrad to medical examiner? 1 Yes 2 No

27. Mannar of Death 1 Naturat

5 Pending investigation 2 Accident 3 Suicide 6 Could not be determined 4 Homicide

28a. Data of Injury (Month, Dey Year)

28e. Pleca of Injury - At home, farm, street, tactory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28t. Location (Street end Number or Rural Route Number, City or Town, Stata)

29a, Cartifier (Check only one) 1 Certifying Physician: To the bast of my knowledga, daath occurred at tha time, date and place, and due to the causa(s) and mannar as statad.

2 Madical Examiner: On the bast of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

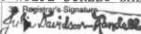
29b. Signeture end title of certifier for Elaeurens 29c. License number RES-000 29d. Dete signed (Month, Day, Year) october 18 1996

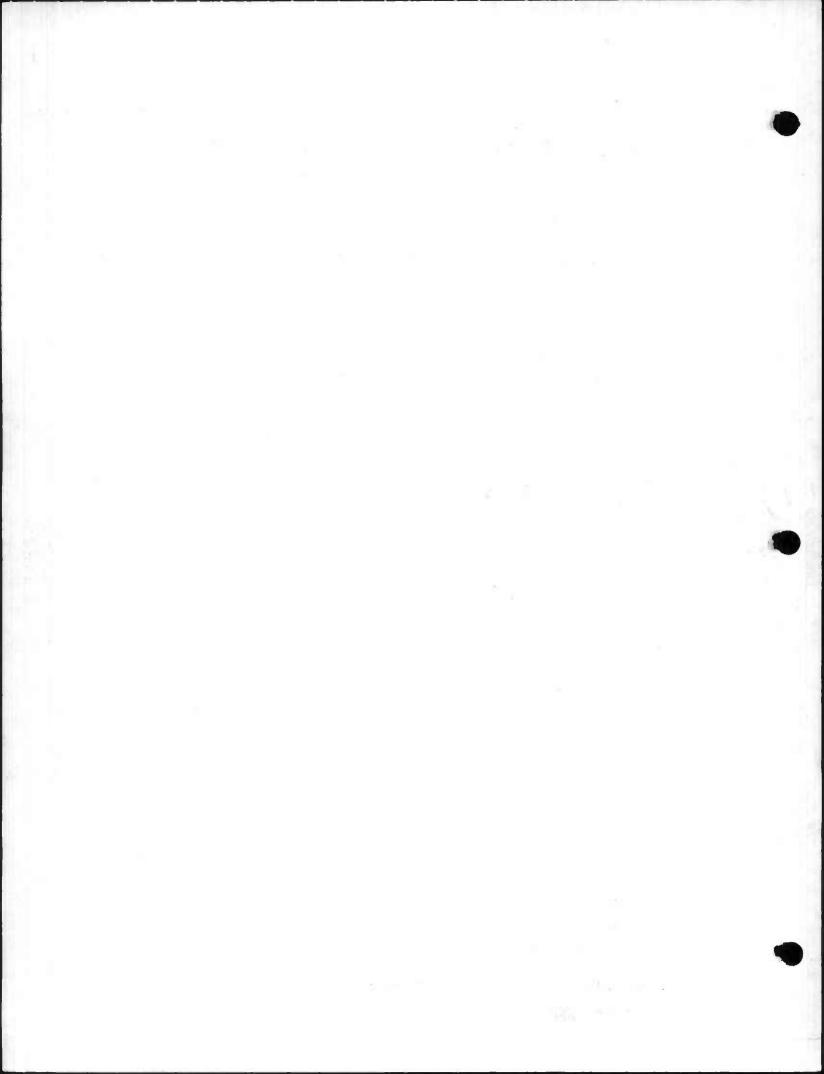
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

JENNIFER LAWRENCE 600 WOLFE STREET BALTIMORE, MD 21287 31. Date tiled (Month, Day, Year)

State Registrar

OCT 24 1996





State of Maryland / Department of Health and Mental Hygiene 31902 ITEM#1 SEE DOCMNTS. FILMG740 10-24-96 J.A. Certificate of Death 1. Decedent's Neme (First, Middle, Last) AKA Joseph E. Harris 2. Dete of Deeth 3. Time of Death Month **Physician** 1996 October 21, 5:55 am /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Franklin Square Hospital Center Rossville Baltimore If Under 1 Year | ff Under 24 Hrs. 8, Data of Birth Months | Days | Hours | Min. | March 27, 1919 5. Social Security Number 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) **Funeral** 1 X M 2 □ F 213-10-6343 77 Yrs. Director Maryland Usual Rasidance of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. fnside City Limita 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shot trsumstic svent, the Medical Examinar must be notified at Maryland Baltimore Essex 1 ☐ Yas 2X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 233 North Marlyn Avenue U.S.A. permit. Peges 1 and 2 should be filed within 72 hours efter deeth v
Department of Heelth and Mental Hygiene.
Important: If flem 27 is marked other than 'natural', or flems 23a
any injury or other traumatic event, the Medical Experiment 2008s. 21221 Funeral 12. Wes Decedent Ever In U.S.
Armed Forces?
1 M Yea 2 □ No
If Yes, Give
Yeer or Detes: WW II Was Decedent of Hispanic Origin? (Specify Yea or No-if Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black. White, etc. 1 □ Nevar Married 2 □ Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 2 No Specify: þ Specify: White 3 Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) 12 Coilege (1-4or 5+) Maintenance Steel Mill 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Melden Sumama) Be Howard E. Harris Mary Ellen McNicholas 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meliing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) M. Bernetta Spiegel (DAUGHTER) 5615 Daybreak Terrace Baltimore, Md. 21206 20b. Place of Disposition (Name of cematary, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ■ Burial 2 □ Cremetion 3 □ Removel from Stete Gardens Of Faith Cemetery 10/24/1996 Baltimore Co. , Md. 4 ☐ Donation 5 ☐ Other (Specify) Funeral Service Lig Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betw Onsat and Deeth Physician /Medical immediete Cause (Finel disaesa or condition rasulting in deeth) Myocardial Infarction 7 Days Examiner Due to (or ea e consequence of) Examiner 5 Years Coronary Artery Disease The law requires that the death certificate be executed burial-tran Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseesa or injury Due to (or as a consequence of): and attending physician for use as the burial Box 68760. Atherosclerosis 10 Years Physician/Medicai thet initiated eventa resulting in death) Last Due to (or as a consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. the 23b. Did tobacco use contribute to the cause of death? signed by t 1 | Yes 2 | No 3 | Probably 4 | Unknown Hypertension p 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed peen Prostate Carcinoma page 2 1 ☐ Yes 2 No certificate 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes casa referred to medical 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☑ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death Certification: 28a. Dete of injury (Month, Dey Year) 28b. Tima of 28c. fnjury et Work? 28d. Describe how injury occurred After 1 Neturel 5 Pending n 24 hours after deeth.

Ne Funeral Director: After the full of th 1 Yes 2 No investigation 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Sulcide 28a. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide Hospital 1 Certifying Physicfan: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) end manner as stated.

2 Medicat Examtner: On the bests of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) end menner stated. 29e. Certifier Medical pletely (Check only one) within 2 the 29c. License number 29d. Data signed (Month, Day, Year) 0

State Registrar

31. Dete filed (Month, Dey, Year)

Monique Langston M.D.



20.

30. Neme and eddress of person who completed cause of deeth (item 23e) (Type, Print)

Rd 1777

9000 Franklin Square Drive

October 21, 1996

21237

Baltimore, MD

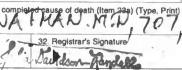
REPAIR TO THE TWO

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month 5regoru /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Bon Se.

5. Social Security Number Baltimore
If Under 24 Hrs. 8. Dete of 1 Baltimore Hospital If Under 1 Year Birthplace (State or Foreign Country) Funeral Age (In yrs. last birthday) 1**X**M 2□F Days Hours Vrs Director 215-58-1776 Baltimore 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Baltimore Funeral Director 1 Yes 2 □ No Baltimore 10e Street and Number 10g. Citizen of What Country? 2303 tentland 21234) Rive 12. Was Decedent Ever in U,S. Armed Forces? 1 Ves 2 □ No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Rece - American Indian, Biack, White, etc. Pages 1 and 2 should be filed within 72 hours after near of Health and Mental Hygiene. 1 Never Married 2 Married 1□ Yes 2X No Completed by Specify: Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education 16e. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) ring most of working Elementary/Secondary (0-12) College (1-4or 5+) Correctional Penal Institution year officer traumatic event, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Dames A. Harris Emma Lee Foster 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sharon E. Harris (wife) 2303 Pentland Drive, Baltimore, Maryland 21234 20b. Place of Disposition (Name of Dele 20c. Location - City or Town, State permit. Pages 1 and 2: Department of Health at Important: If them 27 is any injury or other trau Baltimore, 20a. Method of Disposition Place of Disposition (Neme of cemetery, crematory or other place) Buriai 2 Cremetion 3 Removal from State Donation 5 Other (Specify) King Memorial Park 10-25-96 Randallstown, Maryland 21. Signature of Funeral Service Licenses Doseph H. Brown Jr. Funeral Home bir the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac of respiretory errest, approximate approximate. **Physician** /Medical Immediate Cause (Final month diseese or condition resulting in death) **Examiner** The law requires that the death certificeta be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760. Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings eveileble prior to completion of cause of death? Be Completed 24a. Was an autopsy 1 Yes 2 No or Attending Physician: 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) 1 Yes 2 No 2 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) this 27. Menner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how Injury occurred After t MACHINI 1 Naturel 2 Accident 5 Pending Investigation 1 Yes 2 No death. - eu within 24 hours after deat To the Funeral Director: completaly filled in by the 6 Could not be determined 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 D Homiclde N Medical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) end manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner steted. 29b. Signeture and title of certified 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar 31. Date filed (Month, Day, Year)



least Fort Avenue Baltimore Md 21230

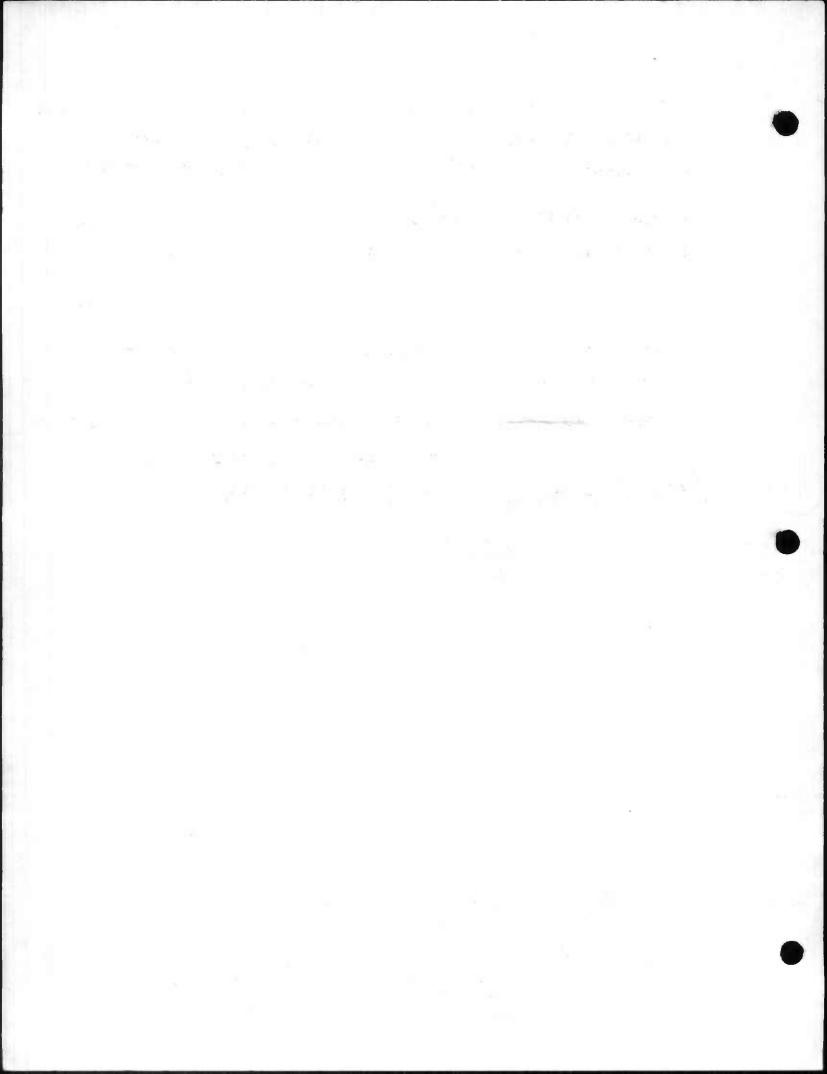
ITEM: 19a, PER F'.H. F'ILM q-741 State of Maryland / Department of Health and Mental Hygiene 11/22/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Year HUERSCHMAN IMELMA 96 20 5:45 AM OCI /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ST. AGNES HOSPITAL BALTIMORE 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
(Month Dey Year) 9. Birthpiece (State or Foreign MARY!(y) AND 7. Age (In yrs. last birthdey) **Funeral** Days 1 □ M 2 □XF 78 Yrs. Director 213-16-9947 Usuei Residence of Decedent the Marylend 10e Stete 10h County 10c. City. Town or Location 10d. Insida City Limits 28a-f show "naturel", or items 23a or 28a-f show Director 1 Yes 2 No MARYLAND BALTO BALTO. 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? allendale apts 21214 USA Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No 11. Maritel Status Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 If Yes, Give Yeer or Detes: 1 ☐ Yes 2 X No Specify: þ 3 Nidowed 4 Divorced Specify WHITE Completed th and Mental Hygiene.
7 is marked other than "natur treumatic event, the Medical 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elamantary/Secondery (0-12) 8 YEARS College (1-4or 5+) BOX HANDLER LEVER BROS. 17. Fethar's Name (First Middle Last) 18. Mother's Nema (First, Middle, Maidan Sumema) Be Peper 1 and 2 should be sent of Hoelth and Mental MURPH GUTERSMITH ERNESTINE KELLER 19a. Informent's Name/Reletionship (Type Print) (SON) Department of Heelth and Important: If fem 27 is m any injury or other treum once. 19b. Melling Address (Streat end Number or Rural Routa Number, City or Town, Stete, Zip Coda) MR. GEORGE 42 FULLERTON HEIGHTS AVE. BALTO. MD. 21236 20b. Plece of Disposition (Neme of cametery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1X Buriel 2 ☐ Crametion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) SACRED HEART OF JESUS 10-24 BALTO. CO. MD. Signiture of Funeral Bulvice 22. Neme end Address of Fecility KACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTO. MD. 23a. Pert1. Enter the disease, or confolications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feiture. List only one cause of each line. 21224 Approximate Interval Between Onset and Deeth Physician Immediate Causa (Final disease or condition resulting in death) · GASTROINTESTINAL 2 HOURS Examiner Due to (or es e consequence of): RECENT MYOCARDIAL INFARCTION DAYS Sequentielly list conditions, if any, leeding to immediata cause. Entar Underlying Ceuse (Disease or Injury that Initieted evants resulting in deeth) Lest Dua to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, 4DAYS EREBROVASCULAR certificate be ACCIDENT Physician/Medical å Due to (or es e consequenca of): the attending The law requires that the death b Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 1 No 3 Probably 4 Unknown ģ 8 24b. Were autopsy findings evallable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? peed certificate hes 1 Yes 2 No 1 ☐ Yes 2 Ø No Be 25. Was case rafarred to medical 26. Pleca of Death (Check only ona) Hospitel: 1 ⊠ Inpetiant 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this 28a. Dete of fnjury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred al or Attending P s efter death. il Director: After i After 5 Panding investigation 1 Natural 2 Accidant 1 ☐ Yes 2 ☐ No the 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Spacify) 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 4 Homicida To the Hospital c within 24 hours of To the Funeral D completely filled 1 Certifying Physicien: To the best of my knowledga, daath occurred et the time, dete end placa, end due to the ceuse(s) and menner as stated.

2 Madical Examiner: On the basis of axaminetion end/or investigation, in my opinion, deeth occurred et the time, deta end place, end dua to the cause(s) end menner steted. 29a. Certifier Medical (Check only 29c. License number 29b. Signeture end title of certifier 29d. Dete signed (Month, Day, Year) Mandeep dandhu P 08125 A OCT. RESIDENT MANDEEP SANDHU 30. Neme end eddress of person who completed cause of daeth (Item 23a) (Type, Pnnt) 900 AVENUE CATON BALTIMORE 21229 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture

State

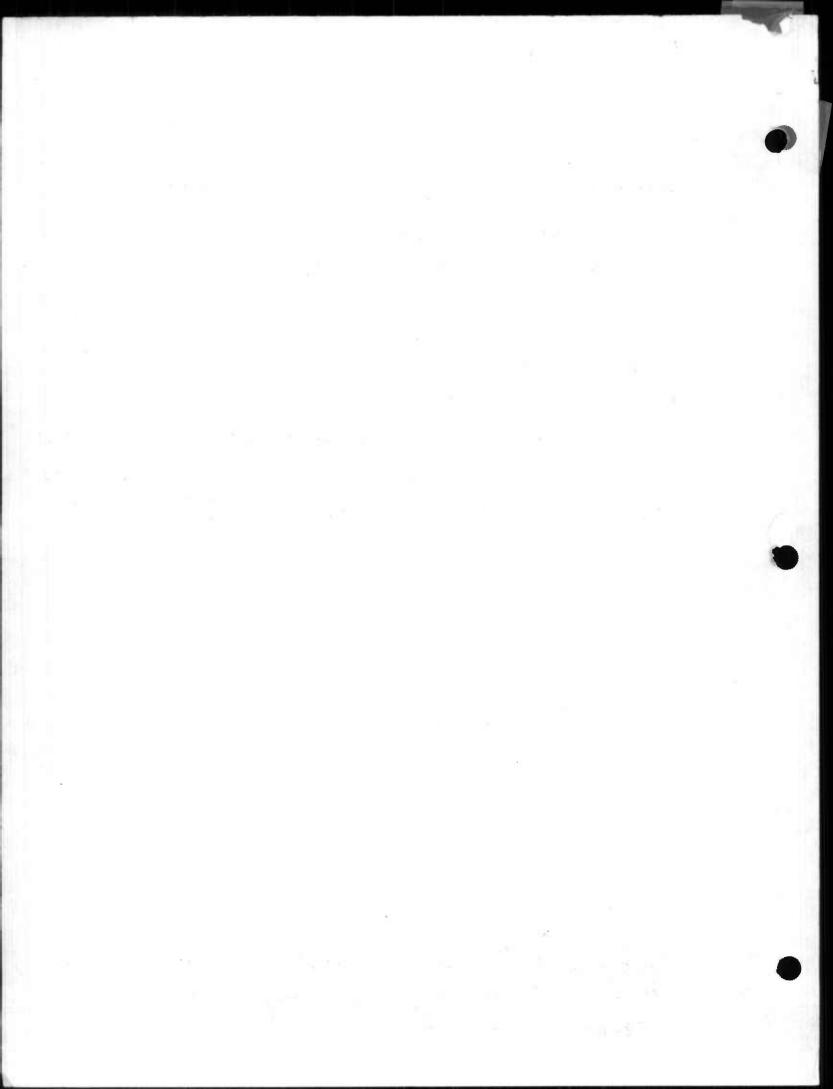
Registrar

OCT 24 1996



				State of M	larylan		artment o			Mental Hy	giene	96	31	905
Contract Con		1. Decedent's Neme (F	irst, Middle, Las	st)						2. Dete of De			3. Ti	me of Deeth
Physic		Flo	rean					Jor	000	Month 1 O	20	Yeer 96	2:	30pm
/Medi Examii		4e. Fecility Neme (If no		street and number	7)				b. City, Town, or			nty of Deeth		
		140	O E. M	adison s	Stroc	- t-			D-1+4					
Funeral		5. Sociel Security Num	ber 6. Se	9x 7. A	ge (In yrs. I		If Under 1		Balti If Under 24 Hrs	8. Date of Bi	rth	9. Birth	plece (S	tete or Forei
Director		217-18-6	214 1	□ M 2□XF	88	Yrs.	Months D)eys	Hours Min.	0150nt 2	. 08		ntry)	
P		Usuel Residence of De											A.C	
ith with the Marylan 23a or 28a-f show	_		b. County			, Town or L							10d. Insi	de City Llml
S Me	5	MD	NA	<u> </u>	Ва	ltime	ore						1 5	Yes 2□1
1 6 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	Director	10e. Street and Number			λ.	nt	10f. Zip Co	ode			10g. Citizen o	f Whet Cou	ntry?	
23a		1400 E.	Madisc	n Stree	t 4	pt. 10		2:	1205			USA		
If it is not the Maryland filed within 72 hours after death with the Maryland Hygiene. The than "natural", or Itama 23a or 23a-1 show and, the Medical Examiner multibe notified at	Funeral	11. Maritel Status		12. Was Decedent Armed Forces	Ever in U.	S. 13.	Was Decedent	t of His	spanic Origin? (S n, Mexican, Puer	pecify Yes or No)- 14. R	ece - Ameri		en,
afte afte		1 Never Married		1 ☐ Yes 2 🔀 If Yes, Give			1□ Yes 2□		Specify:					
72 hours netural;	d by	3 ☐ Widowed 4 ☐		Year or Detes:			X	Х.	opeony.		Spec	my: Bl	ack	
Z I Z I S-00 Z O within 72 hours af giene. Ir than "natural; or the Wedical Exam	Completed	15 (Specify o	Decedent's Ed	ucation de completed)		16a. Dece	dent's Usuel O	ccupa	ition u <i>ning most of wo</i>	rkina	16b. Kind of			
within iene.	E E	Elementery/Seconde		College (1-4or	5+)							Agr	es	
filed will Hygiene other the		6th Grad		Na		Nui	ses A				Hosp			
of 2 should be filed 2 should be filed the and Mantal Hyp. 7 is marked other traumatic avent,	Be	17. Fether's Neme (Firs	it, Middle, Lest)		7				18. Mother's Ner	ne (First, Middle		1117		
2 should be and Mantal is marked or	70	Hubert			JO	nes			Kate			Flauk	ner	
d 2 should th and Mar 7 is merke traumatic		19a. Informent's Neme							nd Number or Ri				,	
		Joyce J.		dge					n Circl	e Apt	B /Bai	lto; M	id.	2123
- 40 45 0		20a. Method of Disposit		Removel from Stete		ece of Disp emetery, cre	osition (Neme of metory or other	of r place)	Dete	20c. Location	- City or T	own, Ste	le
permit. Pages Department of Important: If is any injury or		4 □ Donetion 5 □			Ba.	ltimo	ore Cer	m.		10-25-	96 Ba	Ltimo	re,	MD.
Departit. Departit Import		21, Signature of Funera	d Service Licens	see 🛆	Λ	2	2. Neme end A	ddres	s of Fecility	Palti	more,	Mana	.1	. 2
Medical Examiner project of the private personner whysician and the bruial-transit	Il Examiner	Immediate Cause (Fine disease or condition resulting in death) Sequentially list condition for the cause. Enter Underlyin Cause (Disease or Injury Cause (Disease or Injury Cause)		e Re	per	es e conse	ron	_						
aath certificate attending phys for use as the	Physician/Medical	Pert II. Other significan	L	dntributing to death b		es e conse		e give	n in Pert I.	23b. Did	tobacco use c	ontribute to	o the ca	use of dea
ician: The law requires that the dicertificate has been signed by the rector, page 2 should be detached	by	(1)	Para	thypois	1 a	den	mel			10	Yes 2 No	3 Pro	bably	4 🗆 Unkr
e law requir has been s ge 2 should	Completed			J							an autopsy rmed?	av co	ellable p	psy finding rior to of cause
iing Physician: The I n. After this certificata hi funeral director, page	Co									10	Yes 2 No	1[Yes	2 No
ician: The	Be	25. Wes case referred t exeminer?	o medical						28. Plece of Dec	th (Check only o	one)			
Physic this ce al dire	2	1 ☐ Yes ≥ No	1	lospitel:	ent 2 CE	R/Outpatle	nt 3 DOA	Othe	r: 4□ Nursing H	ome 5 Resi	dence 8 🗆 O	ther (Specif	y)	
ding Pt. h. After th funera		27. Menner of Death Naturel 5	☐ Pending	28e. Dete of Inju (Month, De	ry Year)	28b. Time o	f 28c.	Injury Work	et	28d. Describe				
meth.	atic	2 Accident	Investigation	,	,	injury			es 2 No					
Ital or Attending Physics and Coult. Ital Director: After this led in by the funeral di	Certification:	3 ☐ Suicide 6 4 ☐ Homicide	Could not be determined	28e. Plece of Inj building, et	ury - At hor c. (Specify)	ne, farm, st	eet, fectory, off	fice .	11-11	28f. Location (Street and Nun vn, Stete)	ber or Rure	al Route	Number,
n & Nou	Medical	29e. Certifier (Check only 2)	Certifying Phys Msdicai Exami	sician: To the best oner: On the basis of end menner sto	r examinetic	ledge, deet on end/or In	n occurred at th vestigetion, in n	ne time my opi	e, dete end plece nion, deeth occu	, end due to the rred et the time,	cause(s) and n dete end pleca	nenner as s , and due to	tated.	se(s)
2/28	2	29b. Signature and title	of certifier	M	1		29c. Llo	cense	number		29d. Dete sign	ed (Month,	Dey, Ye	ar)
9		Non	rono	Dely	Gran	76	0	11	010/		Oct	21,1	99	6
0		30. Name and address of	person who co	Hhat s	reath (Item :	zsa) (Type,	Jah Jah		Hos	Cins	HOSP	ita	1	

Registrar DHMH 16 Rev 6/95

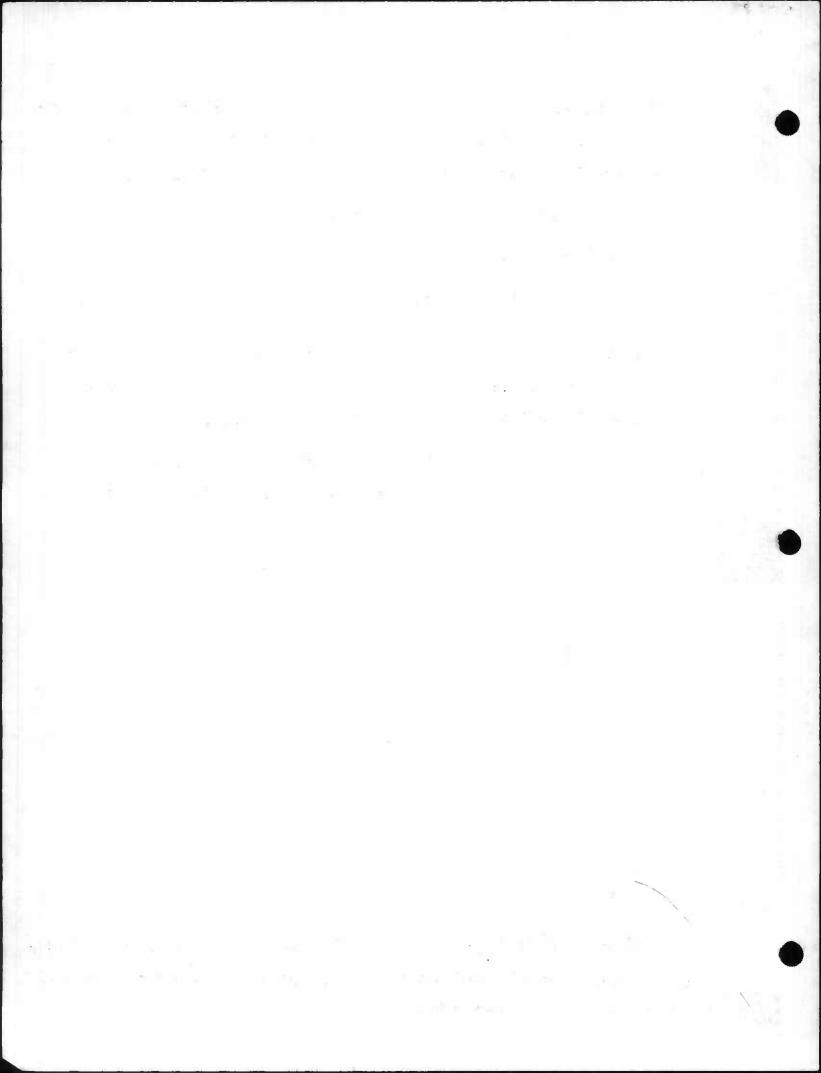


DHMH 16 Rev 6/95

State

Registrar

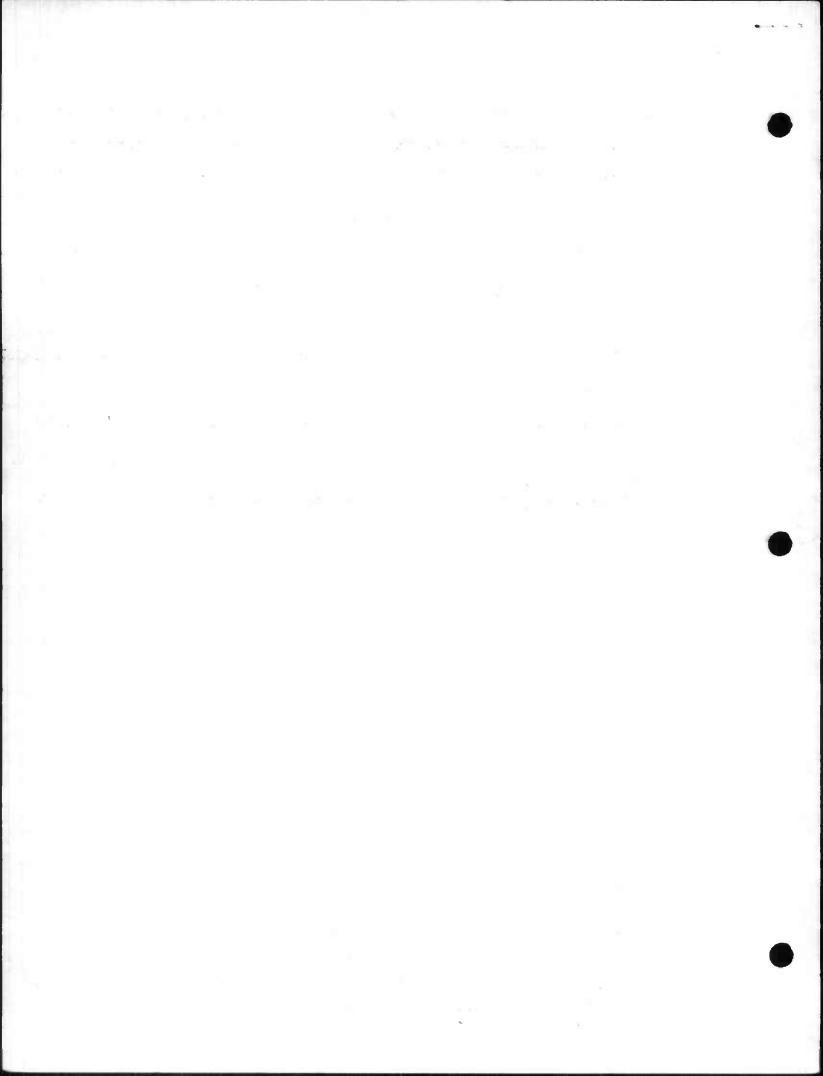
OCT 24 1996



State of Maryland / Department of Health and Mental Hygiene 96 3 9 7

Funeral Director 5. Social Security Number 2 15 - 12 - 1669 Social Security Number 2 15 - 12 - 1669 Social Security Number 2 15 - 12 - 1669 Social Security Number 2 15 - 12 - 1669 Social Security Number 2 15 - 12 - 1669 Social Security Number 3 Social Security Number 2 15 - 12 - 1669 Social Security Number 2 15 - 12 - 1669 Social Security Number 3 Social Security Number 3 Social Security Number 2 15 - 12 - 1669 Social Security Number 3 Social Security Number 3 Social Security Number 3 Social Security Number 3 Social Security Number 3 Social Security Number 3 Social Security Number 4 Social Security Number 3 Social Security Number 4 Social Security Number 3 Social Security Number 4 Social Security Number 4 Social Security Number 4 Social Security Number 4 Social Security Number 4 Social Security Number 4 Social Security Number 5 Social Security Number 4 S	,	1301
Cartificial Cartificial	Year	3. Time of Death
Social Security Number 2.5 sex 2.5 sex 2.1 sex 2.5 sex 2.1 sex 2.5 sex	996	07:50 p
Director Director Display Hours Min. Alphysiol. Dip. 197. 199.2 Display Hours Min. Alphysiol. Dip. 197. 197. 197. 197. 197. 197. 197. 197	TIMO	
Top. State 100. County m / a Do. City, Town or Location BALTIMORE	9. Birthplec	Ce (State or Foreign I IMORE, MI
Elementary/Secondary (0-12) Collage (1-4or 5+) TRUCK DRIVER SMITT TRUCK DRIVER EXPRE TRUCK DRIVER SMITT TRUCK DRIVER EXPRE TRUCK DRIVER SMITT TRUCK DRIVER EXPRE TRUCK DRIVER EXPRE TRUCK DRIVER EXPRE TRUCK DRIVER EXPRE TRUCK DRIVER EXPRE TRUCK DRIVER EXPRE EXPRE TRUCK DRIVER EXPRE EXPRE TRUCK DRIVER EXPRE EXPRE TRUCK DRIVER EXPRE EXPRE TRUCK DRIVER EXPRE EXPRE EXPRE EXPRE TRUCK DRIVER EXPRE E	10d.	d. inside City Limits X□XYes 2□ No
Elementerry/Secondary (C-12) Collage (1-4or 5+) TRUCK DRIVER SMITT TRUCK DRIVER EXPRE TRUCK DRIVER SMITT TRUCK DRIVER SMITT TRUCK DRIVER SMITT SMITT TRUCK DRIVER SMITT	hat Country	PATES
Elementerly/Secondary (C-12) College (1-4or 5-) TRUCK DRIVER SMITT EXPRE TRUCK DRIVER SMITT SMITT TRUCK DRIVER SMITT SMI	- American c, White, atc. BLA	c.
17. Feller's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surrant LEROY JOHNSON 19. Informer's Neme/Relationship (Flype, Print) 19. Informer's Neme/Relationship (Fly	TRA	ANSFER CO
LEROY JOHNSON HELEN		1 PLUKI
EUNITE 1. JUHNSUN 833 SHETIDAN AVE., BALITMONE 200. Method of Disposition Data 200. Location Name of Cemarkiny, crematory or other place) Cemarkiny, crematory or o		
Section Sect		
23a. Part I, Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one ceuse on each line. 23a. Part I, Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one ceuse on each line. 25a. We cause (Fine) 25a. Wes case referred to medical exeminer? 25b. We case referred to medical exeminer? 25c. We case referred to medical exeminer. 25c. We case referred to medical exeminer. 25c. We case referred to medical exeminer. 25c. We case referred to medical exeminer. 25c. We case referred to medical exeminer. 25c. We case referred to medical exeminer. 25c. We case referred to medical exeminer. 25c. We case referred to medical exeminer. 25c. We case referred to medical exeminer. 25c. We case referred to medical exeminer. 25c. We case referred to medical		
23a. Part I. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or es a consequence of): Due to (or es a consequence of): CIRLHOSIS OF THE LIVER Due to (or as a consequence of): CIRLHOSIS OF THE LIVER CONSTRUCTION OF THE LIVER Due to (or as a consequence of): CIRLHOSIS OF THE LIVER CONSTRUCTION OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHOSIS OF THE LIVER CIRLHO	ORTH	AVENUE
Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions. If any, leading to Immediate Cause (Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions. If any, leading to Immediate Cause (Immediate Cause	A	Approximeta nterval Between
Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions, if any, leeding to Immediate cause. Enlar Underlying cause given in Pert I. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list cause. Sequentially list cause. Sequentially list cause. Sequentially list cause. Sequentially list cause. Sequentially list cause. Sequentially list cause. Sequentially list cause.		Onset and Deeth
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use of 1 Yes 2 No 24a. Was en autopsy performed? 1 Yes 2 No 25. Wes case referred to medical exeminer? 1 Yes 2 No 25. Wes case referred to medical exeminer? 1 Yes 2 No 26. Did tobacco use of 1 Yes 2 No 27. Menner of Death 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Injury et Work? Month, Dey Year) 28. Place of Injury et Work? Month, Dey Year) 28. Place of Injury et Work? Month, Dey Year) 28. Place of Injury et Work? Month, Dey Year) 28. Describe how Injury occur work? Month, Dey Year) 28. Describe how Injury occur work? 28. Describe how Injury occur work? 28. Describe how Injury occur work? 28. Describe how Injury occur work? 28. Describe how Injury occur work? 28. Describe how Injury occur work? 28. Describe how Injury occur work? 28. Describe how Injury occur work? 28. Describe how Injury occur work? 28. Describe how Injury occur work? 28. Describe how Injury occur work?		
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use of 1 Yes 2 No 2	3	WEEKS
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use of 1 Yes 2 No 2	1	YEAR
25. Wes case referred to medical exeminer? 1	1	YEAR
25. Wes case referred to medical exeminer? 1 Yea 2 No 28. Place of Death (Check only one) 27. Menner of Death 1 Neturel 5 Pending Investigation 28. Deteof Injury 28		_
25. Wes case referred to medical exeminer? 1		
25. Wes case referred to medical exeminer? Yea 2 M6 Hospitel: Topatient 2 EP/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other: 27. Menner of Death 7 Neturel 5 Pending Investigation 28b. Deteroil Injury 28b. Time of Injury 28b. Time of Injury 1 Yes 2 No Nort? 2 Accident 3 Suicide 6 Could not be determined 28b. Piece of Injury - At home, ferm, street, fectory, office 28f. Location (Street and Numicide) 28f. Location (Street and Numicid	24b. Were availa comp of dea	e autopsy findings able prior to pletion of cause eath?
1 Yea 2 Mo	1□ Y	Yes 2□ No
27. Menner of Death 1 Neturel 5 Pending Investigation 2 See. Detect Injury (Month, Dey Year) 28b. Date of Injury (Month, Dey Year) 28c. Injury et Work? 1 Neturel 5 Pending Investigation 2 See. Detect Injury M 1 Yes 2 No 2 See. Detect Injury At home, ferm, street, fectory, office 2 See. Lead on Numic City or Town, State)		
2 Accident 3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, office City or Town, State) 28f. Location (Street and Number of Street and		
City or Town, State)	or or Rural R	Route Number.
(Check only one) Check only one) Check only		
₹ 5 8 29b. Signature and two of confiner 29c. Licansa number 29d. Data signa	nd due to the	ne cause(s)
	(Month, Day	ty, Year)
1 14 Vone m.V. 135459 10/21	96	
30. Name and address of passon who completed cause of death (Item 23a) (Type, Print) LEVONNE m.D. 6701 N. CHARLES ST BATIMORE	md	21204
State Registrar 31. Deta filed (Month, Daly, Year) 32. Registrer's Signeture CT 2 4 1996		

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** ORIS Jamison /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** ST. AGNES HOSPITAL BALTIMORE BALTO. CITY 8. Date of Birth (Month, Dey, Year) 10/25/24 If Under 1 Year If Under 24 Hrs.

Months Days Houra Min. 9. Birthplace (State or Foreign Country)
MD. 5. Social Security Number 7. Age (In yrs. last birthdey) **Funeral** 1□M 2∰F Months Days Yrs. Director 212 20 3251 71 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location rai', or items 23a or 28a-f show Examiner must be notified at 10d. Inside City Limits 1#1 Yes 2□No Director MD. BALTO. CITY BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3600 W, FRANKLIN ST. APT 3C 21229 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 ie marked other than "natural" — Heavy Injury or other traumetic averaged. 1 Never Married 2 Married 1 ☐ Yes 2 # No If Yes, Give Year or Dates: 1 Yes 2# No Specify: Specify: BLACK P 3 Widowed 4 □ Divorced Completed 16a. Decedent'a Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Induatry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be W. **JAMES** MILES EVA MAE MILES 19a. tntormant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) RONALD 3324 ELLERSLIE AVE. BALTO. MD. JAMISON SON 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, Stats Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) LOUDON PARK 10/22/96 BALTO. MD. 21. Signature of Junural Service Licenses 22. Name and Address of Facility
ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. The disease, or complications and caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and failure. List only one cause on each line Approximate Interval Between Onaet and Death **Physician** immediata Cause (Final disease or condition resulting in death) /Medical 5'29515. NEZKS Examiner Due to (or as a consequence of): Physician/Medical Examiner NEUTRO PENIC FEVER KZZKS physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): 3 months P.O. Box 68760 CARCINOMA BRIKST OF Due to (or as a consequence ot) been signed by the a should be detached t Part II. Other stgniftcant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. þ Completed 24b. Were autopsy findings available prior to 24a. Was en autopsy performed? completion of cause of death? cate has i 2 No 1 ☐ Yes 2 No certificate Division of Vital Hospital or Attending Physicien: funeral director, 25. Was case reterred to medical axaminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 🔯 inpatient 2 ER/Outpatient 3 DOA this 28a. Date of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending investigation s after dea. 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled 1 Cartifying Physictan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical 29c. License number 29b. Signature and title of certifie 29d. Date signed (Month, Day, Year) 00050833 10-16-96 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DR. K. VENKATARAM 900 190 21229. CATON AYE. BALTIMORZ 31. Date tiled (Month, Dey, Year) 32. Registrar's Signature

DHMH 16 Rsv 6/95

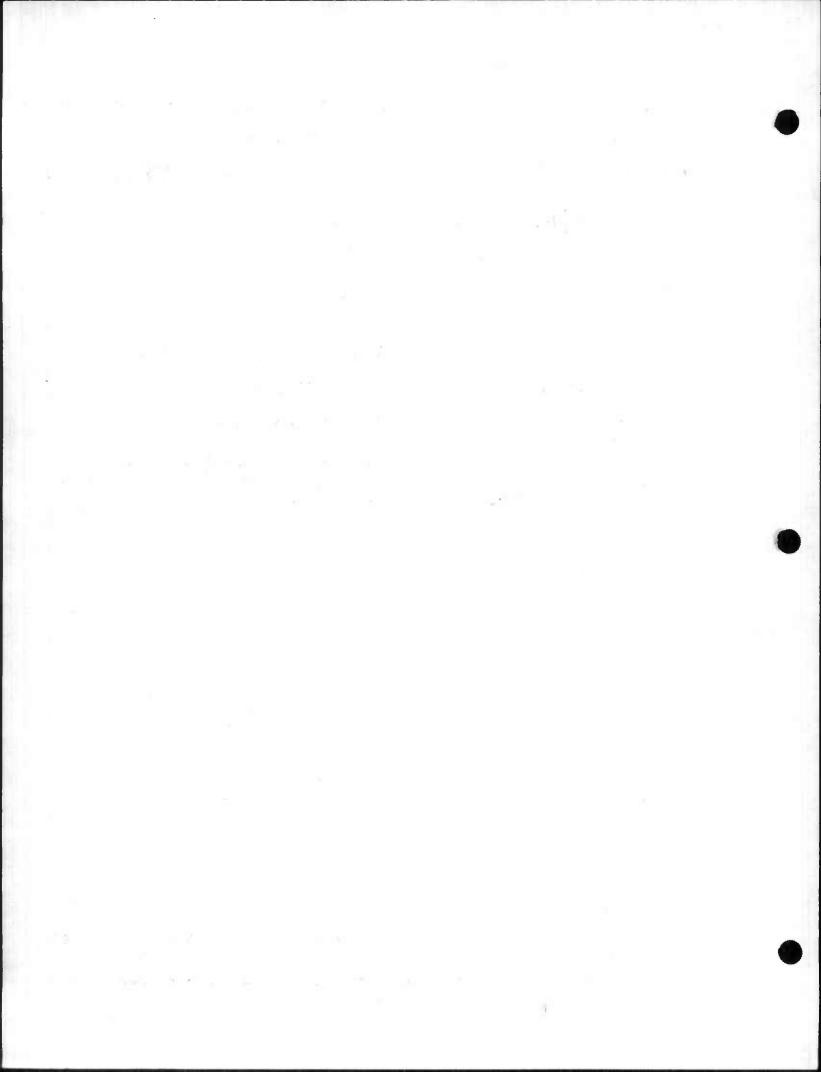
State Registrar 1 III

_				State of Maryla		rtificate of			ene 🕽 🖰 g. No.	31909		
	Physic /Medi		Decedent's Neme (First, Middle, Last, TERRY)		JACKSON	V	2. Dete of Deeth OCTOBER		3. Time of Deeth 96 9:09 PM		
	Exami		4a. Fecility Neme (If not Institution, give 5114 PARK HEIG				4b. City, Town, o		4c. County of	Deeth		
	Funeral Director		5. Social Security Number 6. Sec. 134-70-6503	X 7. Age (In yrs	. last birthdey) Yrs.	If Under 1 Year Months Deys			Year) 975 /	Birthplace (State or Foreign Country) Purple Yse Y		
	72 hours after death with the Maryland natural; or itams 23a or 28a-f show one Examinet must be notified at	Director	10e. Steet and Number). 10c. C	ity. Town or Lo	Stown 101. Zip Code	L	10	g. Citizen of Wh	10d. Inside City Limits 1 Yes 2 No		
	death with ms 23a or	Funeral Di	4113 Hanwell	12. Wes Decedent Ever in I	J,S. 13.)	2113	3 Hispenic Orlgin?	(Specify Yes or No- erto Rican, etc.)	U.S.	American Indien,		
0000	ours after rai', or its	by	1 ¼ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes:		f Yes, specify Cub		erto Rican, etc.)	Specify:	White, etc. Black		
21215-0020	swithin liene. Then	Completed	15. Decedent's Edu (Specify only highest grade Elementery/Secondery (0-12)	cation e com <i>pleted)</i> College (1-4or 5+)	(Give	dent's Usuel Occup kind of work done DO NOT use retira	during most of w	rorking	6b. Kind of Busin	ness/Industry		
Maryland	should be filed and Mental Hygie marked other lametic svent, the	To Be C	17. Fether's Neme (First, Middle, Lest) David Patter	son			18. Mother's N	eme (First, Middle, M	elden Sumeme)	h		
	1 and 2 sho Health and Im 27 is m ther traum		19e. Informent's Name/Relationship (Ty. San Robin Son 20a. Method of Disposition	God nother	4113	Address (Strae)	end Number or I	Randalls	town M	ld.21133		
altimore,	Pages funent of rtant: If its		1 ⊈ Burial 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service License	emovel from State	cometery, cren	em. Par	<u></u>	6ct. 26,191	Balto.	ity or Town, State		
Ba	B d d d d d d d d d d d d d d d d d d d		23e. Pert1. Enter the disease, or compil shock, or heert feiture. List only or	Dondan	th. Do not ente	70.1 Mc	Callot.	St. ec or respiratory arre-	neral S	Approximete		
	Physician /Medical Examiner		shock, or heert feilure. List only or Immediate Cause (Final disease or condition resulting in death)	ne couse on eachline.		0	est			Intervel Between Onset end Death		
	uted 3 ansit	Examiner	C b)	or es a conseq	,						
68760,	tificate be executed ig physician and as the bunal-transit	edical Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due to (or es a consequence of): Due to (or es e consequence of):								
Box 68	death certifica a attending ph d for use as th		resulting in death) Lest									
P.O.	that the do	y Physician/M	Pert II. Other significant conditions con	tributing to death but not res	sulting In the ur	nderlying cause gh	ven in Pert I.			ibute to the cause of death? Probably 4 Unknown		
ecords	aw requires ts been sign 2 should be	Completed by						24a. Wes en	autopsy 2 ed?	24b. Were eutopsy findings evellable prior to completion of cause of death?		
/ital R	The ata h	Be Com	25. Wes case referred to medical exeminer?					1 ☑ Yes	2 No	1.☑Yes 2□ No		
Division of Vital Records,	\$ 00	ation: To	1 SYes 2 No H 27. Menner of Death 1 Neturel 5 Pending 2 Accident investigation	ospitel: 1 □ Inpatient 2 □ 28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injur Woo	4 LI Nursing	28d. Describe how		(Specify SCENE		
Divis	To the Hospital or Attanding Ph within 24 hours aftar death. To the Funeral Director: After th completaly filled in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☑ Homicide determined	eet, fectory, office	Subject was shot							
	To the Hospital of within 24 hours all To the Funeral D completely filled in	Medical	(Check only 2 Medicat Examtn	Ictan: To the best of my kno ar: On the basis of exemine end menner steted.	owledge, deeth ation end/or inv	estigetion, in my o	plnion, deeth occ	e, and due to the cau	se(s) end manne e and plece, and	er as steted. d due to the cause(s)		
)	with To	2	29b. Signeture end title of certifier	1 Vnc	15 m.	D.	e number M.E.			Month, Day, Year) 22, 1996		
			30. Name and address of person who con Stephen S. Ras				., Balt	imore, M	arylan	d 21201		

State Registrar

31. Dete filed (Month, Dey, Year)

OCT 24 1996

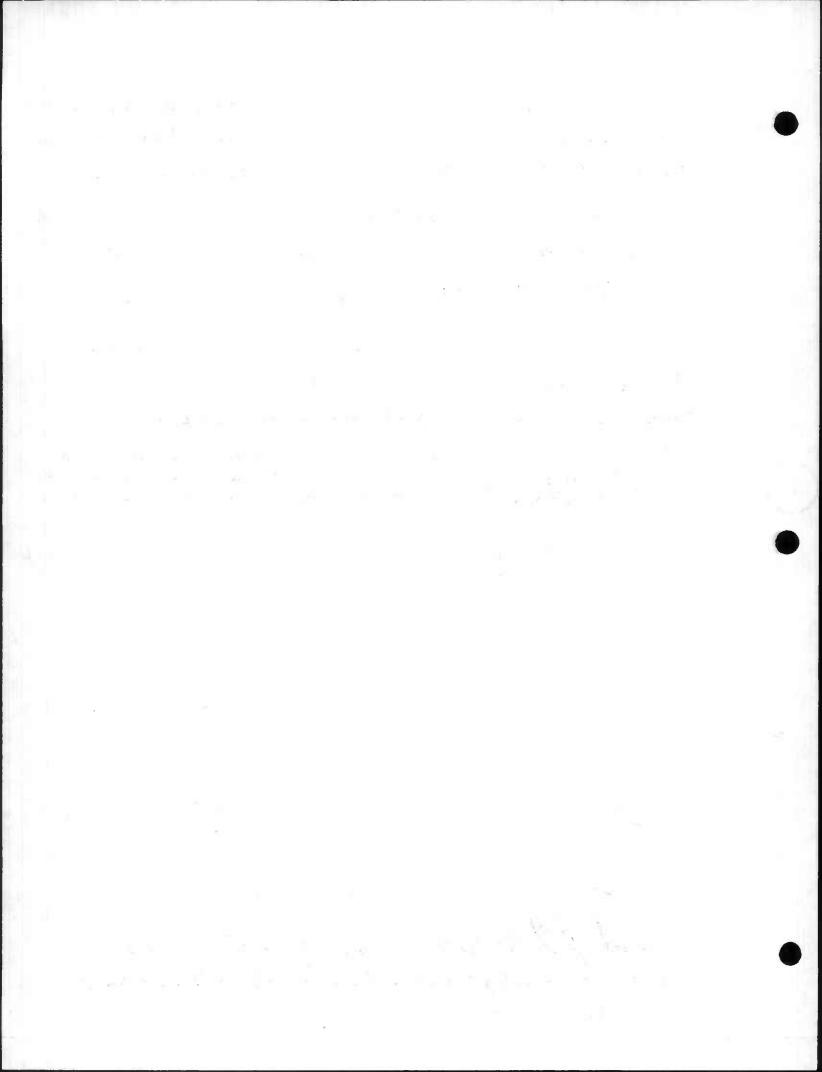


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** Month 1 Hom As LYNCH 2:50 A.M. OCTOBER 1996 22 /Medicai 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** GLEN BURNIE ANNE ARUNDEL 6 EASTERN AVE 5. Social Security Number If Under 1 Year if Undar 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Day, Year) 6. Sex 1**X** M 2□ F 7. Age (In yrs. last birthday) **Funerai** Birthplaca (State or Foreign Country) 219-16-2390 72 Yrs Director Dec. 6, 1925 MD Usual Residence of Decadent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits ne 23a or 28a-f shoy WD ANNE ARUNDEL GLEN BURNIE Director 1 Yes 2 No 10e. Straet and Number 10f. Zip Code 10g. Citizan of What Country? 6 EASTERN 21061 U.S. A Funeral 12. Was Decedant Evar in U,S. Armed Forces?

1 12 Yes 2 1 No 1948 if Yes, Give Yaar or Dates: 13. Was Dacedent of Hispanic Orlgin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, traumatic event, the Medical Examiner Black, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1 Yes 2 No Specify. Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced "naturef", Completed 15. Decedent's Education (Specify only highest grade complated) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondery (0-12) Coilege (1-4or 5+) U.S. GOVERNMENT MILITARY Pages 1 and 2 should be filed with ment of Health and Mental Hygien and I flem 27 is marked other the lury or other traumatic event, the 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) WALTER C. LYNCH BESSIE M. BRACKNEY 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) DAVID LYNCH 7823 E. SHORE RD., PASADENA MD 21122 20a. Method of Disposition 20b. Piace of Disposition (Nama of cametery, crematory or other piaca) 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State CROWNSVILLE YET. CEM. 10-24-96 CROWNSVILLE MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fanaral Service Lice 22. Nama and Addrass of Facility RAYMOND C. FINK FUNCE AL HOME 426 CRAIN HWY., S.W., GLEN BURNIE, MD 21061 da complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line. 23a. Part1. Enter the diseas shock, or heert tailure Physician /Medical Immediate Ceuse (Final small cell lung conser disaasa or condition resulting in death) Examiner Due to (or es e consequence of): Hospital or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last and Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. physician Physician/Medical eun the Due to (or as a consequence of): ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobaçco use contribute to the cause of death? signed by t 1 Pves 2 No 3 Probably 4 Unknown þ Completed 24a. Wes an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? certificate 1 Yes 2 No Be 25. Wes case reterred to medical 26. Plece of Deeth (Check only one) Home Other: 4 Nursing Home 5 Presidence 6 Other (Specify) Horpice Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 ☐ Yes 2 ☐ No To the Hospital or Attending Phys within 24 hours after death.

To the Funerel Director: After this completely filled in by the funeral directors. 27. Manner of Beath 28a. Date of Injury (Month, Day Year) 28b. Time of Certification: 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Hatural 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and mannar as stated. (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) DC 30. Neme and address of person who completed cause of death (item 23a) (Type, Print) WRAMC Oncology Wash 0c20307 Service 31. Date filed (Month, Day, Year) State la Davidson Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Daath 3. Time of Death Day **Physician** demann EN October 13, 1996 /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ac MORE 5. Socia If Undar 1 Year lest birthday) 9. Birthplaca (State or Foreign 1 □ M 2 F Days Months Hours Min. 10a. Stata 10b. County 10c. City, Town or Locetion 10d. faside City Limits Director Yes 2 No 10f. Zip Coda 10g. Citizen of What Country? 2122 by Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 Yas 2 No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian. Black, Whita, atc 1 Navar Married 2 Marriad 1□ Yes 21 No Spacify: Specify: UR Widowad 4 □ Divorcad aar or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest greda completed) 16b. Kind of Business/Industry /Secondary (0-12) College (1-4or 5+) Eather's Na ne (First, Middle, Last) 18. Mother's Name (First, Middle, Be 19b. Mailing Address (Street and Number or Rural Route Number, City or Town: Zip Code) Method of Disposition

1 A Burial 2 ☐ Cremation Date 20c. V 3 Removal from State ☐ Donation 5 Other (Specify) Sonature of Funeral Service Licenses that caused the death. Do not entar the mode of dying, such as cerdiac or respirators on each line. 23a. Part1. Entar the disaasa, or com shock, or heart feilure. List only Approximete Interval Between Onsat and Death Immediate Cause (Final one disease or condition resulting in death) month Due to (or as consequence of) years Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Wecks Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 □ Probably 4 □ Unknown by Completed 24a. Was an autopsy performed? 24b. Were eutopsy findings availabla prior to completion of ceuse of death? 1 Tas 2 No 1 ☐ Yes 2 No 86 25. Was case referred to medicel 26. Plece of Death (Check only one) 2 Other: 4 Nursing Home 1 ☐ Yes 25 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 5 ☐ Rasidence 6 ☐ Othar (Specify) Certification: 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Matural 2 No 1 Yes 2 Accident 3 Sulcide 6 Could not be Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) 4 D Homicide

Examiner Division of Vital Records, P.O. Box 68760, 2 The law requires that the death certificate or Attending

yd bengis à

Funeral

Director

must be notified at

event, the Medical Examiner

Pages 1 and 2 should be filed within 72 hours after

Baltimore, Maryland 21215-0020

280-5

ð

238

ò

'natural'

al Hygiene.

orn and Mental) 7 is mark

If Iham 27

mportant

Physician /Medical

ò

Medical

29a. Certifier

one)

Attar this death. Director 華 Funeral vithin 24 hours å å 2

State

Respecca 31. Date filed (Month, Dev. Year) CCT 2 4 1996 Registrar

29b. Signature and title of cartifier

Shunk

F2664200-

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) and menner as stated.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

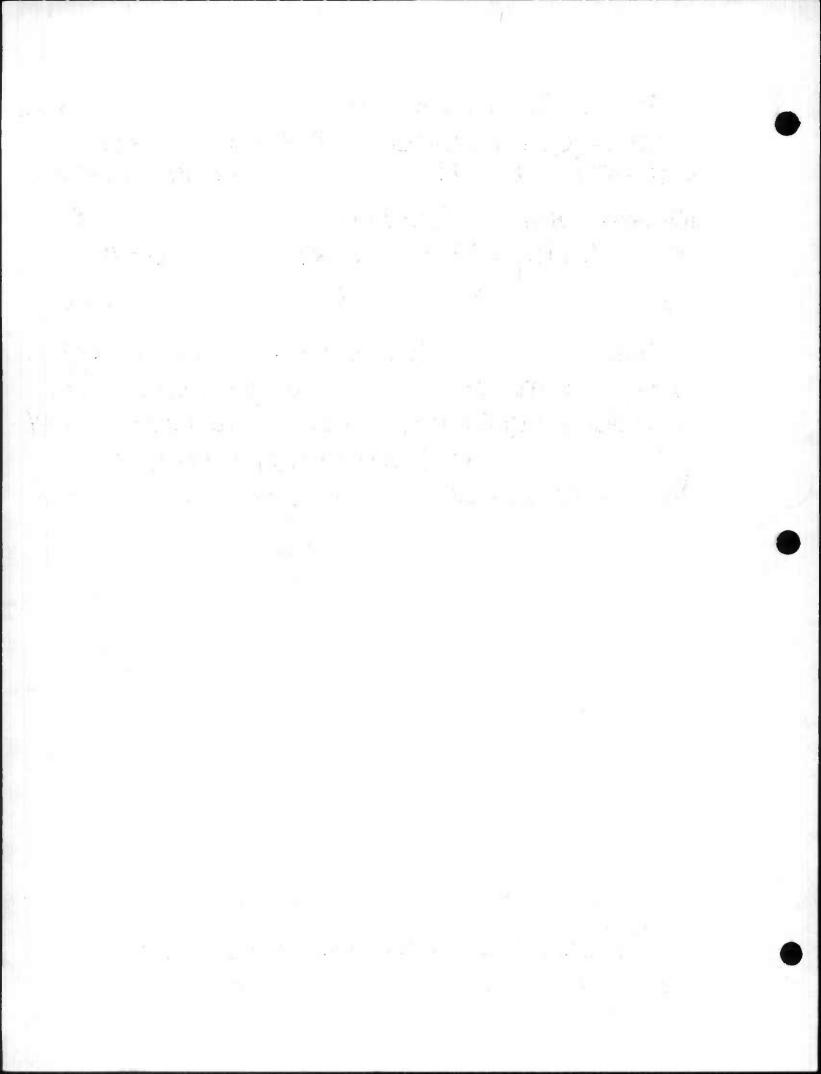
29c. License number

29d. Date signed (Month, Dey, Year)

30. Nama and address of person who completed ceuse of death (ftam 23a) (Type, Print)

JHBMC 4940 Eastern Ave Baltimore MD

32. Registrar's Signature



١	Decedent's Neme (First, Middla, Last)	<u> </u>		Certifica	ale or	Dealli	10	. Deta of Dee	leg. No.		a Time of Death
								Month	Day	Yaar	3. Time of Death
ŀ	GWENDOLYN 4a. Facility Name (If not institution, give s	ctreat and number	LAKE			4b. City, Town		OCTOBE		1996	4:00 A.
ı	The second second second	A CONTRACT OF THE PARTY OF THE	THE TAT IMMA	7				tion of boats		ty of Death	
٩	GLEN MEADOWS RETI 5. Social Security Number 6. Sax		(In yrs, lest birt	1	der 1 Year	GLEN if Under 24		Date of Birth		TIMORI	
1		M PIXE		Yrs. Month	ns Deys	Hours	Min.	Dete of Birth (Month, Day 5/27/1	Year)		lace (State or Forei
1	Usual Rasidance of Decadant		0.5					0/2//1.	L	VERM	ON1
Ī	10a. State 10b. County		10c. City, Town	or Location		**				1:	0d. Inside City Limi
	MARYLAND BALTIMO	RE -	G	LEN ARI	M						1 ☐ Yas 2 ☐
ŀ	10e. Street and Number			101.	Zip Coda			1	Og. Citizan of	f What Coun	try?
	11630 GLEN ARM RO	AD #15	7w		210	57				SA	
-		12. Was Decedant E		13. Was De			n? (Specif	v Yes or No-		ace - Amaric	an Indien.
1	1 ☐ Navar Married 2 ☐ Merried	Armed Forces? 1 ☐ Yas 2 ☐ N				lispanic Origir en, Maxican, I	Puarto Rio	can, atc.)	BI	eck, Whita,	etc.
•	3⊠ Widowed 4 □ Divorced	ff Yas, Giva Yaar or Datas:	-	1 ☐ Yes	2 No	Specify:			Spec	ify:	ITE
ŀ	15. Decedent's Educ	cation	16a.	Decedent's U	suei Occup	ation			16b. Kind of		
	(Specify only highast grada			(Giva kind of lifa. DO NOT	work dona	during most o	f working				
	Elamantary/Secondary (0-12)	Collaga (1-4or 5- 5+ YEARS	•)	HOME	MAKER				OWN I	HOME	
1	17. Fathar's Nama (First, Middla, Last)					18. Mothar's	Name (First, Middla,	Maiden Suma	ama)	
1	CHARLES MASON					BEI	RTHA	GLASSO	ON		
1	19a. Informant's Name/Raletionship (Typ	pe, Print)	19b.	Mailing Addra	ass (Street					n, Stata. Zin	Code)
l	ALAN LAKE	SON		DEER V				EN ARM		21057	
ŀ	20a. Mathod of Disposition	DOI	20b. Plece of	Disposition (A	Vame of				20c. Location		wn. State
l	1 ☐ Burial 2 ☐ Cramation 3 ☐ Re	emovai from Stata		y, crematory o			70 /	20011			
F	4 Donation 5 Other (Specify)		METRO	CREMATY			10/2	22/96	CATONS	SATPPE	, MD
ŀ	21. Signetura of Funerel Sarvice License	011	11			ss of Facility NERAL	HOME	8521	LOCH	DAVEN	BI VD
1	23a. Part 1. Enter the disaasa, or complice shock, or haart failura. List only on	7. Kope	ruk	TOME	NT ME	2129	6			1411211	22.2.
	Sequentially list conditions	end chr	Oue to (or es a c Oua to (or as a c	hyp.	ert	ensid	M				mmy ye
	if any, laading to immadiata causa. Entar Undarlying Cause (Disaase or Injury										
	that initieted evants rasulting in death) Lest	D	ua to (or as a c	onsequance o	of):						
1											
I	Part II. Other significant conditions cont	tributing to death but	not rasulting in	tha underlying	g cause giv	en in Part I.		23b. Did to	obacco use c	ontribute to	the cause of deat
١								1 □ Y	08 20 No	3 Prot	oobly 4 Unknow
									•		
1								24a. Was a perform	in autopsy med?	ava	ara autopsy finding alleble prior to
l										of e	mplation of cause death?
								1 □ Y	as 2 No	10	Yes 2 No
						26. Placa o	f Death (Check only or	na)		
	25. Was casa referred to madical		t 2 ER/Out	tpetient 3	DOA Oth	ar: 4 Nurs	ing Homa	5 🗆 Raside	ence 6 🗆 O	ther (Specify	1)
	axaminar?	ospital: 1 🗆 Inpatian			Lan. total			d. Describe h			
	axaminar? 1 Yas 2 No 27. Mannar of Death	28a. Data of Injury	28b. T	ima of	28c. injur Wor	k?	20				
	axaminar? 1	1 L Inpatian	28b. T	ima of njury M	Wor	k? Yas 2□No					
L	axaminar? Yas 2 No	28a. Data of Injury (Month, Day	y - At home, fer	njury M	Wor 1 🗆	k?)	Location (S		n <i>ber or Rura</i>	l Route Number,
L	axaminar? 1 Yas 2 No 27. Mannar of Death Naturei 5 Panding 2 Accidant Investigetion 3 Suicide 6 Could not be	28a. Data of Injury (Month, Day	y - At home, fer	njury M	Wor 1 🗆	k?)			n <i>ber or Rur</i> a	l Route Number,
	axaminar? 1	28a. Place of Injury (Month, Day 28a. Place of Injury building, atc.	y - At home, fer (Specify) my knowledga, examination and	m, street, fact	Wor 1 □	k? Yas 2 □ No	28i	Location (Since the City or Town	n, Stata) ause(s) and n	nannar as st	ated.
	axaminar? 1	28a. Data of Injung (Month, Day) 28a. Place of Injung building, atc. fician: To the best of the control of the	y - At home, fer (Specify) my knowledga, examination and	m, street, fact daath occurre	Wor 1 □	k? Yas 2 □ No ne, date end plinion, daeth	28i	Location (Since City or Town	ause(s) and nate and place	nannar as st	ated. tha cause(s) Dey, Year)
	axaminar? 1	28a. Data of Injung (Month, Day) 28a. Place of Injung building, atc. fician: To the best of the control of the	y - At home, fer (Specify) my knowledga, examination and	m, street, fact daath occurre	Wor 1 □ lory, office ad at the tin lon, in my o	k? Yas 2 □ No ne, date end pinion, daeth e number	28f	f. Location (S City or Town d due to tha c at tha time, d	ause(s) and riate and place	mannar as st e, and dua to ned (Month, i	ated. tha cause(s) Dey, Year)
	axaminar? 1	28a. Data of Injury (Month, Day) 28a. Place of Injury building, atc. Iclan: To the best of leer: On the basis of a and manner stet	y - At home, fer (Specify) my knowledga, examination and	m, street, fact daath occurre	Wor 1 □ lory, office ad at the tin lon, in my o	k? Yas 2 □ No ne, date end pinion, daeth e number	28f	Location (Since City or Town	ause(s) and riate and place	mannar as st e, and dua to ned (Month, i	ated. tha cause(s) Dey, Year)

DHMH 16 Rev 6/95

Registrar

Physic /Medi Exami

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If hem 27 is marked other than "natural", or items 23a or 28a-f show says injury or other traumatic event, the Medical Exemples must be notified at some.

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

Bartimore, Maryland 21215-0020

				State of M	aryland / Dep <i>Ce</i>	artment of <i>rtificate o</i>		d Mental Hy	/giene 5	6	31913
	Dhyois	ion	1. Decedent's Name (First, Middle, L		/			2. Deta of De Month		Year	3. Time of Death
	Physic /Medi		GLENN	LAND	ION			DUTOBE	PR 15	1996	10.40 PM
	Examir	ner	4a. Facility Nama (If not institution, g NORTHWEST GENE		ΤͲΛτ		1 1 1 1 1 1 1 1 1	, or Location of Dea		y of Death	
ŀ	Francis				LIAL a (In yrs. lest birthdey)	If Under 1 Ya	RANDAL ar If Undar 24	Hrs. 8. Data of Bi	irth	TIMO]	
	Funeral Director		213-64-5072	XXM 2□ F 4		Months Dey		Min. (Month, D	ey, Year) 1956	Counti MAR	ace (State or Foraign ry) YLAND
	p .		Usuel Residence of Decedent 10s. State 10b. County		10. Ch. Taum1			1222 /			
	the Marylar 28a-f show notified at	ō	MD BALTIM	ODE	10c. City, Town or L					10	d. Inside City Limits
	The N	rect	10e. Street and Number	UKE	RANDALI	10f. Zip Code	9		10g. Citizan of	What Countr	1 Yas 2 No
	s 23s or must be	Funeral Director	9 SPINNERS COU	RT A	PT.2B	2113			UNITED STATES		
	dost r ms	nera	11. Marital Status	12. Was Dacedent Armed Forces?	Ever In U,S. 13.			? (Spacify Yas or No dento Ricen, atc.)		ce - Amarica	n Indian,
20	or its	by Fu	1 Never Merried 2 Married	1 Yes 201	No	1 Yes 2 N		dento racen, a(c.)	Specia	ick, Whita, at	IC.
00	Maryland 21215-0020 2 should be filed within 72 hours at 1h and Markal Hygiens. T is marked other than "netural", or traumatic event, the Medical Exam		3 Widowed 4 Divorced	Yaar or Dates:	40- D					BLA	ACK
215			15. Decedent's I	rade completed)	(Give	dent's Usuel Oct kind of work dor DO NOT use ret	cupation ne during most of ired)	working	16b. Kind of E	susiness/Indi	istry
212			Elementary/Secondery (0-12)	Coilege (1-4or 5	MATR				FOOD	SERVI	ICE
pu			17. Fether's Name (First, Middle, Las	1)				Neme (First, Middle	e, Maiden Sumai		
yla	Marria Marria Marked Marked	To Be	GEORGE REED					A E LAND			
Ma	and 2 st ellh and 27 is n or traum		19e. Intormant's Neme/Reletionship MARTHA E LAND					r Rural Routa Numb			21133
re,	-254		20e. Method of Disposition		20b. Piece of Dispo	INNERS of Name of		B RANDAL	LSTOWN 20c. Location	IVI	
OH	Pages ent of th If it ry or o		1 Burial 2XX rametion 3 4 □ Donation 5 □ Other (Spec			REMATO		10/23/9			
Baltimore	permit. Page Department of Important: If any Injury or 2009.		21. Signature of Funarei Sarvice Lice		-	2. Neme end Add		10/23/9	O DALI		21217
m	Ped man		I Junuary	1 40	V R	EDD FII	NERAT.	SERVICE	1721 N		
4	- 4-35	П	23 Part1. Enter the disease, or cor shock, or haart tailure. List only	nplications that caused	d the death. Do not en	ter the mode of d	tying, such es ca	rdiac or respiratory	errast,	MONE	Approximste Intarval Between
d	Physician				/						Onset and Death
1	/Medical Examiner		Immediete Ceuse (Finei disaesa or condition resulting in death)	е. О	Lenkope	her				i	142
		-e			Due to (or es a conse	quence ot):				1	lux.
	cate be executed physician and the buriel-transit	Examiner	Sequentially list conditions	b	Due to (or es e conse	quence of):				i	197
90,	be exacutician and buriel-tran	EX	Sequentielly list conditions, if erry, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events								
8760,		dical	thet initieted events resulting in death) Lsst								
Box 6	eath certific ettending p	√Me		d						i	
B	that the death certificated by the ettending of	Physiclan/Me	Part II. Other significant conditions	contribution to double by	ut ant requiting to the	and and the annual a	chan in Book i	20h Did	lash-sas usa sa		
P.0	t the de by the	hys	rath. Other aignificant conditions	contributing to death o	ut not resulting in the u	ndenying cause	given in Pert I.			3 Probe	the cause of death?
	8 58	by F									
Records,	been si should	ted						24e. Wes	s en autopsy ormed?	svai	e autopsy findings lable prior to
3ec	> 0 0	Completed								of de	pletion of cause eath?
	icien: The lav certificate has rector, page 2			Т		<u> </u>		10	Yes 2 No	1 🗆	Yes 2 No
Division of Vital	Physician: this certificatal director,	To Be	25. Was case reterred to medical examiner? 1 Yes 2 No	Hospitei:	ent 2 ER/Outpatie	nt 3 DOA	Other:	Deeth (Check only ng Home 5 ☐ Res		has (Caasiba)	
10	er this		27. Menner of Death	28e. Dete of Inju (Month, De		II JUDOA	4 LI INUISII	-	how injury occu		
Sion	endin path. pe: At	atio	1 ☑Naturel 5 ☐ Pending investigetion	on	Year) Injury		Yes 2 No				
i	1000	Certification:	3 Sulcide 6 Could not determined		ury - At home, ferm, st c. (Specify)	raat, factory, offic	20	28f. Location City or To	(Straat and Num wn, Stete)	ber or Rural	Routa Number,
0	(10 mm		29e. Certifier 1 Cartifying P	bueleles. To the best	d l	h	M d-4 d d d				
		edicai	(Check only 2 Medical Exa	hyelcisn: To the best of miner: On the basis of end manner ste	examinetion and/or in	n occurrad at tha vastigetion, in my	y opinion, deeth	eca, and dua to the occurred et the time,	dete and pleca,	anner as sta and due to t	ted. the cause(s)
	within To th	Me	29b. Signeture end title of cartifiar				inse number		29d. Deta signe		
	CONTRACTOR		Afrom2	MD		BG	443912	-8	OLIME	2,15	1996
	2		30. Neme and eddress of person who			Print)	5401	-8 NO COUL	ET ROAM	D C	
			THO MAS GEORGE, M 31. Date tlied (Month, Day, Year)	VORTHWEST HO	& PITALLENTE	汉.	RANDAU	LSTOWN	MD Z	1133	
	Sta Registr		OCT 24 195	16 July 26	urdson-Alandes	2					
			OI WILL	IV 5							

DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death certificate be executed within the death certificate by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the part funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	lied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It liem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ras hours after opin. Page 6 may be retained by the	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on

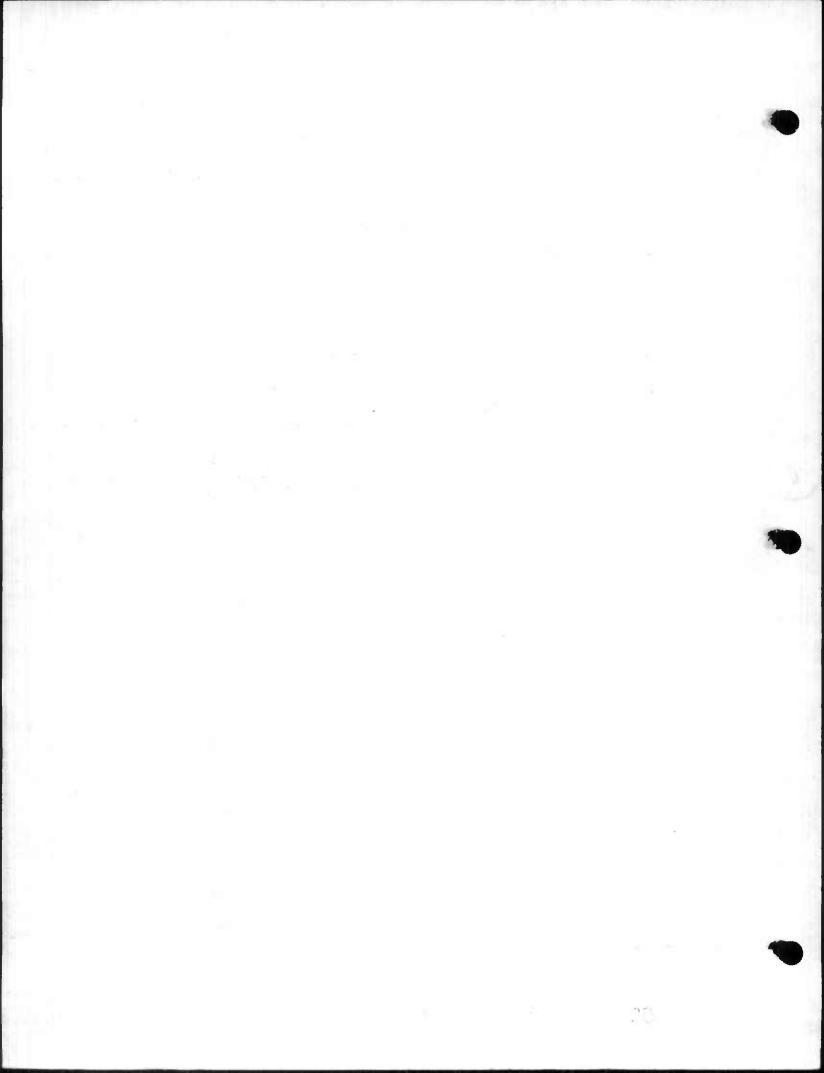
TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			NENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN		
	William Edw	ard	n	λα.	1464	OCTUBER 1	1 2 7	2105 M		
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. Bil	THPLACE (State or Foreign		
	217-03-0102		2 YAS.	CITY TOWN O	R LOCATION OF DEA	June 12, 1	914 M	aryland		
DIRECTOR	PENINSULA REGIONAL				ISBURY		WICOMICO			
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION		10d. INSIDE CITY			
<u>ا</u> ا	Maryland Wicomi	CO	9	alisbu	rv		LIMITS?			
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF WH			
8	105 Time Square				21804		U.S.A.			
FUNERAL		12. WAS DECEDENT EVER I				IC ORIGIN? (Specify Yes		ACE — American Indian, leck, White, etc.		
	1 Never Married 2 X Married	FORCES? 1 YES			2 NO Specify:	, Puerto Rican, etc.)	100	ooc//y: White		
9 8₹	3 Widowed 4 Divorced									
	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo.	N st of working	16b. KIND OF BUS	SINESS/INDUSTR	Y		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)				,	ndustri	0.1		
M	17. FATHER'S NAME (First, Middle, Last)	00	Steel Wo	rker	40 MOTHER'S NAS	ME (First, Middle, Meiden		.aı		
						nnie Schae				
BE	UNKNOWN 19a. INFORMANT'S NAME (Type/Print)		19b MARLING AD	DRESS (Street a		loute Number, City or Tow				
2	Carole Severn/Dau	ighter				Maryland	21837			
	20a. METHOD OF DISPOSITION	201	. PLACE AND DATE OF D				CATION — City o			
	1 Burial 2 Cremation 3 Remov	val from State cer	netery, crematory or other	place)						
	M CIONATIDE OCCUMENT CENTICE LICE	wade Dire		22, NAME AF	D ADDRESS OF FAC	Poord-65	II Ba	ltimore Street		
	Konald S.	wade bire	CLOI		more, Ma		201-15			
	23. PART I, Enter the diseases, or co	omplications that cause	d the death. Do not					Approximate		
	shock, or heart fellure. Li							Interval Batween Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition	6111.0xh	7 or lost	of O mal	120115	Juleah.	Cli	0		
	resulting in death) a.	DUE TO (OR AS	A CONSEQUENCE OF:	1 200	corres	- Turcera	u uu	Lec .		
,	. .				unties	remia.				
2	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury).									
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	Museulan dystroply.								
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):			,	,			
CERTIFICATION	d.									
AL C	PART II. Other algnificant conditions	contributing to deeth	but not reculting in t	he underlyin	g ceuse given-in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS		
	Par	moid	Delusia	real	disor	CLO 1 PERFO	\/	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
							\wedge	1 YES 2 NO		
2	DID TOBACCO USE CONTR	BUTE TO CAUSE (OF DEATH YES	□ NO □	UNCERTAIN	V II '	'			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (
SIC		HOSPITAL: 1'☑ Inpetient 2 ☐ ER/Out		THER: Nursing Non	ne 5 🗆 Rasidence	6 Other (Specify)				
¥	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.	URY AT	28d. DEŞCRIBE HOW	INJURY OCCURE	0		
	1 Natural 5 Pending	(morally pay, roally			YES 2 NO		-			
≥	2 Accident Investigation		28s. PLACE OF INJURY — At home, farm, street.				(Street and Number or Rural Route Number,			
D BY	3 Suicide 6 Could not be	28s. PLACE OF INJUR building, etc. (Sp		et, factory, offic	4	28f. LOCATION (Street City or Town, State		ral Route Number,		
	2 Accident			et, factory, offic	4			iral Route Number,		
	3 Suicide 6 Could not be datermined		ecffy)			City or Town, State)	vral Route Number,		
	3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only)	building, etc. (Sp	wiedge, death occurred a	nt the time, deta	and place, and due	City or Town, State	nner as stated.	rea(a) and manner as stated.		
COMPLETED	3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only)	DAN: To the best of my kno	wiedge, death occurred a	nt the time, deta	and place, and due	City or Town, State to the cause(s) and me time, date and place, si	nner as stated.			
BE COMPLETED	3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DAN: To the best of my kno	wiedge, death occurred a	nt the time, deta	and place, and due	City or Town, State to the cause(s) and me time, date and place, si	nner as stated.	ree(s) and menner as stated.		
COMPLETED	3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knoons: On the bests of examinate the best of examinate the best of examinate the best of completed cause of D	wiedge, death occurred a on and/or investigation, i	at the time, detain my opinion, o	and place, and due	City or Town, State to the cause(s) and me time, date and place, si	nner as stated. Indidus to the care 29d. DATE SIG	ree(a) and menner as stated. NED (Month, Day, Year)		
BE COMPLETED	3 Suicide 4 Homicide 6 Could not be datermined 29a. CERTIFIER (Check only onle) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO THO MAS JOSEPH	building, etc. (Spinian) building, etc. (Spini	wiedge, death occurred a on and/or investigation, i	at the time, detain my opinion, o	and place, and due	to the cause(s) and matter, data and place, at time, data and time, dat	nner as stated. Indidus to the care 29d. DATE SIG	ree(a) and menner as stated. NED (Month, Day, Year)		
BE COMPLETED	3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	CIAN: To the best of my knoons: On the bests of examinate the best of examinate the best of examinate the best of completed cause of D	wiedge, death occurred a on and/or investigation, i	at the time, detain my opinion, o	and place, and due feath occured at the 29c. LICENSE NUK DLL	to the cause(s) and matter, data and place, at MBER	nner as stated. nd due to the can 29d. DATE SIG	ree(a) and menner as stated. NED (Month, Day, Year)		

.

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Decedent's Neme (First, Middle		iaryiariu /		ficate of		Mental Hy	Reg. No.	96 319	15			
Physic /Medi	cal	Kenneth	Masor				4. Oh. T.		20, 1996	The same of the sa				
Examir Funeral Director	ner	4e. Fecility Neme (If not Institution Liberty Medica 5. Sociel Security Number 214-64-8698 Usuel Residence of Decedent	l Center	ge (In yrs. lest l		f Under 1 Yeer Ionths Deys	Baltir If Under 24 Hr Hours Mir	8. Dete of Bir (Month, De		n/a 9. Birthplece (State or Country) Maryland				
show ed.at	_	10e. State 10b. County		10c. City, To	own or Locati	ion				10d. Inside City				
with the Maryland a or 28a-f show Lbs.notified.at	Director	MD 10e. Street end Number	n/a	E	Baltimo	ore 10f. Zip Code			10g. Citizen of N	What Country?	2 No			
death me 23	Funeral (5214 Norwood A	Venue 12. Wes Deceden Armed Forces	Ever in U,S.	13. Wes	Decedent of H	1207 lispanic Origin? (Specify Yes or No	USA 14. Red	ce - American Indian,				
-0020 hours after tursif, or its at Examins	by	1 Never Merried 2 Marri 3 Widowed 4 Divorced		No		Yes 2 No	Specify:	into riicen, etc.)	Specify: Black					
Maryland 21215-0020 M2 should be filed within 72 hours at the and Kertal Hyglene. T' is marked other than "natural", or traumetic event, the Medical Exam	Completed	15. Decedent (Specify only highes Elementary/Secondery (0-12)	s Education t grade completed) Coilege (1-4or	5+)	(Give kind life. DO		during most of w			usiness/Industry				
ind A be filed tal Hygier d other event, it	Be	High School 17. Fether's Neme (First, Middle, I	Last)		неаvy	Equipm	ent Opei 18. Mother's No	rator eme (First, Middle		(nown				
should and Mem	To	Curlie Mason 19e. Informent's Neme/Reletionsh	aip (Type. Print) fat	hor 15	9b. Mailing A	ddress (Street		erine Gra		State, Zip Code)				
		Curlie Mason	Lat	5	214 No	orwood.					1207			
altimore, mit. Pages 1 st pertant: if them: y injury or other	20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location 12 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Woodlawn Cemetery Oct 23 Balti									ore County,	MD			
Depart Import		Appurial 2 Cremation 3 Chemoval from State												
Physician and State of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the princip	edical Examiner	23e. Pent1. Enter the disease, or shock, or heart feilure. List of the disease or condition resulting in deeth) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initialed events			A - P 4 s consequen	try ice of): -ysu ce of):	O.spas Resec			Approximate Interval Between Onset end De	veen Jeeth			
death certifica		resulting in deeth) Lest	d											
Aby the detached	by Physician/M								tobacco use co Yes 2□ No	ntribute to the cause of				
2 5 5 5 5	Completed b							24e. Wes	en eutopsy rmed?	24b. Were autopsy fin evailable prior to completion of cat of death?)			
VICAL The isolater to certificate ha	Be Cor	25. Wes cese referred to medical					26 Place of De	1 ☐		1 ☐ Yes 2 ☐ N	4o			
OIVISION OF VITA for Attending Physician: after death. Director: After this certific d in by the funeral director,	2	exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investig		Jrv 28b.	Time of Injury	28c. Injun World	er: 4□ Nursing	Home 5 Resi						
To the Hospital or Attending in Within 24 hours after death within 24 hours after death of the Funeral Director: After completely filled in by the funeral completely filled i	Certification:	3 Sulcide 6 Could n 4 Homicide determine	ned 288. Piece of in	jury - At home, i c. <i>(Specify)</i>	farm, street,	fectory, office		28f. Location (City or Tot		per or Rural Route Numbe	er,			
To the Hospital within 24 hours a To the Funeral Completely filled	edical	29e. Certifier (Check only one)	Physician: To the best xaminer: On the basis of and menner st	t examinetion e	ge, deeth occ and/or investi	curred et the tim getion, in my o	ne, dete and plec pinion, deeth occ	e, end due to the urred et the time,	ceuse(s) end me dete end place,	inner as steted. and due to the cause(s)				
within To the Committee of the Committee	M	29b. Signeture and title of certifier	Luber Me)		PO 9	738		1	d (Month, Dey, Year)				
11		30. Name and address of person w		_	(Type, Print)) S+	Soltin	0-7 1	10 0	21208				
Sta Registr		31. Dete filed (Month, Dey, Year) OCT 2 4 1996		er's Signature	452									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath Nichols Oct. 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth BALLIMORE IT UNDER 24 Hrs. BALTIMORE of MARYLAND NIVERSITY MEDICAL LENTER If Undar 1 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) Months Days Hours 1□ M 2▼F 94 Yrs 214-24-0911 10/06/02 MD Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No MD **JESSUP** 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 7337 CEDER AVE 20794 U.S.A. 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Dacedant Evar in U,S. Armad Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yas 2 ☐ No If Yas, Give() Yaar or Datas: 1 Navar Marriad 2 Married 1 ☐ Yas Z☐No Spacify: Specify: 3. Widowad 4 □ Divorced BLACK 15. Decedent's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 125 -0-E CUSTODIAL Mother's Neme (First, Middle, Maiden Sumema) MAINTENACE 17. Fathar's Nema (First, Middla, Last) **JEROME** S. NICHOLS (SR). SUSAN JACKSON 19a. informant's Name/Raiationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Steta, Zip Coda) **JEROME** S. NICHOLS 7337 CEDER AVE. JESSUP MD. (SON) 20a. Mathod of Disposition 20b. Piaca of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, Stata *Surial 2 Cramation 3 Ramoval from Stata MEADOWRIDGE MEM. CEM. 10/26/96 JESSUP MD. 4 Donation 5 Othar (Specify) 21. Signatura of Funaral Sarvica Licensee 22. Nama and Addrass of Facility E.L.PHILLIPS FUNERAL HOME 1721 N. MONROE ST. BALTO, MD. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediata Causa (Finel disaasa or condition rasulting in daeth) ORGAN SYSTEM FAILURE Dua to (or as a consaquance of) Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Ceusa (Disaasa or injury that initiated avants rasulting In death) Last Dua to (or as a consequence of) Dua to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy performed? 2 No 1 Yas 1 ☐ Yas 2 ☐ No 26. Pleca of Death (Check only ona) Hospital: Inpatient Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 2 ER/Outpatient 3 DOA 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred

Examiner ician and buriel-transit Hospital or Attending Physician: The law requires that the death certificate be executed physician s the burie P.O. Box 68760, 88 signed by the a Division of Vital Records. page 2 certificate this funeral After ours efter death. erel Director: Aff filled in by the fur

Physician

/Medical

Examiner

Funeral

Director

28a-f show

6 Items 23a

"naturel", or

if of Health end Mental Hygiene. If Item 27 is marked other than "natur or other traumatic event, in a Moderal

permit. Page Department of Important: If eny Injury or once.

Physician

/Medical

Examiner

end Mental Hygiene.

death

Pages 1 and 2 should be filed within 72 hours after

Baitimore, Maryland 21215-0020

Examiner must be notified at

Director

Funeral

by

Completed

Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. þ Completed 25. Wes casa rafarred to medical axaminar? Certification: To 27. Mennar of Death Natural 2 Accidant 5 Panding invastigation 1 ☐ Yas 2 ☐ No 6 Could not be datermined 3 Sulcida 28a. Plece of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 29a. Certifiar To the best of my knowledge, deeth occurred at tha tima, deta and placa, and dua to tha cause(s) end manner as staled.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha tima, data and place, and dua to the cause(s) end manner stated. Medical

29c. Licansa number

P10356

of MO MED. CTR. 22 S. GREENE St., BALTIMORE, MO 21201

29d. Data signed (Month, Day, Year)

State Registrar

DHMH 16 Rev 6/95

hin 24 hours e

å

pletely

29b. Signatura and titla of certifier

ROWE 31. Date filed (Month, Dey, Year)

CGT 24 1996

30. Name end addrass of person who completed cause of death (Itam 23a) (Type, Print)

and the second of the second o

The state of the s

Markettaning as 1987 or 1987 or 1987 taken filt her taken in 1987.

State of Maryland / D

Department of Health and Mental Hygiene	- (
Certificate of Death	

96 31917

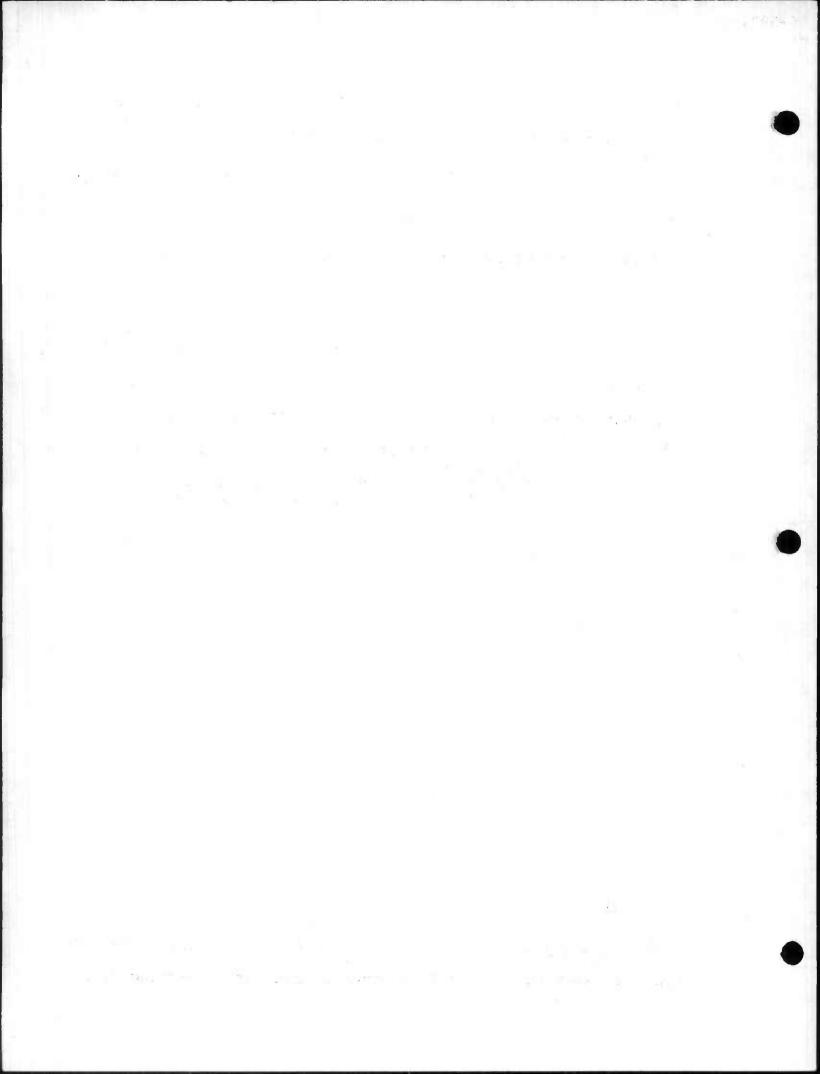
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after

To the Hospital or Attending Physician: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

								1				
n ai	1. Decedent's Name (First, Mide MORRIS				PRIS	то	OP	2. Dete of D Month OCTO	th Dey Yeer		er	3. Time of Deeth $3:30$ P
er	4e. Fecility Neme (If not Institution 6810 PARK HE			APT.110) A		4b. City, Town, or BALTIMO	Location of Dec	eth 4c.	County of D		
	5. Sociel Security Number 213-32-5468 Usuel Residence of Decedent	6. Sex 1 1 M 2 □ F	7. Age (In yrs	s. last birthday) Yrs.	If Under 1 Months	Year Deys	If Under 24 Hrs Hours Min.	(Month, L				e (State or Fore AND
	10a. Stete 10b. Count	у	10c. C	City, Town or Loc	ation				1			Inside City Lin
ctor	MARYLAND	N/A		BALTIMO	RE						1 M Yes 2□	
Director	10e. Street end Number				10f. Zip C	ode			10g. Citi	zen of What	t Country	?
by Funeral	6810 PARK HET 11. Maritel Stetus 12. Never Married 2 Ma 3 Widowed 4 Divorce	12. Wes De Armed I	cedent Ever In 1 Forces? 2 2 No Give	U,S. 13. W	/es Deceder Yes, specif	nt of H	1215 Ilspenic Origin? (S en, Mexican, Puerl Specify:	c Orlgin? (Specify Yes or No- xican, Puerto Rican, etc.)			14. Reca - American Indian, Bleck, White, etc.	
pete		nt's Education	4)	16e. Decede	ent's Usuel	Occup	etion during most of wo	dian	16b. Kli	nd of Busine	WHIT ess/indus	
Completed	Elementery/Secondary (0-12)		(1-4or 5+)	life. D	O NOT use	retired	3)	rking		ORGAN		
ပ္ပ	17. Fether's Neme (First, Middle	Last)		D	ISPAT	CHE	18. Mother's Na	me (First Middle	1		RSITY SECURIT	
To Be	LOUIS	,		PRI	STOOP			CELIA	o, maideri		LDEN	
	19e. Informent's Neme/Reletion MRS. SELMA SCH		(SISTE				end Number or Ru BALTIM				te, Zip Co	ode)
	20e. Method of Disposition 1 Burial 2 Cremetion 4 Donetion 5 Other (aca of Dispos BETH Y			SHE KURL	AND - 1	20c. Lo 0-20-	cation - City -1996—	or Town	Stete TO., M
	21. Signeture of Funerel Service	a Licensee	Pla				EVINSON terstown				MD	21208
	23a. Pert1. Enter the disease, o shock, or heart feilure. Lis Immediate Ceuse (Finel disease or condition resulting in death)	t only one ceuse on	rtensi	eth. Do not ente	erios	of dyin		or respiretory	errest,	culai	In O	pproximete tervel Betweer nset and Deatl
edical Examiner	Immediate Cause (Final disease or condition	t only one ceuse on	Due to (eth. Do not ente	erios eenca of):	of dyin	g, such es cardia	or respiretory	errest,	culaı	In O	oproximete tervel Between nset and Death
arymedical	Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	Hype:	Due to (ve Art (or es e consequ (or es e consequ or es e consequ	erios enca of): enca of): enca of):	of dyin	g, such es cardiad	Cardi	errest,		r Di	pproximete lervel Between nset and Death
ruysician/medical	Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Hype:	Due to (ve Art (or es e consequ (or es e consequ or es e consequ	erios enca of): enca of): enca of):	of dyin	g, such es cardiad	Cardi	ovas	uss contrib	r Di	oproximete tervel Between nset and Death
by Friysician/Medical	Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	Hype:	Due to (ve Art (or es e consequ (or es e consequ or es e consequ	erios enca of): enca of): enca of):	of dyin	g, such es cardiad	correspiretory Cardi 23b. Did 1 24a. We	ovas	ues contrib □ No 3 Ž	r Di	e cause of dealth autopsy finding ble prior to eause of cause of cause of dealth autopsy finding ble prior to eause of c
completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Pert II. Other algnificant conditions.	Hype: b. c. d. ons contributing to describe the second	Due to (ve Art (or es e consequ (or es e consequ or es e consequ	erios enca of): enca of): enca of):	of dyin	g, such es cardiad	23b. Did	ovas d tobacco] Yes 2[s an eutop tormed? pect	ues contrib □ No 3 Ž	pute to the Probab	e cause of dealth be prior to etion of cause th?
o be completed by Physicianymedical	Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	b. c. d. Hype:	Due to (ve Art (or es e consequ (or es e consequ or es e consequ	erios enca of): enca of): enca of): enca of):	of dyin	g, such es cardiad erotic en in Pert I. 26. Piece of Dec	23b. Did 24a. We per in S:	d tobacco	ues contrib □ No 3Ž sy 24 iOn ŽNo	pute to the Probeb	e cause of declaration bills prior to etion of cause th?
to be completed by Physicianymedical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert II. Other eignificant conditions are successful to the cause of the cause of the cause of the cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert II. Other eignificant conditions are successful to the cause of	b	Due to (ve Art (or es e consequ or es e consequ sulting in the uno	erios enca of): enca of): enca of): derlying cau	of dyin SC1 See give	g, such es cardiad erotic erotic en in Pert I. 26. Plece of December: 4 \(\) Nursing H	23b. Did 24a. We per in S:	d tobacco of tobacco o	ues contribution of the second	pute to the Probeb	e cause of declaration bills prior to etion of cause th?
cermication: 10 be completed by rhysiciarymedical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert II. Other eignificant conditions are injury that initiated events resulting in death) Last 25. Wes case referred to medical exeminar? XXes 2 No 27. Menner of Death	b. c. d. Hospitel: 1 28e. Dete (Morigation not be pined on 28e. Pleace on 28e. Pl	Due to (Due to	ve Art (or es e conseque (or es e conseque or es e conseque sulting in the une	r the mode of the mode of the mode of): enca of): enca of): derlying cau 3 □ DOA 28c	Othe	g, such es cardiad erotic erotic en in Pert I. 26. Plece of Dea	23b. Did 1 24a. We perl in S 1 1 check only ome 5 Res 28d. Describe	d tobacco l Yes 2[s an eutop pect l Yes X one) sidenca 6	ues contrib No 3 2 sy 24 i On No 3 0 Other (S) occurred	bute to the Probeb	e cause of de de prior to etion of cause th?
cermication: 10 be completed by rhysiciarymedical	Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Pert II. Other algnificant conditions are summer? Yayes 2 No 27. Menner of Death Disease of Injury that initiated events are summer? Yayes 2 No 27. Menner of Death Disease of Injury that injury that initiated events are summer? Yayes 2 No 28. Wes case referred to medical events are summer? Yayes 2 No 29. Menner of Death Disease of Could determine the condition of Could determine the could determine the condition of Could determ	b. c. d. Hype: b. c. d. 28e. Dete (Moigation not be nined 28e. Plea build ag Physician: To the Examiner: On the b	Due to (Due to	ve Art (or es e consequ (or es e consequ or es e consequ sulting in the und 28b. Time of Injury come, ferm, stree	r the mode of the mode of the mode of): enca of): enca of): derlying cau 3 □ DOA 28c M □ DOA 28c cocurred et to cocurred	Othe	g, such es cardiad erotic erotic en in Pert I. 26. Plece of Dea	23b. Did 24a. We- per in S 10 28d. Describe 28f. Location City or To	ovas tobacco tobacco Yee 2[san eutop pect Yes X one) sidenca 6 how injury (Street anc. swn, Stete)	uss contrib No 312 sy 24 iOn No 0 iOner (S) occurred	bute to the Probeb Specify) The Rural Reference of the Probeb The Rural Reference of the Probeb The Rural Reference of the Probeb The Rural Reference of the Probeb o	e cause of de e cause of de e type findin ble prior to etion of cause th? Dulle Number, d.
region certification. To be completed by raysiciarymedical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert II. Other eignificant conditions are successful to the cause of the cause of the cause of the cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other eignificant conditions are successful to the cause of	b. c. d. Hype: b. c. d. Mospitel: 1 1 28e. Dete (Mospitel) 1 28e. Pleasing a physician: To the Examiner: On the lend met.	Due to (Due to	ve Art (or es e consequ (or es e consequ or es e consequ sulting in the und 28b. Time of Injury come, ferm, stree	erios lenca of): enca of): enca of): enca of): derlying cau 3 □ DOA 28c M ext, fectory, c	Other Injury	g, such es cardiad erotic erotic en in Pert I. 26. Plece of Dea	23b. Did 24a. We- per in S 10 28d. Describe 28f. Location City or To	ovas tobacco tobacco Yes 2 s an eutoplormed? PCC t Yes X one) idenca 6 how injury (Street and wm, State) c ceuse(s) d dete and	uss contrib No 312 sy 24 iOn No 0 iOner (S) occurred	bute to the Probab Ab. Were eveil a comploid dee 1 Y	e cause of dealers of cause of dealers of cause of dealers of dealers of cause of dealers of cause of
medical cel micanoli. To be completed by Physiciary Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert II. Other algnificant conditions are understood to be a condition or conditions. The condition of the cause injury that initiated events resulting in death) Last Pert II. Other algnificant conditions are understood to conditions. The condition of the cause of	b. c. d. Hype: b. c. d. Hospitel: 128e. Dete (Moning Physician: To the Examtner: On the I end meior	Due to (Due to	eth. Do not enter VE Art (or es e conseque or es e conseque sulting in the und 28b. Time of Injury owne, ferm, stree ify) owledge, deeth of etion end/or inve	erios enca of): enca of): enca of): enca of): derlying cau 3 DOA 28c M 29c. L O	Other linjury Work	g, such es cardiad erotic erotic en in Pert I. 26. Plece of Dealer: 4 Nursing H ret ret ret ret ret ret ret ret ret ret	23b. Did 1 24a. We per in S 28d. Describe 28f. Location City or To	d tobacco of tobacco o	use contrib No 31/2 sy 24 iOn Other (S) cocurred d Number of	bute to the Probeb Ib. Were eveila comploidee 1 Y Specify) r Rural Reduction the Day	e cause of de caus

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Daath **Physician** 215 Am PARKER MAREL OCTOBER 23 1996 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** HOSPITAL NORTH NORTH ARUNDEL 5. Social Sacurity Number DRIVE GLEN If Undar 1 Year It Undar 24 Hrs 301 HOSPITAL BURNIE ANNE HRUNDEL 7. Aga (In yrs. last birthdey) 6. Sex Funerai 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Min. 1 □ M 2X F Months Deys Hours 90 Director 214-38-0359 MARYLAND 05-07-1906 Usuel Residence of Decedent 10a State 10b. County 10c. City. Town or Location ehow. 10d. Inside City Limits Ħ r than "natural", or items 23a or 28a-f el The Medical Examiner must be notified Director MARYLAND 1□ Yas 2□No ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? 1250 CRAIN HIGHWAY Funeral 21061 U.S.A. 14. Raca - American Indian, 12. Wes Decedent Ever in U,S. Armed Forces? 11 Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Bleck, Whita, etc. 72 hours after 1 Nevar Marriad 2 Merried 1 ☐ Yes 2 No Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify þ WHITE 3 Widowed 4 □ Divorced Be Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Dacedant's Usual Occupetion 16b. Kind of Business/Industry (Giva kind of work done during most of working life. DO NOT use retired) filed within al Hygiane. Elementery/Secondery (0-12) College (1-4or 5+) PRINCIPAL ANNE ARUNDEL 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Surnama) Pages 1 and 2 should be nent of Health end Mentai FRANK Ρ. traumatic 2 HARRISON BLANCHE 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) 00 rtment of Health e MARIAN TORIBIO (SISTER) 804 E. VIRGINIA AVENUE, other TAMPA, FLORIDA 33603 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State permit. Pages Department of I 6 XXBurial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) MT.OLIVET CEMETERY 10/26/96 BALTIMORE, MD. 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 tha disaase, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, the disaase, or complications that cause on each lina. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediata Causa (F inel METASTATIC LUNG CARCINOMA 8 DA45 diseesa or condition resulting in death) **Examiner** Due to (or as a consequenca of): Physician/Medical Examiner 3 4 EARS ADENO CALCINOWA OF THE YTERUS The law requires that the deeth certificets be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Diseese or Injury that initiated events rasulting in daath) Last buriel-fran Due to (or es e consequence of): the Due to (or es e consequence of): 93 USe Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown HypoTHyROIDISM. signed bed bed Records, by page 2 should 24b. Were autopsy tindings aveilable prior to completion of cause of death? 24a. Was en autopsy performed? Be Completed 1 Yes 2 No 1 Yas 200 No certificata Hospital or Attending Physicien: director, 25. Was case ratarrad to medical 28. Placa of Death (Check only one) Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this illed in by the funeral 27. Menner of Death 28a. Dete of injury (Month, Dey Year) 28b. Tima of 28c. Injury et Work? 28d. Dascribe how Injury occurred After 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No deeth. after deeth 2 Accident 3 ☐ Suicide 6 Could not be detarmined 28a. Plece of Injury - At homa, ferm, street, tectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours at To the Funerel D 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, deta end place, and due to the cause(s) and manner as stated. Medical 29e. Certifian pletely (Check only one) 2 Medical Examiner: On the basis of axamination end/or investigetion, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) end manner stated. 29b. Signatura and title of certifiar 29c. Licanse number 29d. Dete signed (Month, Day, Year) ales Jahwan Boaling MD D 47861 Oct. 23 1996 30. Name end eddress of person who complated causa of deeth (Item 23e) (Type, Print) BOXTENS NORTH ARUNDEL HUSP BACTIMORE MY JOSEPH

DHMH 16 Rev 6/95

State negistrar

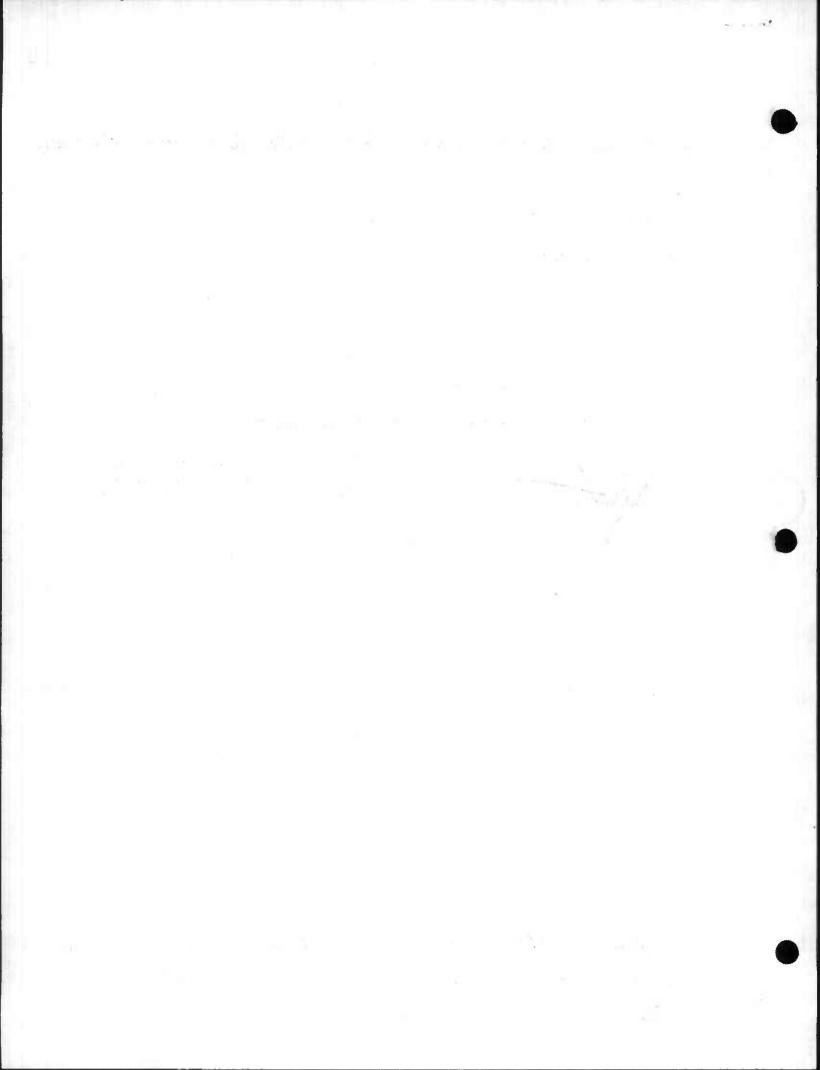
31. Data tiled (Month, Day, Year)

32 Ragistrar's Signature

P.O. Box 68760.

of Vital

Division



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 17. PER F'.H. F'ILM G-741 State of Maryland / Department of Health and Mental Hygiene 11/4/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** OCTOBER 20 1996 ROBBINS 08:06 p.m. /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Sociel Security Number 7. Aga (In yrs, lest birthdey)
Yrs. If Under 1 Year If Under 24 Hrs. Hours Min. **Funeral** 9. Birthplace (State or Foreign 1 M 2 F Days 290-09-1134 Director NOV Usual Residence of Decedent 10e. Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show "natural", or items 23s or 28s-f show AACO GIEN BURNIE MD Director 1 ☐ Yes 2 ☑ No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Hwy 102 CRAIN 21061 USA Funeral 11. Marital Status Was Decedent Evar in U,S. Armed Forces? Was Decedanf of Hispanic Orlgln? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Pages 1 and 2 should be filed within 72 hours after inmit of Health and Mertal Hygiene.
THE If tem 27 is marked other than "natural", or item in yor other traumatic event, the Macinet Experience. Biack, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Nevar Married 2 Married 1□ Yes 2☑No þ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decadant's Usual Occupation (Giva kind of work done during most of working iifa. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elementary/Secondary (0-12) Coilage (1-4or 5+) OWNHOME HOMEMAKER 17. Fathar's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Malden Surnema) Be DRUCKENMILLER -AURA SCRIBER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) DRUCE Thornton DR GIENBURNIE MO QUAIL 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burlai 2 ☐ Cremation 3 ☐ Removal from State METRO CREMATURY 10-21-96 BAITIMORE MD 4 Donation 5 ☐ Other (Specify) 21. Signature of Funaral Service I 22. Name and Address of Facility Funcial Home Reymond 426 CEPIN HWY SID Glen BUPPIE MD 21061 23e. Part1. Enter the disease, or complications that payred the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or been line. Approximata Intervai Between Onset and Deeth Physician /Medical Immediate Cause (Final disaase or condition resulting in deeth) Intra a boomon al 2 days Examiner Due to (or es a consequence of): Examiner Pertorated Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Last **burial-trar** Due to (or as a consequence of): Gall 2days Necrotiz Physician/Medical Due to (or as a consequence of): usa as the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 2 X No 1 Yes 1 ☐ Yes 2 No Be 25. Was case referred to medical 26. Piace of Death (Check only one)

The law requires that the death certificata be axecuted Division of Vital Records, P.O. Box 68760 certificate has or Attending Physician: this After s after dea. To the Hospital of within 24 hours at To the Funeral D completaly filled it

the

timore, Maryland 21215-0020

1 Yas 25 No Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Magner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 Could not be determined 28a. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, end due to the cause(s) and mannar as stated.

Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and mannar stated. Medical 29a. Certifier (Check only one)

29b. Signature end title of certifiar

RES-000

Street

29c. License number

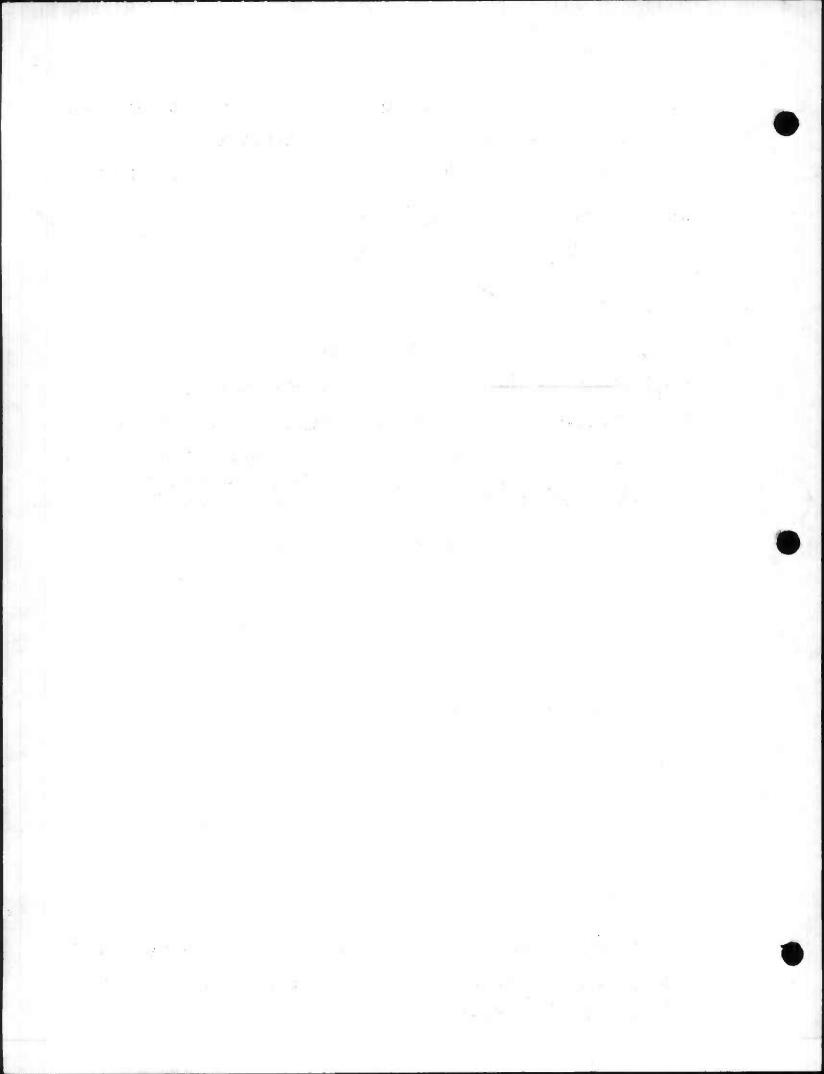
29d. Date signed (Month, Day, Year) October

30. Name and eddress of person who completed causa of death (Item 23a) (Type, Print)

600 N. Wolfe

Bultimore, MD

State Registrar MISON HUN 31. Date filed (Month, Dey, Year) OCT 2 4 1996 Registrate Signature



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Redding Month October **Physician** Elazabeth 0430 AM 20 1996 /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Randallstown Eldercare (enter Baltimore Genebis If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 5. Social Security Number 6. Sex 9. Birthpiace (State or Foreign Country) **Funeral** 227 24 3637 1□ M 204F Director Usual Residence of Decedent with the Maryland 10e. State 10b. County 10c. City, Town or Location item 27 is marked other than "naturel", or flams 23a or 28a-f show other traumstic event, the Medical Examiner usual be nullified at 10d. Inside City Limits Kandallstun Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Morrow 2-1133 USA death y Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Maritel Stetus 14. Race - American Indian. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene.
Important: if them 27 is marked other than "natural: or heavy Injury or other trainment. Black, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 No If Yes, Give Baltimore, Maryland 21215-0020 1□ Yes 200 No Specify: þ Specify: 3 Widowed 4 □ Divorced Black Year or Detes: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Synagogue 11th grade NA 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Dean P Dillard English Harry 19a. Informarit's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sister Horrow Court Kandallstown, ud 21133 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State butus Park 10-24-96 Arbutus, 4 Donation 5 Dother (Specify) Mem 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility

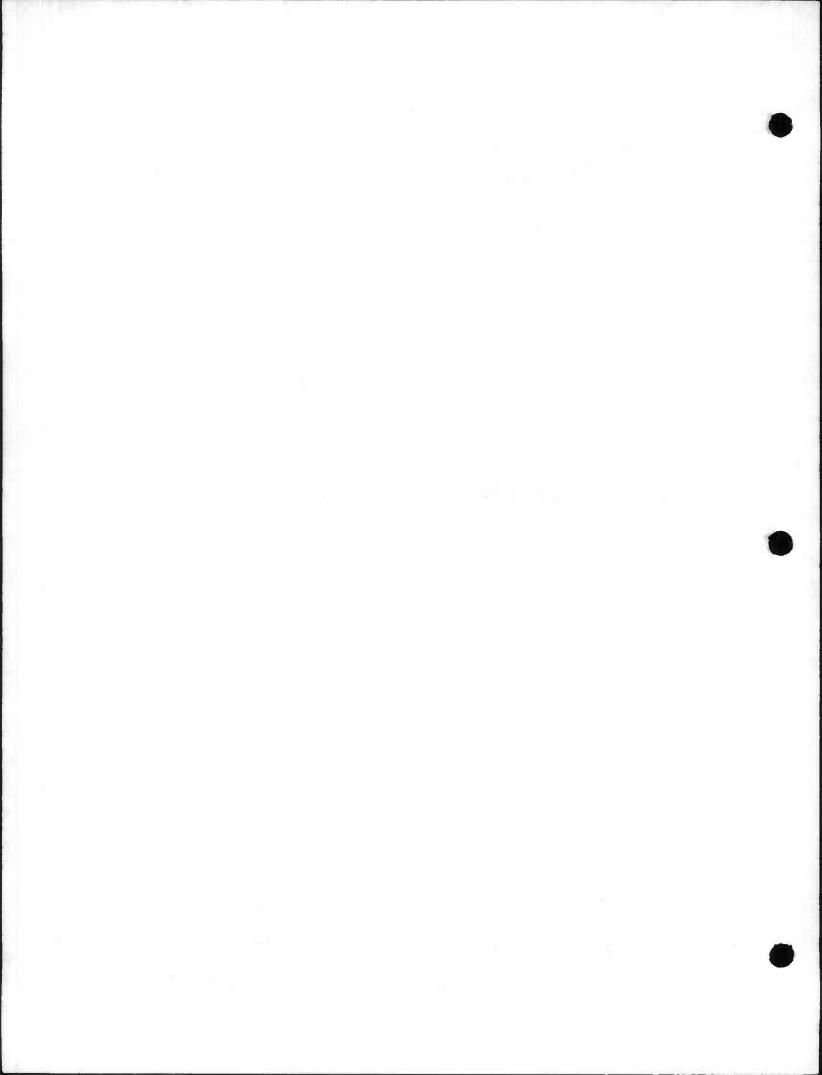
March T. H. West

4300 Wa Walrush Batte, Md 21215 204. Part 1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** immediate Cause (Final disease or condition resulting in death) /Medical . Non-small cell 22 months cancer of Examiner Due to (or es e consequence of) Examiner Metastatic months cancer the attending physician and hed for use as the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, requires that the death certificate be-Physician/Medical that initiated events resulting in deeth) Last Due to (or as a consequence of): detached for Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Nes 2 No 3 Probably 4 Unknown Dementia þ 24b. Were autopsy findings evallable prior to completion of cause of death? Completed 24a. Was an autopsy performed? 25 No 1 Yes 1 □ Yes 2 □ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certified 25. Was case referred to medical examiner? 89 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) lilled in by 4 Homicide t⊠ Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and menner as stated.

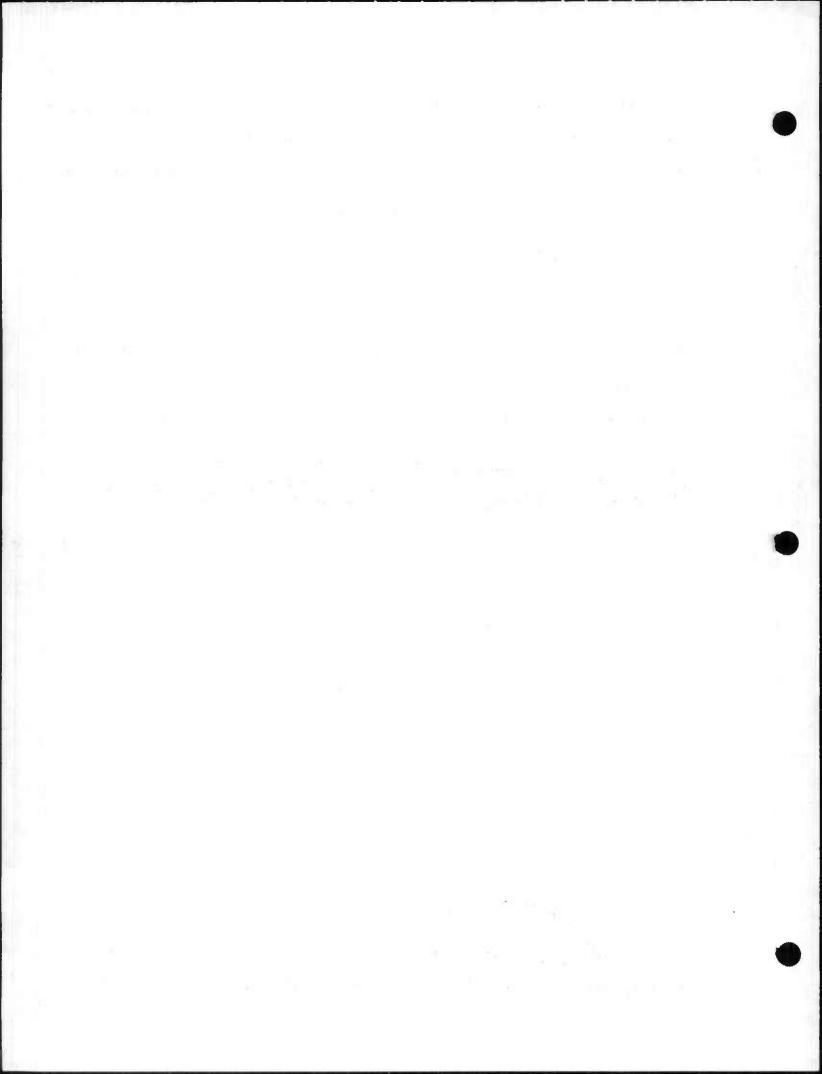
2□ Madicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. Medicai 29a. Certifier completely (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D35844 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) October 23, 1996 Roggen 21 Gossroads Drive Owngs mills Suite 355 31. Date filed (Month, Day Year) OCT 2 4 1996 Julia Dandon Morato

State Registrar



State of Maryland / Department of Health and Mental Hygiene

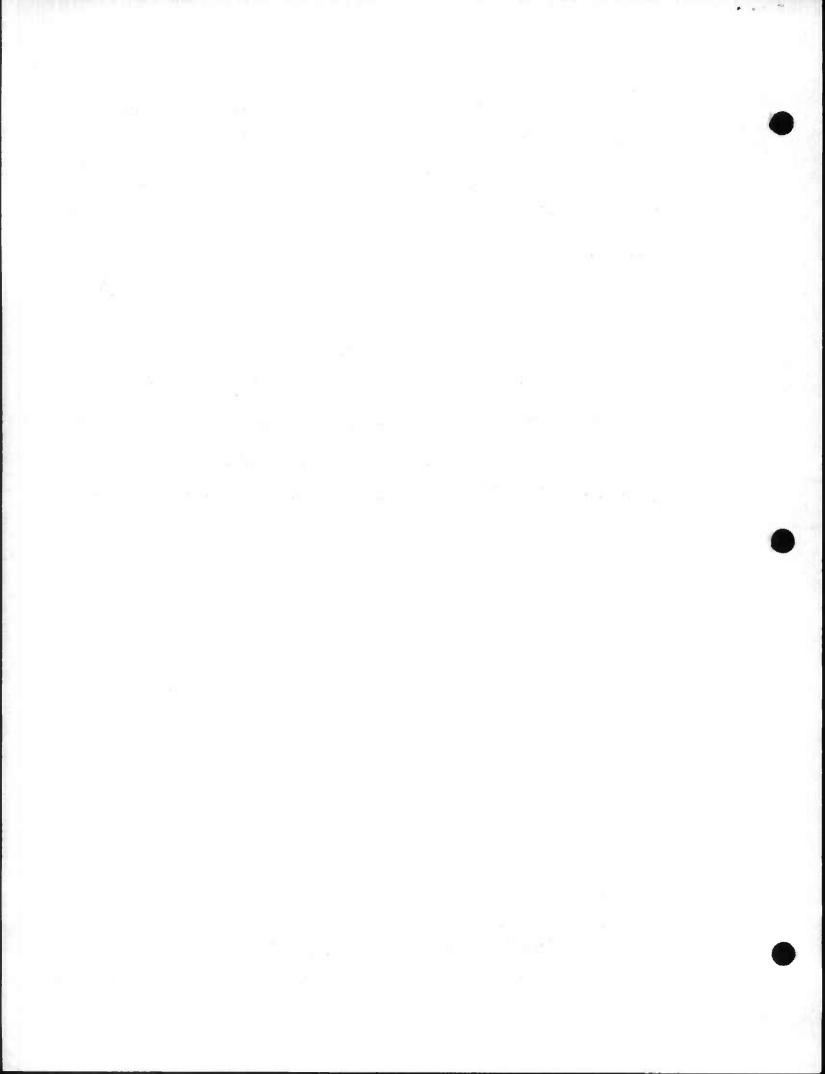
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 1996 **GLADYS** ROSS 20 OCT. 8:42 P.M. /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ST. AGNES HOSPITAL BALTIMORE N/A 5. Sociel Security Number Months Deys Hours Min. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. lest birthdey) **Funeral** 9. Birthplece (Stete or Foreign 1□ M 2□xF Yrs. 220-20-3886 Director 70 JULY 20, 1926 MARYLAND Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits MARYL AND Director N/A BALTIMORE CITY Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 238 2004 SMALLWOOD STREET 21216 USA. Funeral 72 hours after death Items 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian. 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give "naturel", or Itimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: by 3 Widowed 4 N Divorcad Year or Detes: BI ACK Completed Department of Health and Mental Hygiene.
Important if them 27 is marked other than "netu event, the Medical 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementary/Secondery (0-12) College (1-4or 5+) 11tg GRADE TEACHER'S CHILDREN'S GUILD AID 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be LOCKMAN WILLIAM ELIZABETH GRIFFIN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) TERRI ROSS (DAUGHTER) 909 COOKS LANE #B, BALTIMORE, MARYLAND 21229 20b. Piece of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 N Buriel 2 Cremetion 3 Removel from State WOODLAWN CEMETERY 10-24-96WOODLAWN, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 2140 N. FULTON AVENUE, BALTIMORE, MD. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart feilure. List only one cause on each line. Physician /Medical mediate Cause (Final lease or condition sulting in death) Due to (or es aconsequence of): Examiner nochosis Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequenca of) Box 68760. Physician/Medical The law requires that the death certificate Due to (or es e consequence of): P.0 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the detact 1 Yes 2 No 3 Probably 4 TOnknown Records, Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? page 2 1□ Yes 2⊡No 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attending Physician: 724 hours efter death.
Funeral Director: After this certifica 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) examine? 1 ☐ Yes 2 ☐ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending Investigation 1 Neturel 1 Yes 2 No 2 Accident filled in by the 3 Suicide 6 Could not be determined 28e. Pleca of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 D Homicide To the Hospital within 24 hours a To the Funeral Complétely filled 29a, Cartifler 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and menner es stated. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifi 29c. License number 29d. Dete signed (Month, Dey, Year) Physicia 0050907 30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print) 900 Soul Calon Avenue Beltmark elville marie 32 Registrar's Signature 31. Date filed (Month, Dey, Year) State OCT 24 1996 Registrar



State of Maryland / Department of Health and Mental Hygiene

9	00	2.1	0	0	0
	96	31	7	4	6

		Certifica	te of Death	Reg. No.	0 01246
5 1	Decedent's Nama (First, Middle, Last)	,		2. Data of Death Month Day	3. Time of Death
Physician /Medical		Kit	ch	OCT. 21 19	196 112Am
Examiner	4 6 10 44 44 11 14 11 1	n	4b. City, Town, or Loc	eation of Death 4c. County	of Death
-	1209 E. LANVALE 5. Social Security Number 6. Sex 7. A	STREET	BALTIMOR er 1 Year If Under 24 Hrs.	Date of Birth	9. Birthplace (State or Foreign
Funeral Director	215-12-0486 10 M 2 X V Usual Residance of Decedent	84 Yrs. Months		JUL. 15, 1912	VIRGINIA
the Maryland 28s-f show notified at	10a. Stata 10b. County n/a	10c. City, Town or Location BALT	IMORE		10d. insida City Limits X∆Yes 2 □ No
0 2 0			1p Coda 21202	10g. Citizen of UNITE	
at, or itsms 234 Examiner must by Funeral	If Yes, Giva / Year or Dates	No 1□Yes	edant of Hispanic Origin? (Spececify Cuban, Maxicen, Puarto R		ce - Amarican Indian, ck, Whita, atc. YLACK
ygiene. ye than "naturi it, the Medical it	15. Decedent's Education (Specify only highast grada completed)	16a. Decedent's Us (Giva kind of w life, DO NOT	ual Occupation work dona during most of working use retired)	g 16b. Kind of B	usiness/Industry
Mygiana.	Elemantary/Secondary (0-12) Collega (1-4or	DOMEST	IC	in h	
Mental H wheel oth aftic even	17. Father's Name (First, Middle, Last) HENRY T. BUTLER		CORE	(First, Middle, Melden Sumer ETTA PORTER	
nd x snow afth and h 27 is mar r traumal	19a. fntormant'a Name/Relationship (Type, Print) CORETHA WELLONS	19b. Malling Addra	ss (Street and Number or Rural E. LANVALE	Route Number, City or Town	
If Hem of the or other	20a. Method of Disposition 1 ☑ Sturial 2 □ Cremation 3 □ Ramoval from State	20b. Placa of Disposition (N	ame of		- City or Town, State
ortant:	4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee	MT. CALVA	RY CEM. 10	0-26 BALTI	MORE, MD
Depti impo	23a. Part1. Entar the disease, or complications that ceus shock, or heart failura. List only one cause on each	WM.	C. MARCH FH		NORTH AVE.
/Medical Examiner Examiner Examiner	b .	Due to (or as a consequence of		+	minutes
nding physicia use as the bur	Cause (Disease or injury that initiated events rasulting in death) Last	Due to (or as a consequence of overlie Sta	vative falus Mosis	movy Ds	2yvs 8mos
d by the attendition of the bettern	Part II. Other significant conditions contributing to death	but not resulting in the underlying	cause given in Part i.	23b. Dfd tobacco use co	entributs to the cause of death
ries that the death signed by the atterd be detached for a by Physicia				1 ☐ Yss 2 ☐ No	3 Probably 4 Unknow
N 20 10				24a. Was an autopsy performed?	24b. Were autopsy tindings available prior to completion of cause of death?
certificate harrector, page				1 Yes 2 → No	1 ☐ Yes 2 ☐ N6
s certific director,			28. Placa of Death Other:		
2 2 7	1 Inpat		AU Mursing Hom	e 5 ☐ Residence 8 ☐ Ott	
Attending F r death. Letor: After by the funer Iffication:	27. Manner of Death 1 Infaturai 5 Panding 2 Accident investigation 3 Suicide 6 Could not be	M	Work? 1 ☐ Yes 2 ☐ No		
2 # 5 E	4 Homicide determined 28e. Place of It building, 6	njury - At home, farm, street, facto etc. (Specify)	ry, offica 2	8t. Location (Street and Numi City or Town, Stata)	ber or Rural Route Number,
- MO AN ARTH - MAR	29a. Certifier (Check only one) 1 Certifying Physician: To the besis and manner s	of examination and/or investigation	d at the time, date and place, ar n, in my opinion, death occurred	nd dua to the cause(s) and m d at the time, dete and place,	annar as stated. and dua to tha cause(s)
or and and	29b. Signature and tills of certifier	2	9c. Licanse number	10 TO 10 TO	od (Month, Day, Year)
	30. Name and address of person who completed cause of	death (Item 23a) (Type, Print)	008900	10-2	-1-96
4	Robert C. Thu	In w	318 N. Eu	tawst. Be	16 Md 2720
State	31. Date tiled (Month, Day, Year) 32. Regis	trar's Signature			



		AMENED-ITEM: 32 per G.P G-74 1. Decedent's Name (First, Middle, Last)	-				Mental Hyg	leg. No.	3 1923
Physicia /Medic	al	KaFael	I a comb on the	Ku	12	4h City Tours		22 199	Year 1155
Funeral Director	er	4a. Facility Neme (If not institution, give street and facility Number 5. Sex 218-05-3510	1045F /7. Age (In yrs	ISPICE (S2SVEUTAL If Under 1 Year Montha Days	BP L H Under 24 Hr Hours Mir		4c. County on N/	0.000
aryland ehow	_	Usual Residence of Decedent 10a. State 10b. County MD N/A	10c, C	ity, Town or Lo					10d. Inside City Limita ¼∑ Yes 2□ No
vith the Marylar t or 28a-f show be notified at	Directo	10e. Street and Number		Daicin	10f. Zip Code 212	102	1	0g. Citizen of W	
Ind 21215-0020 be filed within 72 hours after death with the Manyland be Hyglene. d other than "natural", or items 23a or 28s-f show event, tra Marical Examiner must be notified at	by Funeral Director	1 Never Merried 27 Married 1 Yes	Decedent Ever in U I Forces? es 27 No Give or Datea:			lispanic Origin? (an, Mexican, Pue	Specify Yes or No- no Rican, etc.)	14. Race Bleck	- American Indian, c, White, etc. White
21215-0020 d within 72 hours af giene. er then "netural", or then "netural", or the first of the	Be Completed	15. Decedent's Education (Specify only highest grade complet Elementary/Secondary (0-12) Colleg 4	e (1-4or 5+)	(Give I	ent'a Usual Occup kind of work done OO NOT use retired	during most of w d)	orking	16b. Kind of Bue	Government
Maryland 212' d 2 should be filed within th and Martal Hygere. T is marked other than traumatic event, tre H	To Be	17. Father's Name (First, Middle, Last) Rufino Ruiz			•	18. Mother's Ne	eme (First, Middle, I a Louisa])
≥ Ber		19a. Informant'a Name/Relationship (Type, Print) Gonzalo Ruiz					Ru <i>ral Route Number</i> ,, Baltimo		Stete, Zip Code) 21224
Pages Pa Pages Pages Pages Pages Pages Pages Pages Pages Pa Pa Pa Pa Pa		20a. Method of Disposition 1 ☐ Burial 2 ② Cremation 3 ☐ Removel fr 4 ☐ Donation 5 ☐ Other (Specify)	om State	Db. Place of Disposition (Name of cemetary, cremetory or other place) Green Mount Crematory 10/23/96 Baltimore, MD					
Baltime permit. Pag Department Important: I any injury o		21. Signature of Gineral Service Licensee	Son 1	AL		FUNERAL	HOME, P.		21214
Physician Physician and Physic	dical Examiner	Immediate Cause (Finel disease or complications the control of the	Due to (Squ	or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a co	uence of):	anny, auch as cardia	ac or respiratory arr	ancium pream	Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death 2/66
P.O. Box 6 hat the death certific d by the attending of the astending of the attending of the astending of t	by Physician/Me	Part II. Other significant conditions contributing to	o death but not rea		iderlying cause giv	ven in Part I.	23b. Did to		tribute to the cause of death? 3 Probably 4 Unknown
Vital Records, tolen: The law requires the certificate has been signed rector, page 2 should be detailed.	Completed			-			24a. Was a perion	n autopsy med?	24b. Were autopay findings available prior to completion of causa of death?
	Be	25. Was case referred to medical examiner?					1 ☐ Yo		1□ Yes 22 No
n of ng Physical distributions of the contraction of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contraction of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractio	ation: To	1 Yes 2 No Hospitel: 1 27. Manner of Death 1 Natural 5 Pending 2 Accident Accident	☐ Inpatient 2☐ Ite of Injury Sonth, Day Year)	28b. Time of Injury	28c. Injur Wor	4 Li Muising	Home 5 Reside		
DIVISIO To the Hospital or Attends within 24 hours after death. To the Funeral Director: A completely filled in by the fo	Certification:	3 Sulcide 6 Could not be determined 28e. Pl	ace of Injury - At hilding, etc. (Speci	nome, farm, stre fy)	eet, fectory, office		28f. Location (Si City or Town	treet and Numbe n, Stete)	or Rural Route Number,
DIVI To the Hospital or At within 24 hours after of the Funeral Direct completely filled in by	edical	29a. Certifier (Check only and) 1 Certifying Physician: To 2 Medical Examiner: On the and n	the best of my kno basis of examina anner stated.	owiedge, death ation and/or inv	occurred at the tir estigation, in my o	ne, date end pled pinion, deeth occ	e, end due to the courred at the time, d	ause(s) and man ete end place, ar	ner as stated. nd due to the cause(s)
To the To the Comple	×	29b. Signature and talk oncertifier	M		29c. Licens	324	16 2	9d. Dete signed	(Month, Day, Year)
3		30. Name and address of person who completed o	ause of deeth (Ite	m 23a) (Type, F	Print)		7	-{	
Stat Registra		31. Date filed (Month, Day, Year)	DCT 254	1996	Julia Da	widson-Ada	della		

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 31924 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** 96 1626 /Medical 4a. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ST. AGNES HOSPITAL BALTIMORE CITY 5. Sociel Security Number if Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) Date of Birth Month, Day, Yeer) 29/1919 9. Birthplece (State or Foreign **Funeral** 1 M 2 □ F Months Deys 79 Yrs. 6 SOUTH CAROLINA Director 215-16-7536 Usual Rasidence of Deceden 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show the Medical Examiner must be notified at the Mary Director 1 Yes 2 No MARYLAND BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? herrs 23s or FAYETTE STREET. Funeral 2036 W. USA 21223 12. Wes Decedent Evar in U,S. Armed Forces? 1 XX Yes 2 □ No if Yes, Giva Yeer or Dates: 42 – 45 Was Decedant of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married altimore, Maryland 21215-0020 ò 1 Yes 2 No Specify: Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decadant's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry then Elementery/Secondary (0-12) Collega (1-4or 5+) LABORER & MACHINIST DOMINO SUGAR CO. 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Mental be is marked 2 JAMES RICHARDSON Pages 1 and 2 should **BERTHA** RICHARDSON 19e. Informant's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Department of Health a Important: If item 27 is any injury or other trau WIFE Α. RICHARDSON 2036 W. FAYETTE STREET, BALTIMORE, MARYLAND 21223 20a. Method of Disposition
1 ☑ Buriel 2 ☑ Cremation 3 ☑ Removal from Stete 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 4 ☐ Donetion 5 ☐ Other (Specify) GARRISON FOREST CEMETERY 10/22/96 OWINGS MILL, MD. 21. Signature of Funeral Se ESTEP BROTHERS FUNERAL SERVICE, P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 21217 lase, or complications that due ed the death. Do not enter the mode of dying, such es cardiac or respiratory errest, Approximete Intarval Between Onset end Death **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medical SEPSIS. 10 doys Examiner Dua to (or as a consequence of): PROSTATE CARCINOMA Sequentially list conditions, if any, laading to Immediate causa. Enter Underlying Cause (Disaase or Injury that initiated evants resulting in deeth) Lest nding physician and Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, COPD. The law requires that the death certificate be Physician/Medical Due to (or as e consequenca of) for L Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 N Unknown ALZ HEINNERS þ Completed 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? certificate 1 Yas 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case rafarred to medical axeminer? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 N Inpatient 2 □ ER/Outpatient 3 □ DOA this 27. Mannar of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Tima of Certification: 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending Invastigation 1 Matural ours after death.

Neral Director: Aft
filled in by the fur 1 Yas 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Streef and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 X Cartifying Phyelclen: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical (Check only one)

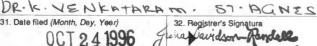
To the Hospital of within 24 hours a To the Funeral C completely filled

State Registrar

3

31. Date filed (Month, Dey, Yeer) OCT 24 1996

29b. Signature and little of gerallies



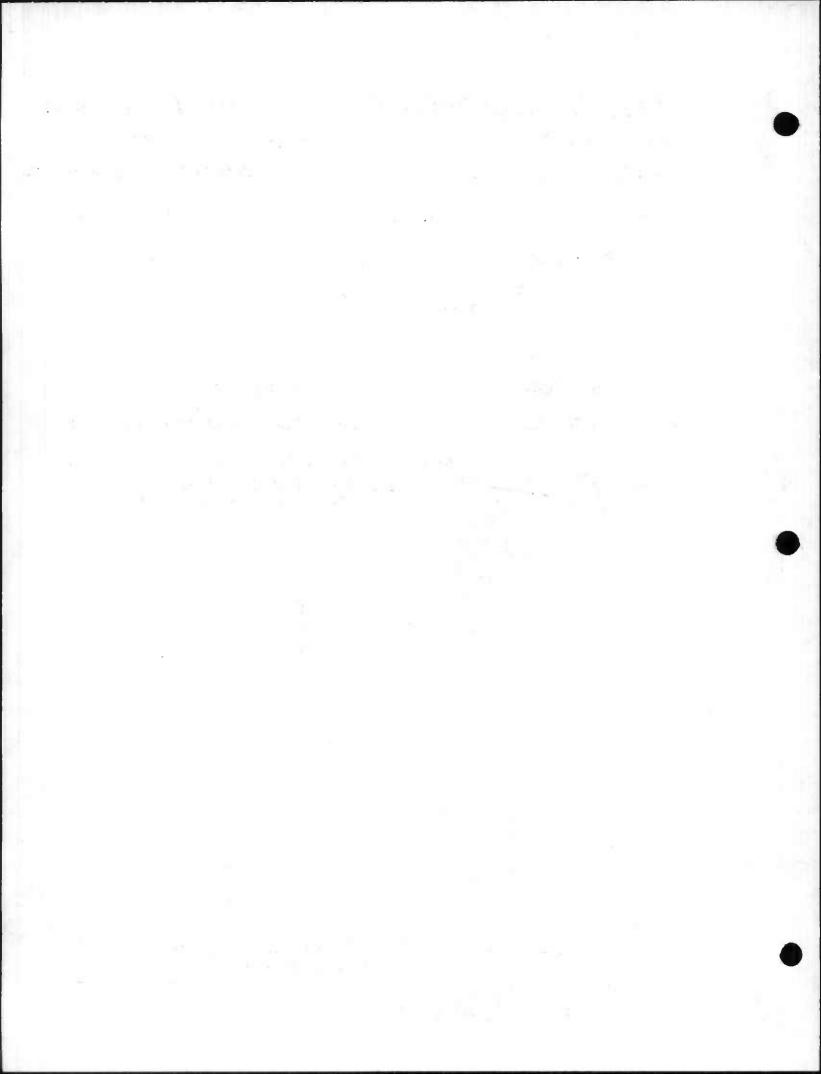
30. Nama and address of person who completed cause of daeth (Item 23a) (Type, Print) 900 CATON AVE

29c. License number

D0050833.

HOSD. BALTIMORE. 2/229

29d. Date signed (Month, Day, Year) OCT. 16.1996.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95

31925

						Certific	cate of	Death		Reg. No.			
	Physici	ion	1. Decedent's Nema (First, Middla, L	ast)				2. Dete of De	eath Day	Yaer	3. Time of Deeth		
	/Medic Examir	cal	STEPHEN 4a. Fecility Neme (If not institution, g	P ive street and number,)	REBE		SR.	OCTOR	BER 20,		4:25 A	
	LAGIIII	161	SAINT JOS	EDH MEDT	CAT C	FNITED		TOWSON,			'IMOR	TO.	
100	uneral irector				ge (In yrs. les		ndar 1 Yaar	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De 6-17-	th v. Year)		iece (Steta or Foreig try)	
D			Usuai Residenca of Decedent										
e Marylar	a-f show	ctor	MD 10b. County Balt	imore		rown or Location Baltimor					10	0d. Inside City Limite	
th with th	23a or 28 ust be no	al Director	10e. Street end Number 18 Glenmore Ave				. Zip Code 21206			try? SA			
5-0020 72 hours after death with the Maryland	If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumstic event, the Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 □ Navar Married 2 ☒ Merried 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forcas? 1 Yas 2 if Yes, Give Yaar or Dates:			ecedent of H specify Cuba s 2 No	ispenic Origin? (Sp in, Mexican, Puerto Specify:	pecify Yas or No Rican, etc.)	Specif	ce - Americe ck, White, e by: Whi	etc.	
ZIZIS-00Z0 od within 72 hours af giene.	a Medical	Completed	15. Decedent's I (Specify only highest g Eiementery/Secondery (0-12)	reda completed) Coilege (1-4or	5+)			etion during most of work f)		16b. Kind of B	usinass/Ind	lustry	
filled w	other th	Co	12	0		Proc	cessin	g Planner				rtin Co.	
aryland should be fill nd Mental H	arked oth	To Be	17. Fether's Neme (First, Middle, Les Joseph Ribeck	7				18. Mothar's Nam. Teres	a (First, Middla a Sleza		na)		
and 2 sho	27 is me ar traum		19e. Informent's Neme/Reletionship Dolores M. Wel	(Type, Print) sh/ daught	er	19b. Meiling Add 5107 Th	ress (Street i	and Number or Run Ave. Balt	al Route Numb imore,	er, City or Town MD 212	, Stete, Zip :36	Code)	
bartimore, maryland pemit. Peges 1 and 2 should be file Department of Health end Mental Hy	nt: If item ry or oth	- "	20e. Method of Disposition 1 Buriai 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spec	Removei from Stete	cem	a of Disposition (etery, cremetory anciens (or other plec	th 1	Dete 0-23-96	20c. Location Balti			
permit.	Important: eny injury once.		21. Signetura of Funerei Sarvice Lice	msee				ss of Fecility edale Fun			2123	7	
			23e. Pert1. Enter the disease, or cor shock, or heart feilure. List only	nolications that cause	the death						E 163	Approximete	
/Me Exa	sician edical miner	liner	immediate Cause (Finei disease or condition resulting in death)	e. BILA	TERAL Due to (or as	PNEUI s a consequenca						1 WEEK	
oo,	ng physician end a as the burlel-fransit	I Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	0.	Due to (or es	e consequence	of):						
A CO/OU, artificate be ex	ing physic e as the b	Medical	Due to (or es a consequence of):										
atho	or us	lan		d							1		
that the de	B 0	by Physician/								23b. Did tobacco use contribute to th			
v requires	aw requires the second signer is been signer 2 should be d									an autopsy med?	ava	re eutopsy findings ilabia prior to apietion of cause eath?	
The		Completed							10	Yes 20 No		Yas 200 No	
Ë	s certificate ha director, page	Bec	25. Was case referred to medical					26. Piece of Deet				Tuo Egg (10	
Physician:	direc	To	examiner? 1 ☐ Yas 2 X No	Hospitel:	nt 2 ER	Outpatient 3	DOA Othe				er (Snecity	1	
Attending Physic death.	5 7		27. Mennar of Deeth 1 X Neturel 5 Pending 2 Accident investigation	28a. Dete of Inju (Month, De		b. Tima of Injury	28c. Injury Work			now Injury occur			
Hospital or Attendi 24 hours efter death.	d in by the fune	Certification:	3 Suicide 6 Could not be determined			, farm, street, fed	tory, office		28f. Location (S City or Tov	Street end Numb vn, State)	per or Rural	Routa Number,	
Hospita 4 hours	To the Funeral I	edicai C	29e. Certifier (Check only one) 1 Certifying Pl	nyefcian: To the best on niner: On the basis of and menner ste	exeminetion	dge, deeth occurr end/or investiget	ed at the tim ion, in my op	e, date and piece, oinion, deeth occurr	end due to the red et the time,	cause(s) end ma dete end plece,	anner as ste end due to t	eted. the cause(s)	
9 6	within 24 hours of To the Funeral Completely filled	100	29b. Signatura and title of cartifiar				29c. Licensa	number		29d. Data signe	d (Month, D	lev Vear)	
To the within 2											ay, rour,		

Vavidson-Randell

DHMH 16 Rev 6/95

OCT 24 1996

Registrar

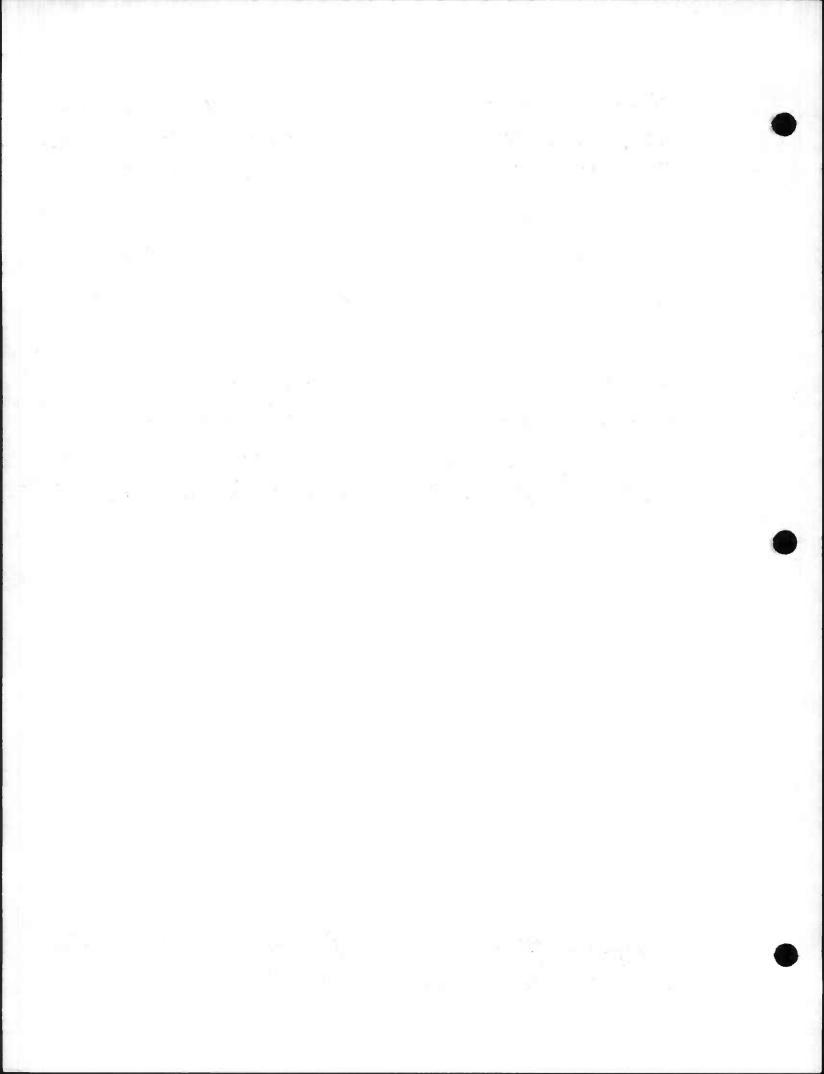
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 06/5 /Medical 4a. Facility Neme (If not Institution, give street an number) 4b. City, Town, or Location of Deeth **Examiner** 64 Severn If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociei Security Number 7. Age (In yrs. last birthdey) If Under 1 Year 9. Birthplace (State or Foreign Country) **Funeral** 1□M 2KF Days 243-28-709 Months COLORADO 76 APRIL Director 3,1920 Usual Residence of Decedent the Manyland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic avent, the Modical Examiner must be notified at ANNE ARUNDEL MD Director SEVERN 1 ☐ Yes 2 No 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? ARWELL 1864 21144 U.S. A Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. 11 Maritai Statue Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 Never Married 2 Married 1 Yes 2 No timore, Maryland 21215-0020 1 Yes 2 No Specify: STIH W à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Coilega (1-4or 5+) Own Home HOMEM AKER permy Pages 1 and 2 should be filled with important; if lean 27 is marked other than any injury or other transmets. 17. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumeme) Be MARLOWE JOHN O'TOOLE ALPHA 19a. informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) CAROL JOHNSON 1864 ARWELLCT., SEVERN, MD DAUGHTER 20a. Method of Disposition

Suriel 2 Cremetion 3 Removal from State 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, State 10/25/96 GEAND JUNCTION COLO. ORCHARD MESA CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility RAYMOND C. FINK FUNERAL HOME 21. Signature of Funeral Service Liberage 426 CRAIN HWY., S.W., GLEN BURNIE, MD 21061 23a. Pert1. Entar the disease, or campi shock, or heert failure. List nations that caused the death e cause on each line. on not enter the mode of dying, such as cardiac or respiretory erreat, Approximate intervei Between Onset end Death Physician immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to or as a consequence of): Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially ilst conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of) USB 88 attending | Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. detached 23b. Did tobacco use contribute to the cause of death? signed by t 3 □ Probably 4 ☑ Unknown 1 Yes 2 No Records, þ 24b. Were eutopsy findings evellable prior to completion of cause of deeth? Completed 24e. Was en eutopsy performed? page 2 s 1 Yes 2 W 1 □ Yes 2 □ No certificeta Division of Vital Hospital or Attending Physician: 24 hours after death. 25. Was case referred to medical examiner? Be 26. Placa of Death (Check only she) 1 Yes 2 No Other: 4 Nursing Home 5 Passidence 8 Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this Director: After this in by the funeral 27. Manger of Death 28a. Date of fnjury (Month, Dev Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Piece of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide To the Hospital o within 24 hours aft To the Funeral Di completely filled is Medical 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifler 29c. License number 028640 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier of death (Item 23a) (Type, Priot) denton Md 21113 31. Date filed (Month, Day, Valer)

DHMH 16 Rev 6/95

State Registrar

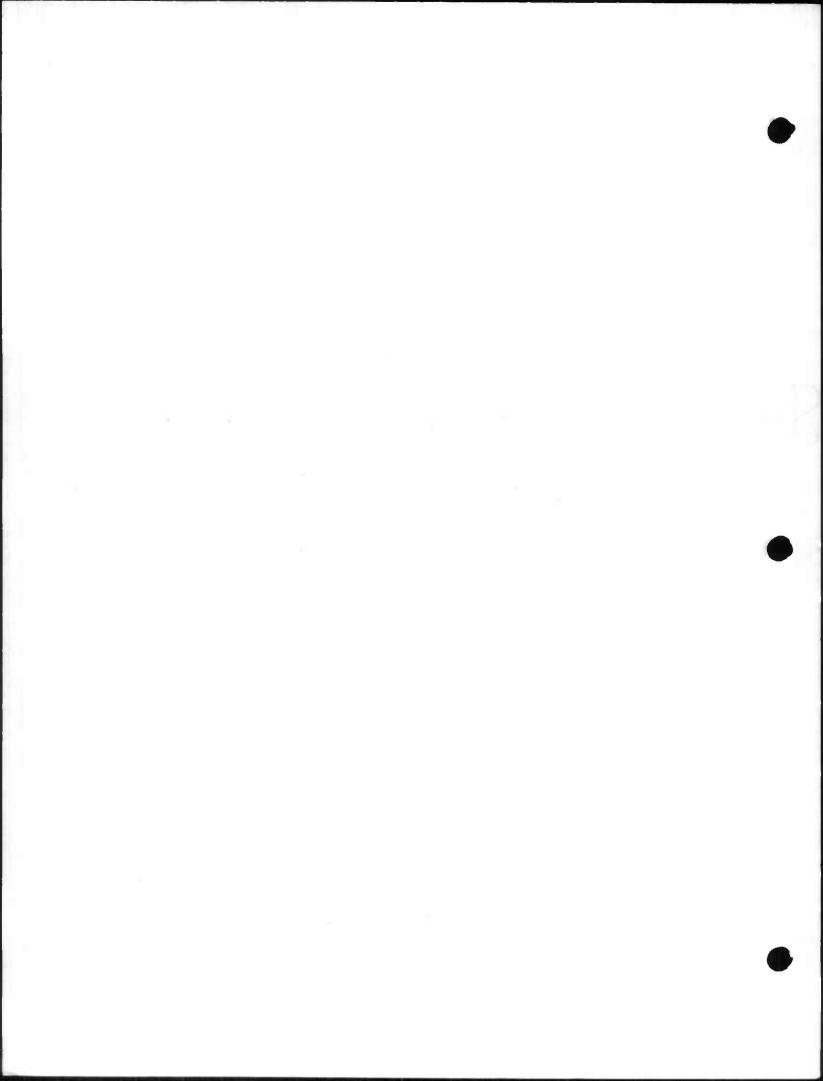


BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 norms. Pige 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cate be executed within 24 hours	physician and completely filled in by the	e prior to burial, cremation, or removal.	er traumatic event, the medical an
The law requires that the death certif	te has been signed by the attending I	ite Dept. of Health and Mental Hygien	зт 23 shows any injury, or oth
HOSPITAL OR ATTENDING PHYSICIAN:	FUNERAL DIRECTOR: After this certifical	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TTANT: If item 28 is marked, or ite
TO THE	THE CT	be filed	IMPO

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO							
	1. DECEDENT'S NAME (First, Middle, Last) FRANC	CES SKOC	ZYNSKI		2. DATE OF DEATH	AY 96 YEAR	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-3-05	a. BIR	THPLACE (State or Foreign Intry) RYLAND					
OR	90. FACILITY NAME (If not institution, give at 280 S. ROBINSC		9	BALTIMORE	EATH	9c. COUNTY OF	DEATH					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY					
	MARYLAND	N/A	BAL	TIMORE			LIMITS?					
FUNERAL	100. STREET AND NUMBER 280 S. ROBINS	ON STREET		21224		USA	F WHAT COUNTRY?					
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 (10	13. WAS DECENDENT OF HISPA. If yes, specify Cuban, Mexico 1 YES 2 X NO Specifi	n, Puerto Ricen, etc.)	BI	14. RACE — American Indian, Black, White, etc. Specify:					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elemantary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	18e. DECEDENT'S US (Give kind of won life. Do NOT use n	k done during most of working etired.)		SINESS/INDUSTRY						
OMI	17. FATHER'S NAME (First, Middle, Lest)		J SEAMSTE		SEWIN							
BE C	MARION			UNKNO								
TO E	19e. INFORMANT'S NAME (Type/Print)			ODRESS (Street and Number or Rural								
	MR. WALTER SKOC	20	b. PLACE AND DATE OF	ROBINSON ST	DATE 20c, LC	CATION — City or	Town, State					
	4 Donation 5 Other (Specify)	S	Telery. CSTANIS	SLAUS CEMETER		ALTO.	MD.					
	Marles R. A.	W Barry	shi	22. NAME AND ADDRESS OF FA KACZOROWSKI 2525 FLEET S	FUNERAL		D 21224					
17	2. PART I. Enter the diseases, of cahock, or heert feliure.	complications that cause List only one cause on	ed the death. Do not				Approximate Interval Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	,		tent Proily	no C 10	7	Onset and Death					
NO	disease or condition resulting in death) Beguentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
ICATIO	If any, leading to immediate	· Combo	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	that initiated eventa resulting in deeth) LAST	d. Hyro TA					4-					
MEDICAL C	PART II. Other aignificant condition		but not resulting in	the underlying ceuse given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
ME	Gont					7	1 YES 2 NO					
AN	DID TOBACCO USE CONTI	RIBUTE TO CAUSE (OF DEATH YES 26. PLACE OF DEATH		ND							
SICI	EXAMINER?	HOSPITAL:		THER:	6 Other (Specify)							
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY AT	2ad. DESCRIBE HOW	INJURY OCCURED						
ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	TY At home, term, stre	M t YES 2 NO	28f. LOCATION (Street		al Route Number,					
E	4 Homicide datarmined	building, etc. (Sp	City or Town, State									
Significate Signi												
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	A		29c. LICENSE NU	MBER		ED (Month, Day, Year)					
TO B	5/			024	276	10	244					
F	30. NAME AND ADDRESS OF PERSON WH	301 Hudso		et Balto M	D 2122	4						
	31. DATE FILED (Month, Day, Year) OCT 2 4 1996	32 HEGISTRAR'SEG	MATIBE									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Tima of Death 1. Decadant's Name (First, Middla, Last) 2. Data of Daath Month Dey 07:30 W. SIDOR CONSTANCE OCTOBER 14 1996 4a. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Daath JOHNS HOPKINS BAY VIEW HOSPITAL BALTIMORE n/a 5. Social Sacurity Number If Under 1 Year if Under 24 Hrs. 8. Date of Birth 3-18-28 7. Aga (In yrs. last birthday) 9. Birthplece (Stata or Foraign Months Days Hours MARYLAND 220-48-7223 68 Usuel Rasidanca of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits N/A MARYLAND BALTIMORE 1 Yes 2 □ No 10a. Straet and Number 10f. Zip Coda 10g. Citizan of Whet Country? 6701 BESSEMER AVENUE 21222 usa 12. Was Dacadant Ever in U,S. Armad Forces? 1 ☐ Yas 2 No If Yas, Give Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian. Black, Whita, atc. 1 Navar Married 2 Marriad 1 ☐ Yas 3 ☐ No Specify: Specify: white 3 Widowad 4 □ Divorcad Yaar or Datas: 16a. Dacedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decadant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry 8 YEARS Collega (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Malden Surnama) JENNIE KUCHAREK MICHAEL WIELEPSKI 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stete, Zip Coda) 6701½ BESSEMER AVENUE BALTO. MD. 21222 MS. JENNIE SIDOR 20a. Mathod of Disposition

A Burial 2 □ Cramation 3 □ Ramoval from Stata 20b. Placa of Disposition (Nama of camatary, crametory or othar placa) Data 20c. Location - City or Town, State STANISLAUS CEMETERY10-16 BALTO. MD. 4 ☐ Donation 5 ☐ Othar (Spacify) 22. Name end Addrass of Facility
KACZOROWSKI FUNERAL HOME ne of Funeral Service Licenses 1201 DUNDALK AVE. BALTO. MD. Ru 21222 23a. Part1. Entar tha diseasa, or complications that causad tha daath. Do not antar tha moda of dying, such as cardiec or raspiratory arrast, shock, or heer failura. List only ona causa of each line. Approximata intervel Between Onset and Daath Immadiata Causa (Final diseesa or condition rasulting in deeth) HILLOM AMYLOFDOSES Due to (or as a consequanca of): Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury thet initiated events rasulting in deeth) Last Dua to (or as a consequence of): Dua to (or as a consequenca of): Part II. Other eignificant conditions contributing to death but not rasulting in the undarlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings aveileble prior to complation of causa of death? 24a. Wes an autopsy performed? 1 Yas 255 No 1 ☐ Yes 2 Z No 25. Wes casa rafarrad to medical 26. Placa of Deeth (Chack only ona) Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 □ ER/Outpetient 3 □ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Sulcida 6 Could not be datarmined 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida

The law requires that the death certificate be executed physician and stha burial-trans Box 68760, for signed by the a P.O. Records, paga 2 s this cartificate Division of Vital Physician: s ofter death.
I Director: After t
ed in by the funar.

Physician/Medical Examiner þ Completed 86 Certification: To

29a, Cartifiar

31. Data filed (Month, Day Year) 0CT 2 4 1996

Physician

/Medical

Examiner

10a. Stata

Funeral

Director

28a-f show

Director

Funeral

by

Completed

Item 27 is marked other than "natural", or itams 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

al Hygiana.

Department. Pages 1 and 2 should be file.
Department of Heelth and Manial Hyp.
Important: If them 2.7 is marked any injury or other to once.

Physician /Medical

Examiner

tha Maryland

Baltimore, Maryland 21215-0020

To the Hospital of within 24 hours of To the Funeral Completaly filled Medical State Registrar

Tell Certifying Phyeician: To tha best of my knowledga, daath occurred at tha tima, deta and piaca, and dua to tha cause(s) and mannar as stated.

2 Medical Examinar: On tha basis of examination and/or invastigation, in my opinion, death occurred at the time, dete end pieca, and dua to the cause(s) end manner steted. (Check only one) 29b. Signeture end title of certifiar Clean MD

29c. Licensa number

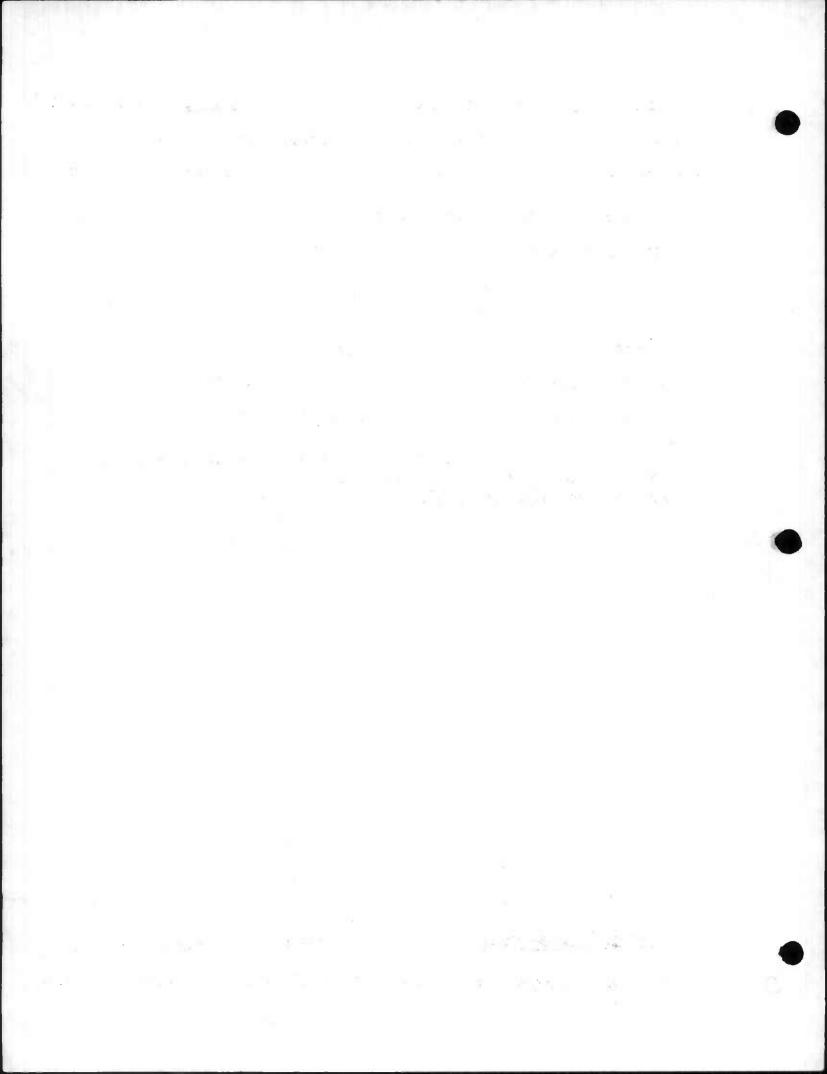
29d. Data signed (Month, Day, Year)

M7387 OCTOBER 14, 1996

30. Nama and address of person who complated cause of death (Itam 23e) (Type, Print)

600 WOLFE ST. DR_ EMIL HATEK MD NORTH

BALTIMORE, MARYLAND



Items7,14 11-18-96 FilmG741 W.H.Per F/H Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

	5	100	0.1	-	-	0
e	6	(m)	31	U	1	4
	~	U	VI	1	6	1

Physician //Medical Examiner 1.5 in according to them 238 or 284-4 show the first of them 238 or 284-4 show the first of them 238 or 284-4 show the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of them 1.5 in according to the first of the first of the first of them 1.5 in according to the first of the first	July 62 6787 July 18 July 18 July 18 July 18 July 18 July 18 July 19	Diane Nursing Sex 1 M 2 K F T. Age 12. Wes Decedent E Armed Forces? 1 Yes, Giva Yes, Giva Collega (1-4or 54) (Type, Print) daughter Removel from State iffy)	e (In yrs. lest in 42 43 10c. City, To Ever in U,S. lo 16 20b. Pleca cemer Green	birthdey) If Un Month In	der 1 Year hs Deys Zip Code cedent of I pecify Cub s 2 No sual Occup work done r use retire ption ers (Street crema) vema of crema end Addre	Randalls 21133 Hispenic Origin? (: ben, Mexicen, Puer Specify: pation during most of world) iist 18. Mother'a Ne Heler tend Number or Re y Ct., Ow	imore 8. Dete of B. (Month, L. Nov.) Nov. Specify Yes or Noto Ricen, etc.) wrking ma (First, Middle Numeral Rout	Deer 2] th 4c inth ey, Year, 13, 1 10g. Cli Un o- 16b. K Off Urb oe, Maiden	izen of Whited 14. Race - Bleck, Specify: lind of Bushice / an Se Surname)	yeer 96 I Deeth N/A B. Birthplace Country) Mary 10d. In 1 11d. In 1 11d. In 1 12d. In 1 12d. In 1 13d. In 1 14d. In 1 15d.	inside City Lim I Yes 200 S Indien, Black F S T S T S T S T S T S T S T S T S T S			
Medical Examiner Tuneral Tun	e. Fecility Neme (If not institution, g Villa St. Micha Sociel Security Number 214626787 Suel Rasidenca of Decedent 0e. Stete 10b. County Maryland Baltimo 0e. Street end Number 9 Aldersgate Cf 1. Marital Status 1 Never Married 2 Married 3 Widowed 4 Noivored (Specify only highest g Elamantary/Secondery (0-12) 10 7. Fether's Neme (First, Middle, Las John H. 9e. Informent's Name/Reletionship Monique Smith / 0e. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Special Specia	inve street end number) Rel Nursing Sex 1 M 2 M F Ore 12. Wes Decedent E Armed Forces? 1 M 2 M N N N N N N N N N N N N N N N N N	e (In yrs. lest in 42 43 10c. City, To Ever in U,S. lo 16 20b. Pleca cemer Green	birthdey) Yrs. 10f. 13. Was De If Yes, s 1 Yes 10 Non Rece Smith 9b. Meiling Addre 18 Ambe 18 Ambe 18 Ambe 18 Ambe 18 Ambe 22. Name CAFA 8717	der 1 Year hs Deys Zip Code cedent of I pecify Cub s 2 No sual Occup work done r use retire ption ers (Street crema) vema of crema end Addre	Balt If Under 24 Hr. Hours Min Randalls 21133 Hispenic Origin? (3 ben, Mexicen, Pual Specify: pation during most of world) 18. Mother's Ne Heler tend Number or Fl y Ct., Ow	Octobe Location of Deciloration of Deciloration of Deciloration of Deciloration of Deciloration of Deciloration of B. B. Dete of B. B. Dete of B. Month, L. Nov. Specify Yes or N. To Ricen, etc.) Trking ma (First, Middle Numeral Route Num	th 4cd th	County of County of County of Survey of Whited 14. Race Bleck, Specify: Control of Business of Town, St. MD. Cocation - Circumstance of County of	96 N/A 9. Birthplace Country/ Mary1 10d. In 11 11 11 12 12 13 14 15 16 16 16 17 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Sendien, Black State or Fore State or Fore Control State or Fore Control State or Fore St			
Examiner 46. Solution of the management of the	Villa St. Micha Sociel Security Number 214 62 678 7 Suel Rasidenca of Decedent Oe. Stete 10b. County Maryland Baltime Oe. Street end Number 9 Aldersgate Cf. 1. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's 8 (Specify only highest g. Elamantary/Secondery (0-12) 10 7. Fether's Neme (First, Middle, Las John H. 9e. Informent's Name/Reletionship Monique Smith / Oe. Method of Disposition 1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 5 Cother (Special Sp	inve street end number) Rel Nursing Sex 1 M 2 M F Ore 12. Wes Decedent E Armed Forces? 1 M 2 M N N N N N N N N N N N N N N N N N	e (In yrs. lest in 42 43 10c. City, To Ever in U,S. lo 16 20b. Pleca cemer Green	birthdey) Yrs. 10f. 13. Was De If Yes, s 1 Yes 10 Non Rece Smith 9b. Meiling Addre 18 Ambe 18 Ambe 18 Ambe 18 Ambe 18 Ambe 22. Name CAFA 8717	der 1 Year hs Deys Zip Code cedent of I pecify Cub s 2 No sual Occup work done r use retire ption ers (Street crema) vema of crema end Addre	Balt If Under 24 Hr. Hours Min Randalls 21133 Hispenic Origin? (3 ben, Mexicen, Pual Specify: pation during most of world) 18. Mother's Ne Heler tend Number or Fl y Ct., Ow	imore 8. Dete of B. (Month, E. Nov.) Specify Yes or Noto Ricen, etc.) wrking ma (First, Middle Numeral Route N	th 4c inth ey, Year) 13, 1 10g. Cit Un o- 16b. K Off Urb oe, Maiden	. County of 952 14. Race Bleck, Specify: Ind of Busilice / an Se 9 Surname) or Town, St MD ocation - Ci	N/A 9. Birthplace Country Mary 10d. in 1 10d. in 1 10d. in 1 10d. in 1 Inet Country? States Americen in White, etc. White Inass/Industry Prices Hamili Intete, Zip Cod 2111	Sendien, Black State or Fore State or Fore Control State or Fore Control State or Fore St			
The control of the co	Villa St. Micha Sociel Security Number 214 62 678 7 Suel Rasidenca of Decedent Oe. Stete 10b. County Maryland Baltime Oe. Street end Number 9 Aldersgate Cf. 1. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's 8 (Specify only highest g. Elamantary/Secondery (0-12) 10 7. Fether's Neme (First, Middle, Las John H. 9e. Informent's Name/Reletionship Monique Smith / Oe. Method of Disposition 1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 3 (1 Burial 2 Cremation 5 Cother (Special Sp	Acel Nursing Sex 1 M 2 M F Ore 12. Wes Decedent E Armed Forces? 1 M 2 M F If Yes, Giva Yeer or Detes: Education rade completed) Collega (1-4or 54) (Type, Print) daughter Denote the control of t	e (In yrs. lest in 42 43 10c. City, To Ever in U,S. lo 16 20b. Pleca cemer Green	birthdey) If Un Month In	Zip Code Zip Code Codent of It pecify Cub 2 No Sual Occup Work done T use retire Ption ess (Street Princh ple Crema end Addre	Balt If Under 24 Hr. Hours Min Randalls 21133 Hispenic Origin? (3 ben, Mexicen, Pual Specify: pation during most of world) 18. Mother's Ne Heler tend Number or Fl y Ct., Ow	imore 8. Dete of B. (Month, L. Nov.) Nov. Specify Yes or Noto Ricen, etc.) wrking ma (First, Middle Numeral Rout	10g. Cli Un 16b. K Off Urb ber, City of 11s,	952 ited 14. Race Bleck, Specify: ind of Busilice / an See Surname) or Town, St MD	N/A 9. Birthplace Country) Mary 10d. In 11 11 11 12 12 13 14 15 16 16 16 17 16 17 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	inside City Lin Inside City Li			
The control of the co	Social Security Number 214626787 Jauel Rasidenca of Decedent 0e. State 10b. County Maryland Baltime 0e. Street and Number 9 Aldersgate Ct 1. Marital Status 1 Never Married 2 Married 3 Widowed 4 Wivorced 15. Decedent's E (Specify only highest g) Elamantary/Secondery (0-12) 10 7. Fether's Neme (First, Middle, Las John H. 9e. Informent's Name/Relationship Monique Smith / 0e. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Special States) 1. Signature of First States of Conshock, or heart feilure. List only mediate Ceuse (Finel	Tore 12. Wes Decedent E Armed Forces? 1	e (In yrs. lest in 42 43 10c. City, To Ever in U,S. lo 16 20b. Pleca cemer Green	birthdey) If Un Month In	Zip Code Zip Code Codent of It pecify Cub 2 No Sual Occup Work done T use retire Ption ess (Street Princh ple Crema end Addre	Randalls 21133 Hispenic Origin? (: ben, Mexicen, Puer Specify: pation during most of world) iist 18. Mother'a Ne Heler tend Number or Re y Ct., Ow	8. Dete of B. (Month, E. NOV • Specify Yes or N to Ricen, etc.) rking ma (First, Middle outer Route Numerical Route	10g. Cli Un o- 16b. K Off Urb e, Maiden	izen of Whited 14. Race Bleck, Specify: Ind of Buslice / an Se Surname) or Town, St MD	9. Birthplace Country) Mary 10d. is 1 1 10d. is 1 10d. is 1 10d. is 1 10d. is 1 10d. is 1 10d.	inside City Lim I Yes 200 S Indien, Black F S T T T T T T T T T T T T T T T T T T			
The state of the s	Justine Residence of Decedent Justine Residence of Decedent Justine Residence of Decedent Justine Residence of Decedent Justine Residence of Decedent Justine Residence of Decedent Justine Residence of Decedent Justine Residence Ct Justine Residence Justine Residence Ct Justine Residence Ct Justine Residence Justine Residence Ct Justine Residence J	1 M 2 M F ore 12. Wes Decedent E Armed Forces? 1	10c. City, To 10c. City, To 20b. Pleca cemer 11c. City, To	own or Location 10f. 13. Was Defit Yes, s 1 Yes Se. Decedent's U (Give kind of life, DO NOT) Rece Smith 9b. Meiling Addre 18 Ambe of Disposition (Not) fery, crametory on Mount 22. Name CAFA 8717	Zip Code Zip Code Codent of It pecify Cub 2 No Sual Occup Work done T use retire Ption ess (Street Princh ple Crema end Addre	Randalls 21133 Hispenic Origin? (Seen, Mexicen, Puer Specify: pation during most of world) ist 18. Mother's Ne Heler tend Number or Re y Ct., Owner atory //	(Month, E NOV.	10g. Cli Un o- 16b. K Off Urb e, Maiden	izen of Whited 14. Race Bleck, Specify: Ind of Buslice / an Se Surname) or Town, St MD	net Country? States - American in White, etc White country? Prvices Hamila tete, Zip Cod 2111	land Inside City Lin I Yes 200 S Indien, Black Black T S S S S S S S S S S S S S S S S S S			
montant: if fem 27 is marked other than "naturel", or items 23s or 28s-4 she are traumatic event, the Mexical Emerical must be notified a price. To Be Completed by Funeral Director.	Maryland Baltime Oe. Street end Number 9 Aldersgate Ct 1. Marital Status 1 Never Married 2 Married 3 Widowed 4 Molvorced 15. Decedent's E (Specify only highest of Elamantary/Secondery (0-12) 10 7. Fether's Neme (First, Middle, Las John H. 9e. Informent's Name/Reletionship Monique Smith / Oe. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Special States) 1. States of the disease, of corshock, or heert feilure. List only mediate Ceuse (Finel)	12. Wes Decedent E Armed Forces? 1 Yes 2 N If Yes, Giva Yeer or Detes: Education rade completed) Collega (1-4or 5-1) (Type, Print) daughter Removel from State with the course of the course o	20b. Pleca cemei Green	13. Was Defit Yes, s 1 Yes Se. Decedent's U (Give kind of life. DO NOT Rece Smith Sb. Meiling Addre 18 Ambe of Disposition (Notery, crametory of Mount 22. Name CAFA 8717	Zip Code cedent of I pecify Cub 2 No sual Occup work done Tuse retire ption ess (Street crlady Name of or other pie Crema end Addre	21133 Hispenic Origin? (Seen, Mexicen, Pual Specify: pation during most of world) 18. Mother's Ne Heler tend Number or Fly Ct., Owner atory //	Specify Yes or Note Ricen, etc.) rking ma (First, Middle) urel Route Num.	Un 16b. K Off Urb Anider Der, City (115, 120). Left	ited 14. Race - Bleck, Specify: Ind of Busilice / an Se Surmame) or Town, St MD occation - Cid	net Country? States - Americen in White, etc. White Inass/Industry Ervices Hamilt tete, Zip Cod 2111	Sendien, Black ton (a)			
my injury or other traumetic event, the Medical Evantine must be my injury or other traumetic event, the Medical Evantine must be completed by Funeral II.	Oe. Street end Number 9 Aldersgate Ct 1. Marital Status 1 Never Married 2 Married 3 Widowed 4 Novorced 15. Decedent's E (Specity only highest g Elamantary/Secondery (0-12) 10 7. Fether's Neme (First, Middle, Las John H. 9e. Informent's Name/Reletionship Monique Smith / 0e. Method of Disposition 1 Burial 2 Cremation 3 (4 Donetion 5 Other (Special Seconder)) 1. Squature of Funeral Sendee Los 23a. Pert1. Enter the disease, of corshock, or heert feilure. List only	12. Wes Decedent E Armed Forces? 1 Yes 2 N If Yes, Giva Yeer or Detes: Education rade completed) Collega (1-4or 5-1) (Type, Print) daughter Removel from State with the course of the course o	20b. Pleca cemei Greer	13. Was Defi Yes, s 1 Yes Se. Decedent's U (Give kind of life, DO NOT) RECE Smith 9b. Meiling Addre 18 Ambe of Disposition (Not) fery, crametory of Mount 22. Name CAFA 8717	Zip Code cedent of I pecify Cub 2 No sual Occup work done Tuse retire ption ess (Street crlady Name of or other pie Crema end Addre	21133 Hispenic Origin? (Seen, Mexicen, Pual Specify: pation during most of world) 18. Mother's Ne Heler tend Number or Fly Ct., Owner atory //	Specify Yes or Note Ricen, etc.) rking ma (First, Middle) urel Route Num.	Un 16b. K Off Urb Anider Der, City (115, 120). Left	ited 14. Race - Bleck, Specify: Ind of Busilice / an Se Surmame) or Town, St MD occation - Cid	net Country? States - Americen in White, etc. White Inass/Industry Ervices Hamilt tete, Zip Cod 2111	Sendien, Black ton 7			
my injury or other traumetic event, the Medical Evantine must be my injury or other traumetic event, the Medical Evantine must be completed by Funeral II.	Oe. Street end Number 9 Aldersgate Ct 1. Marital Status 1 Never Married 2 Married 3 Widowed 4 Novorced 15. Decedent's E (Specity only highest g Elamantary/Secondery (0-12) 10 7. Fether's Neme (First, Middle, Las John H. 9e. Informent's Name/Reletionship Monique Smith / 0e. Method of Disposition 1 Burial 2 Cremation 3 (4 Donetion 5 Other (Special Seconder)) 1. Squature of Funeral Sendee Los 23a. Pert1. Enter the disease, of corshock, or heert feilure. List only	12. Wes Decedent E Armed Forces? 1 Yes 2 N If Yes, Giva Yeer or Detes: Education rade completed) Collega (1-4or 5-1) (Type, Print) daughter Removel from State with the course of the course o	20b. Pleca cemei Greer	13. Was Defi Yes, s 1 Yes Se. Decedent's U (Give kind of life, DO NOT) RECE Smith 9b. Meiling Addre 18 Ambe of Disposition (Not) fery, crametory of Mount 22. Name CAFA 8717	Zip Code cedent of I pecify Cub 2 No sual Occup work done Tuse retire ption ess (Street crlady Name of or other pie Crema end Addre	21133 Hispenic Origin? (Seen, Mexicen, Pual Specify: pation during most of world) 18. Mother's Ne Heler tend Number or Fly Ct., Owner atory //	Specify Yes or Note Ricen, etc.) rking ma (First, Middle) urel Route Num.	Un 16b. K Off Urb Anider Der, City (115, 120). Left	ited 14. Race - Bleck, Specify: Ind of Busilice / an Se Surmame) or Town, St MD occation - Cid	States - Americen in White, etc. White Inass/Industry Prvices Hamilt Itete, Zip Cod 2111	s ndien, Black te y s ton			
my injury or other traumetic event, the Medical Evantine must be my injury or other traumetic event, the Medical Evantine must be completed by Funeral II.	9 Aldersgate Cf 1. Marital Status 1 Never Married 2 Married 3 Widowed 4 Notorced 15. Decedent's E (Specify only highest g. Elamantary/Secondery (0-12) 10 7. Fether's Neme (First, Middle, Last John H. 9e. Informent's Name/Reletionship Monique Smith / 0e. Method of Disposition 1 Burial 2 Cremation 3 I 4 Donetion 5 Other (Special States) 1. Signature of Funeral Service Lost 23a. Pert1. Enter the disease, of corshock, or heert feilure. List only	12. Wes Decedent E Armed Forces? 1	20b. Pleca cemei Greer	13. Was Defi Yes, s 1 Yes Se. Decedent's U (Give kind of life, DO NOT) RECE Smith 9b. Meiling Addre 18 Ambe of Disposition (Not) fery, crametory of Mount 22. Name CAFA 8717	scedent of Inpectify Cubic 2 No. No. Issual Occupant of Company of Company Company (Street Price	Hispenic Origin? (: see, Mexicen, Pual Specify: pation during most of we did) 11St 18. Mother'a Ne Heler tend Number or A y Ct., Ow acc)	rking ma (First, Middl urel Route Num	Un o- 16b. K Off Urb e, Maiden ber, City (115,) 20c. L(10)	ited 14. Race - Bleck, Specify: Ind of Busilice / an Se Surmame) or Town, St MD occation - Cid	States American in White, etc. White Inass/Industry Ervices Hamila tete, Zip Cod 2111	s midien, Black to ston			
Important: If liem 27 is merked other than "nature of the than "na	1. Marital Status 1 Never Married 2 Married 3 Widowed 4 Novorced 15. Decedent's E (Specify only highest g) Elamantary/Secondery (0-12) 10 7. Fether's Neme (First, Middle, Las John H. 9e. Informent's Name/Reletionship Monique Smith / 0e. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Special Secondery) 1. Seconder of Seconder (Special Seconder) 23a. Pert 1. Enter the disease, of conshock, or heert feilure. List only	12. Wes Decedent E Armed Forces? 1	20b. Pleca cemei Greer	se. Decedent's U (Give kind of life. DO NOI Rece Smith Sh. Melling Addre 18 Ambe of Disposition (N fery, crametory of Mount 22. Name CAFA 8717	s 2 No Sual Occup work done Tuse retire Ption ess (Street rlady Name of or other pie Crema end Addre	Hispenic Origin? (: see, Mexicen, Pual Specify: pation during most of we did) 11St 18. Mother'a Ne Heler tend Number or A y Ct., Ow acc)	rking ma (First, Middl urel Route Num	16b. K Off Urb Der, City of 11s,	14. Race Bleck, Specify: Ind of Busilice / an Se Sumame) or Town, St MD occation - Circle	- Americen ir White, etc. White Inass/Industrices Prvices Hamilitete, Zip Cod 2111	ndien, Black te y S ton			
Important: If liem 27 is merked other than "nature of the than "na	1 Never Married 2 Married 3 Widowed 4 Novorced 15. Decedent's (Specify only highest green for the first, Middle, Last John H. 9e. Informent's Name/Reletionship Monique Smith / Oe. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Special Special	Armed Forces? 1 Yes 2 No. If Yes, Giva. Yeer or Detes: Education rade completed) Collega (1-4or 54) (Type, Print) daughter Presented of the control	20b. Pleca cemei Greer	se. Decedent's U (Give kind of life. DO NOI Rece Smith Sh. Melling Addre 18 Ambe of Disposition (N fery, crametory of Mount 22. Name CAFA 8717	s 2 No Sual Occup work done Tuse retire Ption ess (Street rlady Name of or other pie Crema end Addre	pation during most of we start of we start of we start of we start of the start of	rking ma (First, Middl urel Route Num	16b. K Off Urb ber, City of 11s,	Bleck, Specify: Ind of Businice / an Se Surname) or Town, St MD coation - Circle	white, etc. white whi	Black to s ton 7			
The company of the co	(Specify only highest given the content of the cont	(Type, Print) daughter Removel from State iffy)	20b. Pleca cemei Green	Give kind of life. DO NOT RECE Smith So. Melling Address Ambe of Disposition (Noter), crametory of Mount 22. Name CAFA 8717	work done fruse retire ption ess (Street erlad) Name of or other pie Crema	iduning most of wood) iist 18. Mother'a Ne Heler tend Number or A / Ct., Ow ace)	ma (First, Middle L urel Route Num,	Off Urb o, Maiden ber, City o 11s,	ice / an Se Sumame) or Town, St MD ocation - Ci	ervices Hamilt tete, Zip Cod 2111 ity or Town, s	ton			
The company of the co	Elamantary/Secondery (0-12) 10 7. Fether's Neme (First, Middle, Las John H. 9e. Informent's Name/Reletionship Monique Smith / 0e. Method of Disposition 1	Collega (1-4or 54 st) (Type, Print) daughter Removel from State sify)	20b. Pleca cemei Green	Rece Smith Sh. Melling Addre 18 Ambe of Disposition (Noter), crametory of Mount 22. Name CAFA 8717	ess (Street rlady Neme of or other ple Crema	18. Mothera Ne Heler tend Number or A Ct., Ow ace)	ma (First, Middle L urel Route Num,	Urb o, Maiden ber, City (115,	an Se Surname) or Town, St MD ocation - Ci	Hamilton Code 2111°	ton (a)			
17. The state of t	7. Fether's Neme (First, Middle, Las John H. 9e. Informent's Name/Reletionship Monique Smith / 0e. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Special Section Section Section Section Sec	(Type, Print) daughter Removel from State iffy) Topicellons thet caused to	20b. Pleca cemei Green	Smith 9b. Meiling Addre 18 Ambe of Disposition (Alery, crametory of Mount 22. Name CAFA 8717	ess (Street rlady Neme of or other pie Crema	18. Mother's Ne Heler tend Number or R Y Ct., Ow see)	urel Route Num	ber, City o	or Town, St MD	Hamilt tete, Zip Cod 2111° ity or Town, S	ton (a)			
17. The state of t	7. Fether's Neme (First, Middle, Las John H. 9e. Informent's Name/Reletionship Monique Smith / 0e. Method of Disposition 1 Burlat 27 Cremation 3 4 Donetion 5 Other (Special Sections of Section	(Type, Print) daughter Removel from State if ty) The policial of the state of the	20b. Pleca cemei Green	Smith 9b. Meiling Addre 18 Ambe of Disposition (Alery, crametory of Mount 22. Name CAFA 8717	ess (Street rlady Neme of or other pie Crema	18. Mother's Ne Heler tend Number or R y Ct., Ow see)	urel Route Num	115,	or Town, St MD ocation - Ci	Hamilt tete, Zip Cod 2111 Ity or Town, S	7			
204 204 204 204 205 205 206 207 207 208 208 208 208 208 208 208 208 208 208	John H. 9e. Informent's Name/Reletionship Monique Smith / 0e. Method of Disposition 1	(Type, Print) daughter Removel from State if ty) The policial of the state of the	20b. Pleca cemei Green	9b. Meiling Address 18 Ambe of Disposition (Nerry, crametory of Mount 22. Name CAFA 8717	verlady Neme of or other pie Crema	Heler tend Number or R Ct., Ow acce)	urel Route Num	115,	or Town, St MD ocation - Ci	Hamilt tete, Zip Cod 2111 Ity or Town, S	7			
204 204 204 204 205 205 206 207 207 208 208 208 208 208 208 208 208 208 208	9e. Informent's Name/Reletionship Monique Smith / De. Method of Disposition 1	daughter Removel from State sifty) Removel from State sifty)	20b. Pleca cemei Green	9b. Meiling Address 18 Ambe of Disposition (Nerry, crametory of Mount 22. Name CAFA 8717	verlady Neme of or other pie Crema	tend Number or A Y Ct., Owned	urel Route Num	11S,	or Town, St MD	tete, Zip Cod 2111 ity or Town, S	7			
204 204 204 204 205 205 206 207 207 208 208 208 208 208 208 208 208 208 208	Monique Smith / De. Method of Disposition 1 Burial 2 Cremation 3 I 4 Donetion 5 Other (Special Sendre Los Special Sendre of Funeral Sendre Los Shock, or heert feiture. List only	daughter Removel from State sifty) Removel from State sifty)	20b. Pleca cemei Green	18 Ambe of Disposition (Ambery, crametory of Mount 22. Name CAFA 8717	verlady Neme of or other pie Crema	ct., Own		11S,	MD ocation - Ci	2111° ity or Town,	7			
204 204 204 204 205 205 206 207 207 208 208 208 208 208 208 208 208 208 208	Oe. Method of Disposition 1	Removel from State	Green	of Disposition (Atery, crametory of Mount 22. Name CAFA 8717	Verne of or other ple	atory /	ings Mi 24/96	20c. L	ocation - Ci	ity or Town,				
rsician ledical Im dis aminer ras	1 Burial 2 Cremation 3 if 4 Donetion 5 Other (Special Senature at Funeral Sende Loss) 23a. Pert 1. Enter the disease, of conshock, or heert feilure. List only	ensee	Green	n Mount 22. Name CAFA 8717	crema crema end Addre	atory /	/24/96				State			
rsician ledical Im dis aminer ras	4 Donetion 5 Other (Special Sende Los 11. Senature at Funeral Sende Los 23a. Pert 1. Enter the disease, of con- shock, or heert feilure. List only	ensee	Green	Mount CAFA 8717	Crema	atory /	124/96	В	altim	oro A				
rsician ledical Im dis aminer ras	23a. Pert1. Enter the disease, of cor shock, or heart feilure. List only	bhuam hplicetions thet ceused t	the deeth. Do	22. Name CAFA 8717	end Addre									
rsician ledical Im dis aminer ras	23a. Pert1. Enter the disease, of cor shock, or heert feilure. List only mmediate Ceuse (Finel	phinam mplicetions that caused t	the deeth. De	CAFA 8717	21. Squature of Funeral Service Coarse 22. Name end Address of Fecility CAFA Stephen D. Lo									
rsician ledical Im dis aminer ras	mmediate Ceuse (Fine)	pplicetions thet ceused t y one ceuse on each line	the deeth. Do	8717			hrmann	D A						
	sequentially list conditions, eny, leeding to immadiate ause. Enter Underlying leuse (Disease or Injury tet initiated events	c	Due to (or es	a consequence o	of):	7								
E e e	resulting in deeth) Lest d.													
etacher etacher	Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.							Yes 2		Probably				
page 2 should be d								en autor	psy	24b. Wera ar aveilabl complet	utopay findin la prior to tion of couse			
mp mp									,	of death	1?			
Page Com							10	Yes 2	No	1 🗆 Yes	s 2 No			
5 0 25.	5. Wes cese raferred to medical examiner?					28. Place of De	ath (Check only	one)						
To To	1 Yes 2 No	Hospitel: 1 Inpatient	t 2 ER/C	Outpetient 3 1	DOA Oth	her: 4 Detursing I	lome 5 ☐ Res	idence	8 DOther	(Specify)				
5 7	7. Menner of Deeth	28e. Date of Injury (Month, Dey		. Time of			28d. Describe							
After the funeral funeral funeral 27.	1 Naturel 5 Pending		Year)	Injury M	28c. Inju	rk? IYes 2 □ No								
8.5	2 Accident 3 Suicide 4 Homicida	00 - 51	ry - At home, (Specify)			100, 2010	28f. Location City or To	Street en wn, Stete	d Number	or Rural Rou	ite Number,			
edical	9a. Cartifler 1 Certifying Pl (Check only one) 1 Medical Example	hyalcian: To the best of miner: On the basis of e and menner stete	e noitenimexe	ge, death occurre and/or investigetion	ed et the tir on, in my o	me, data and plece opinion, deeth occu	, and due to tha irred et the time	cause(s) dete and	end mann plece, and	nar as atated. d due to the	ceuse(s)			
29t	b. Signeture from the of certifier	-//			29c. Licens					Month, Dey,				
0 1	11110000	26		N .	100	872 Hey		0	41					
4/	181110 0 1110)/ 1			/ III	00/20	25				
30.	maior	000		- 6	1/3			UC		700 1	1796			

:= \$\$ (VAT: =

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Death **Physician** HET.EN A SMITH OCTOBER 15 1996 11:20am /Medical 4e. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE Hours Min. 8. Dete of Birth Month, Day, Year 23, 1923, If Under 1 Yeer Months Devs 5. Social Security Number 7. Age (In yrs. last birthdey) 6 Sex 9. Birthplace (State or Foreign **Funeral** Deys 1 M 2 F Baltimore, Md. 72 217-12-6178 Director Usual Residence of Decedent death with the Maryland 10b. County 10c. City. Town or Location "natural", or items 23a or 28a-f show 10d. Inaide City Limits 1 ☐ Yes 2 No Baltimore Co. Phoenix Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2426 Stanwick Road 21131 United States 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 🏖 No
if Yes, Give
Yeer or Detes: 11 Marital Status 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Raca - American Indian Bieck, White, etc. filed within 72 hours after Hygiene. 1 Never Merried 2 Married 1□ Yes 2□ No Specify: Specify: Aq. 3 □Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) then Coilege (1-4or 5+) Elementery/Secondary (0-12) Maryland Institue of Art Teacher other permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy
Important: If then 27 is marked oth
any injury or other traumatic event 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Victor Hydock Anna Levonas 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City of Town, Stete, Zip Code) 2426 Stanwick Road Phoenix, Maryland 21131 Nancy S. Jarvis (Daughter) 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 15 Buriel 2 Cremetion 3 Removel from Stete Most Holy Redeemer Cem. 10/19/96 Baltimore City, Md. 4 ☐ Donetlon 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Jeffrey L. Gair Ruck Towson Funeral Home, Inc. Fair d the deeth. Do not enter the mode of dylng, such as cardiac or respiretory errest, 23e. Perty Enler the disease, or ahock, or heen feilure. List Approximate Interval Between Onset and Death Physician /Medical Immediete Ceuse (Finei diseese or condition resulting in death) Examine Examine The lew requires that the death certificate be executed Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Ceuse (Disease or injury attending physician and for use as the burial-tran Box 68760. Physician/Medical thet initieted events resulting in deeth) Last Due to (or as e consequence of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown Division of Vital Records, g 24b. Were autopsy findings aveilable prior to completion of ceuse of death? Completed 24a. Wes an autopsy performed? Deen hes page 10 No †□ Yes 1 ☐ Yes 2 ☐ No certificate Physician: 25. Was cese referred to medical examiner? Be 28. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth 28a. Dete of injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: Ather Attending 5 Pending investigation death. 1 Yes 2 No 2 Accident **actor**: 6 Could not be 3 ☐ Suicide 28e. Pieca of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) sher 4 ☐ Homicide b 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end manner as steled.
2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) end menner stated. edical 29e. Certifier (Check only one) 29b. Signature and title 29c. License number 29d. Date signed (Month, Day, Year) 32. Registrer's Signeture State Registrar

DHMH 16 Rev 6/95

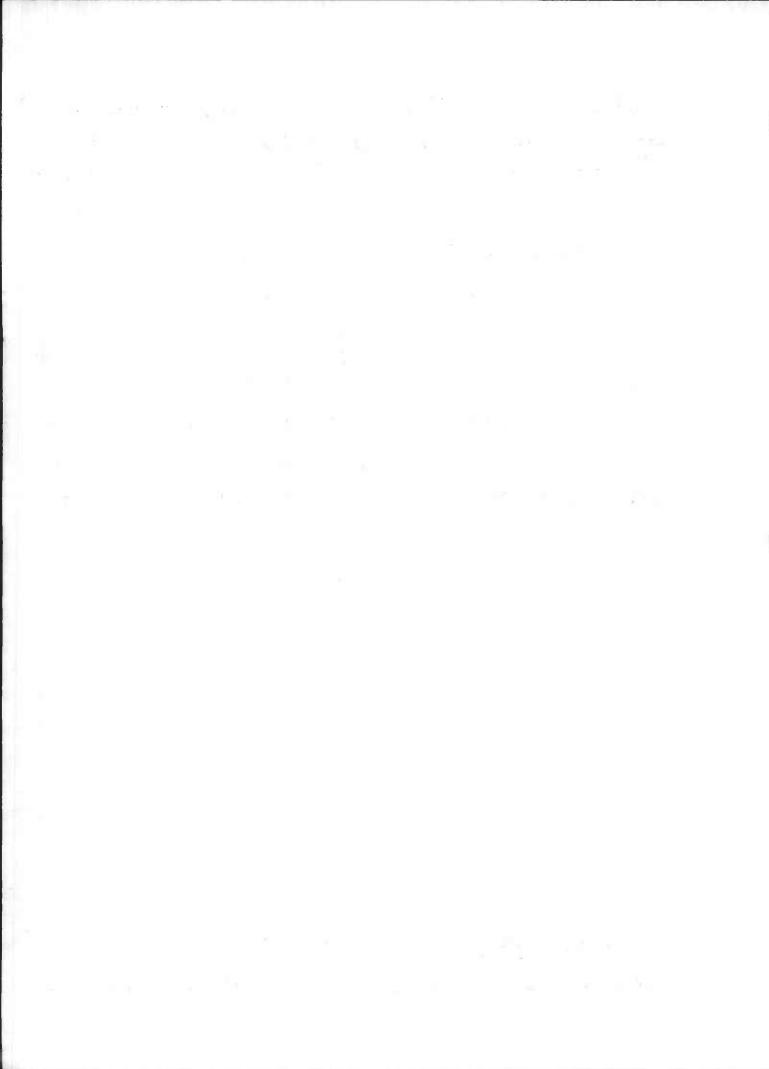
					State	n wary		-			Death	ang N	Mental Hy	gierie	10	31931	
	Physic /Medi		Decedent's Neme (First, Midd David	le, Last)			TYREE						2. Dete of Dec Month October	Dey Year			
	Exami		4e. Fecility Neme (If not Institution Franklin Square				er	4b. City, Town, or Locat Rossvil					4c. Count	y of Deeth			
	Funeral Director		5. Sociei Security Number 212–52–9657 Usuei Residence of Decedent	6. Sex		7. Age (In	yrs. last birth	dey)	If Under Months	1 Yeer Deya	If Under : Hours		8. Dete of Birt (Month, De) Jan. 27	h y, Year)	9. Birthy	pieca (Stete or Foreign ntry) Land	
	Maryland a-f ahow iffed at	tor	10a. State 10b. County Maryland Balti		•		10c. City, Town or Location Essex							10d. inside City Limits 1 ☐ Yes 2 ☑ No			
	star death with the Maryland or items 23s or 28s-f show triinst must be notified at	ral Director	10e. Street end Number 643 Rockaway E	each	Aven	ue			10f. Zip	Code 221				10g. Citizen of What Country? U.S.A.			
0000	or the	by Funeral	11. Meritei Stetus 1 Never Merried 2 Mai 3 Widowed 4 Divorce	ried	2. Wes Dec Armed Fo 1 Yes If Yes, Gi Yeer or D	orces? 2 X No ve	in U,S.		es Deced Yes, spec		ispenic Orig n, Mexican Specify:	gin? (Sp , Puerto	ecify Yes or No Rican, etc.)	14. Re Bie Speci	Reca - American indian, Bleck, White, etc. ecity: White		
1215-0	within 72 houn ene. than "natural" the Medical Ex	Completed	15. Deceder (Specify only highs Eiementery/Secondery (0-12)	nt's Educ est grade	ation completed) College (1-4or 5+)	(Give ki life. DC	O NOT us	rk done d se retired	during most	t of work	ding		Kind ot Business/Industry		
Maryland 21215-0020	tal Hyg d other event, j	To Be Cor	17. Father's Neme (First, Middle Richard Tyree	•				5	urve	yor			e (First, Middle, y Selway	Meiden Sume	neering Company		
, Mary	and 2 should alth and Man 27 is marks or traumatic		19e. informent'a Neme/Reletion Carolyn Tyree		re, Print)								aral Route Number, City or Town, Stete, Zip Code) Grove, California 91945				
imoye,	ment of He ant: If Nem ury or oth		20e. Method of Disposition 1 Duriel 2 Cremetion 4 Donetion 5 Other (5		movei from	Stete	b. Piece of the cemetery	creme	story or o	ther plec		10/2	Date 25/1996	20c. Location Baltir			
Bal	Department Important any injury once		21. Signator Junerel Service	License	yly	unt	-						al Home venue 1		Md. 2	21221	
	Physician /Medical Examiner		23a Fert1. Enter the disease, o shock, or heart tellure. Lis immediate Cause (Finel disease or condition resulting in death)			pleur	al efi	usi	lon	e of dyln	g, such ea	cardiec	or respiretory er	rest,	B	Approximate interval Between Onset and Death 8 days	
ox 68760,	P.O. BOX hat the death certi ed by the ettending detached for use a	In/Medical Examiner	Sequentially list conditions, if ony, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	6. c.		Due	o (or es e co rrhos: o (or es e co	is									
P.0		y Physician/M											the cause of death?				
Division of Vital Records,		Completed by					***				·			an autopsy med?	av co	ere autopsy findings ellebie prior to impletion of cause death?	
ital R	ician: The law certificate hes b rector, page 2 s	Be Con	25. Wes case reterred to medica	1				<u>.</u>			26. Piece	of Deet	1 □ Y	res 21 No	10	☐Yes 2☐No	
on of V	this ald	2	exeminer? 1 Yes 2 No 27. Menner of Death 1 Noture 5 Pendii	ng	28e. Dete		2 ER/Outp			8c. Injury Work	4 LI NUI		ome 5 Reaid 28d. Describe h			(y)	
Divisi	Hospital or Attending I 24 hours after death. Funeral Director: After stely filled in by the funer	Certification:	2 Accident Investi 3 Suicide 6 Could 4 Homicide determ	not be	28e. Piece buildi	of injury - / ng, etc. (Sp	At home, fern	n, atree					28f. Location (5 City or Tow		ber or Run	al Route Number,	
	To the Hospital within 24 hours a To the Funeral I	edical (29e. Certifier 1 ☐ Certifyir (Check only one) 1 ☐ Certifyir 2 ☐ Medicai	g Physic Examine	er: On the b	best of my asis of exan ner steted.	knowledge, onlinetion and/	deeth o	ccurred estigation,	at the tim in my op	e, dete end pinion, deet	d piece, h occur	and due to the d red et the time, d	cause(s) and m date end place,	anner as a and due to	tated. the cause(s)	
	To the To the Comple	Me	29b. Signeture and title of certifie **Ratorya		1	CE	ML)	29c. License number R D 2109					29d. Dete signed (Month, Day, Year) October 22,1996			
	10		30. Neme and eddress of parson	pleted cause of death (Item 23e) (Type, Print)							OCCODE: 22,1770						

Dr. Latonja Mack 9000 Franklin Square Dr. Baltimore, Maryland 21237

State Registrar 31. Dete filed (Month, Dey, Year) OCT 2 4 1996

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death **Physician** 0611 411 October 1996 /Medicai 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Mundar 24 Hrs. 8. Data of Birth GENERAL Hos PITAL K and 9. Birthpiaca (State or Foraign Country)
N. CAROLINA 5. Social Security Number 7. Aga (In yrs. last birthday) Sex 1 M 2 K **Funeral** , 1'903 Months Days 93 Director 246-10-3751 Yrs Usual Residence of Decedent 10a State 10b Counts 10c. City, Town or Location 10d. Insida City Limits MD BALTIMORE Yas 2 No Director n/a r 28a-f 2 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 the Medical Examiner must be 21201 501 FRANKLIN STREET UNITED STATES Herma 23a Funeral 12. Was Decedent Ever in U,S Armed Forces? 14. Raca - American Indian, Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Mexican, Puerto Rican, atc.) Black, Whita, etc. 72 hours after 1 ☐ Yas 2 ☐ No If Yes, Give X X Year or Datas: 1 ☑ Nevar Married 2 ☐ Married BLACK "natural", or Balfimore, Maryland 21215-0020 1 ☐ Yes 2X XIo Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 18b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiere. Important: if them 27 is marked other than 'n enty Injury or other trauments. Eiementary/Secondary (0-12) College (1-4or 5+) 6 th LABORER various trades 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Surnama) Be unknown unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) ROOSEVELT DAVENPORT 629 N. W ASHINGTON ST., BALTIMORE, MD#05 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, Stata 1 ☑ Kurial 2 ☐ Cramation 3 ☐ Removal from State 4 □ Donation 5 □ Othar (Specify) KING MEMORIAL PARK 10-25 RANDALLSTOWN, MD e of Funeral Service Licen 22. Nama and Address of Facility WM. C. MARCHFH.-1101 E. NORTH AVENUE Mesar 23a. Pert1. Enter the disease, or compitations that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrast, shock, or heart failure. List only one causa on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** attending physician and for use as the burial-transit law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in daath) Last Records, P.O. Box 68760, Obstructive hronic Physician/Medical Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 5 1 Yes 2 No 3 Probably 4 Unknown signed b þ 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed bdominal Aortic Aneurysm page 2 s 2 12 No 1 ☐ Yes 2 ☐ No certificate Vita Be 25. Was case referred to medical director 28. Placa of Death (Check only ona) examiner? Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Medical Certification: To 1 ☐ inpatient 2 DER/Outpatient 3 ☐ DOA 0 After this 27. Manyler of Death 28a. Dete of Injury (Month, Day Year) 28c. injury at Work? 28b. Time of 28d. Dascribe how Injury occurred 1 Natural 5 Pending invastigation 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) after 4 ☐ Homicide To the Hospital or within 24 hours at To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, daeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) la dei eddress of parson who completed cause of death (Item 23a) (Type, Print) to Mary land halodiyA,

Registrar



State of Maryland / Department of Health and Mental Hygiene

933 Certificate of Death 3. Time of Death

Physician	
/Medical	
Examiner	

1. Decedent's Name (First, Middle, Last) 2. Date of Death Month OCTOBER AMOS THREAT 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY

7. Aga (In yrs. last birthday)

79

AVENUE

Yrs

Year 22, 1996 9:20 PM 4c. County of Death

Funeral Director

death v

Baltimore, Maryland 21215-0020

Records, P.O. Box 68760. requires that the death certificate be

217-18-9644 Usuai Residence of Decedent 10b. County

5. Social Security Number

10c. City, Town or Location n/a

If Undar 1 Yaar If Under 24 Hrs.
Months Days Hours Min. 8. Date of Birth (Month, Dey, Year) SEPT.

9. Birthplace (Steta or Foreign 7 Country R G I N I A 1917

10d. Inside City Limits

XX 1 Yes 2 No

BLACK

MD

10a State 28a-f show the Medical Exansiner must be notified at Director 10e. Street and Number ò 1745 Items 23a Funeral should be filed within 72 hours efter on Mental Hygiene. Therked other than "natural", or Item þ

Completed

Be

LAFAYETTE

15. Decedent's Education (Specify only highast grade completed)

6. Sex

1 X X 2 D F

Was Dacedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, atc.)

UNITEDSTATES 14. Race - Amarican Indian, Black, White, etc.

10g. Citizen of What Country?

Specify:

1 Never Married 2 Married 3 X Widowed 4 □ Divorced

12. Was Decedent Ever In U.S. Armed Forcas? Tyes 2√ No tyes, Give Yaar or Dates:

1 ☐ Yas 2 ☐ NX 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementary/Secondary (0-12) th 6

College (1-4or 5+)

LABORER

BALTIMORE

10f. Zip Code

BETHLEHEM STEEL

17. Father's Name (First, Middle, Last)

DAVID THREAT unk.

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)

21213

19a. Informant's Neme/Relationship (Type, Print) PAUL RICE

20b. Placa of Disposition (Neme of cematary, cremetory or other piece)

N. ROGERS A VE., BALTIMORE, MD 21207

20a. Method of Disposition 1)□\Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Othar (Specify)

BALTIMORE

Date CEMETERY 10-26 BALTIMORE, MD

18. Mother's Name (First, Middla, Melden Sumema)

20c. Location - City or Town, State

21. Signature of Funerel Service License

22. Neme and Address of Facility

AVE. WM. C. MARCH F.H.-1101 E. NORTH 23a. Part1. Enter the disease, or complications that caused the daath. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one ceuse on each line.

Physician /Medical Examiner

4

be day

þ

Completed

Be

Certification: To

Medical

permit. Pages 1 and 2 should be file Department of Health and Mental Hyy Important: If Item 27 is marked othe, any Injury or other traumetic event, obtos.

Examiner Physician/Medical

Immediate Ceuse (Final disaasa or condition resulting in death)

sepsis

Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part 1.

Due to (or as e consequenca of):

Due to (or as a consequence of):

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last

28. Place of Death (Check only one)

23b. Did tobacco use contribute to the cause of death? 1⊠ Yee 2□ No 3□ Probably 4□ Unknown

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

1 Yas

1 □ Yas 2 □ No

Approximata Interval Batween Onset end Death

one day

25. Was case referred to medical examiner? 1 Yes 2 No

27. Manner of Death

4 Homicide

Hospital: 28e. Dete of Injury (Month, Dev Year)

1 ⊠Jnpatient 2 □ ER/Outpatient 3 □ DOA 28b. Time of 28c. Injury at Work?

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

5 Pending investigation 1 Natural 2 Accident 6 Could not be determined 3 Sulcide

1 ☐ Yes 2 ☐ No 28e. Piaca of Injury - At home, tarm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

2 ZNO

29a. Cartifian

Testifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner steted.

29b. Signature and title of certifier

29c. Licansa number

29d. Date signed (Month, Day, Year)

Sara Cosgnm H.D. 30. Name and eddress of person who completed cause of death (ttem 23e) (Type, Print)

RESODO

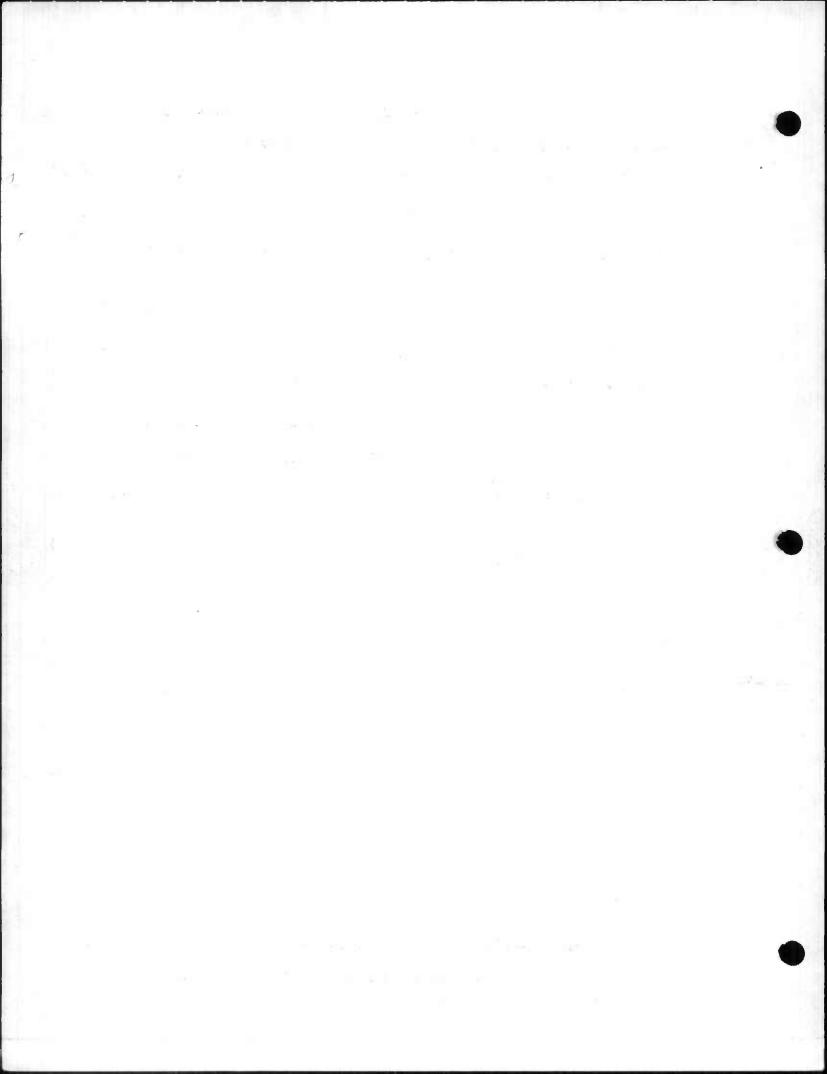
October 23, 1996

Sara Cosgrove The Johns Hopkins Hospital Baltimore, Maryland 31. Date tiled (Month, Par 9627)

State Registrar



To the Hospital within 24 hours a To the Funeral C completely filled



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

/Med	cian ical	1. Decedant'a Name (First, Middle, La MORRIS	F.H 10-24-96 G-74(ist)		HROM	, .	2. Data of Dee Month	Dey	Year 7 5 5
Exami		4a. Facility Name (If not institution, giv	a street and number)			4b. City, Town, or Lo		4c. County	
Funeral	_	5. Sociel Security Number 6. S	DM ODE		If Under 1 Year Months Days	baltime If Undar 24 Hrs. Hours Min.	8. Data of Birth	Year)	n/a 9. Birthpleca (State or Fore Country) MARYLAND
Director		217-05-4727 Usual Residence of Decedent	XX 20 95	113.			JAN. 6,	1901	MARYLAND
how		10a. State 10b. County		y, Town or Loca					10d. Inside City Limi
Ba-f s	Director	MD N/A		BALTIMO	RE				1X Yes 2□
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Die	10e. Street and Number			10f. Zip Code		1	0g. Citizan of	Whet Country?
\$ 23a	era era	700 W. 40TH ST.	T		212			US	
n 72 nours alter deem with the Maryland "natural", or frems 23a or 28a-f show afters Exacitret must be notified at	by Funeral	11. Merital Status 1 Navar Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Evar in U Armed Forces? 1 □ Yes 2 ☑ No If Yes, Give Yeer or Dates:	If Y	as Decedent of F es, specify Cubi	Ilspanic Origin? (Sp en, Maxican, Puerto Specify:	ecify Yes or No- Rican, etc.)	Bla	ce - American Indian, ck, White, etc. y: WHITE
natur	eted	15. Dacedent's Ec (Specify only highest gra	ducation	16e. Deceder	nt's Usual Occup	tion 16b. Kind of Business/Industry uring most of working			usiness/Industry
jene.	Completed	Eiementery/Secondary (0-12)	Coilege (1-4or 5+)	lifa. DC	NOT usa retired	d)	ang .		
		17. Father's Neme (First, Middle, Last)	4	EXE	CUTIVE	40 Mathada Nam	- 1877 A 61 - 1 - 1		SURANCE
d ai	To Be	DAVID	THR			18. Mother's Name ELIZABE	TH		LAPPEN
th and traum		19a. Informant's Neme/Raiationship (MRS. MARGARET A.			Address (Street OUTHERL)	end Number or Run	el Routa Number WSON, MD		
ges I and 2 should t of Health and Mer if Nem 27 Ia marke or other traumatic		20a. Mathod of Disposition							- City or Town, State
or H	100	MSBurlai 2 □ Cramation 3 □		ematery, creme	ion (Neme of tory or other plea TVCE				The second second
Department of Haa Important: If Nem 2 any Injury or other once.		4 Donation 5 Other (Specify 21. Signature of Funeral Service Licen							ILLE, MD
Depa Impo			July 1-0		OL LEVII		os., INC		LE, MD 21208
/Medical xaminer		Immediate Ceuse (Final disease or condition	() ion	W					
an and riel-transit	Examiner	Sequentielly list conditions, if any, leading to immediate causa. Entar Underlying	b. Sem	r es a conseque	synl	on ce			Jeans 5 years
ding physician and ise as the buriel-transit	edical	Sequentielly list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. Due to (o	2 itur	Jynl nce off:	once			Jays 5 years
En et	edical	Sequentielly list conditions, if any, leading to immediate causa. Entar Underlying Ceuse (Diseese or Injury thet initiated events resulting in death) Last	b. Due to (or d.	r es a consequer	nce of):	on ce			Jeans 5 years
En et	Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury that initiated events	b. Due to (or d.	r es a consequer	nce of):	an in Pert I.	23b. Did to	Λ	The state of deat 3 Probably 4 Unknown
En et	by Physician/Medical	Sequentielly list conditions, if any, leading to immediate causa. Entar Underlying Ceuse (Diseese or Injury thet initiated events resulting in death) Last	b. Due to (or d.	r es a consequer	nce of):	an in Pert I.		n autopsy	3 Probably 4 Unknot
is been signed by the ettending 2 should be detached for use as	by Physician/Medical	Sequentielly list conditions, if any, leading to immediate causa. Entar Underlying Ceuse (Diseese or Injury thet initiated events resulting in death) Last	b. Due to (or d.	r es a consequer	nce of):	an in Pert I.	1 UYs 24e. Wes ar perform	n autopsy ned?	3 Probably 4 Unknot
ata has been signed by the ettending page 2 should be detached for use a	Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions cond	b. Due to (or d.	r es a consequer	nce of):	an in Pert I. 26. Piace of Death	1 Ve	n autopsy ned?	3 Probably 4 Unknot
is certificate has been signed by the ettending director, page 2 should be detached for use as	Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Couse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions could be conditional country.	b. Due to (or Due to (or d. Due to death but not rask	res a conseque	nce of):	26. Piace of Death	1 Ve	n autopsy ned?	3 Probably 4 Unknown Wara autopsy findings available prior to completion of cause of death? 1 Yes 2 No
is certificate has been signed by the ettending director, page 2 should be detached for use as	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Ceuse (Disease of Injury thet initiated events resulting in death) Last Part II. Other significant conditions of examiner? 25. Wes case referred to medical examiner? 1 Yas No 27. Manner of Death 1 Datural 5 Pending investigation	b. Due to (or c. Due to (or d. Due to (or d. Due) Hospital: 1 Inpatient 2 28e. Date of Injury (Month, Dey Year)	res a conseque	nce of): nce of): arlying cause giv 3 DOA Oth 28c. Injun Worl	26. Piace of Deather:	1 □ Ys 24e. Wes ar perform 1 □ Ye	n autopsy ned?	3 Probably 4 Unknot 24b. Wara autopsy findings available prior to completion of cause of death? 1 Yes 2 No
death. ctor: After this certificate has been signed by the ettending y the funeral director, page 2 should be detached for use a	Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Couse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions could be caused by the conditions of the conditions of the caused by the c	b. Due to (or c. Due to (or d. Due to (or d. Due) Hospital: 1 Inpatient 2 28e. Date of Injury (Month, Dey Year)	r es a consequer r as a consequer ulting in tha unde	nce of): arrying cause giv all DOA Oth 28c. Injun Worl 1	26. Place of Death er: 4 Nursing Ho y at k? Yes 2 □ No	1 Ya 24e. Wes ar perform 1 Ye h (Check only one me 5 Resida 28d. Dascribe ho	n autopsy ned? s 2 No noce 6 Oth w Injury occur	3 Probably 4 Unknot 24b. Wara autopsy findings available prior to completion of cause of death? 1 Yes 2 No
death. ctor: After this certificate has been signed by the ettending y the funeral director, page 2 should be detached for use a	Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Ceuse, (Disease of Injury thet initiated events resulting in death) Last Part II. Other significant conditions con	Due to (or c. Due to (or d. Du	res a consequent as a consequent as a consequent at a conseque	mce of): and DOA Oth 28c. Injun Word M 1 1 , factory, office	26. Place of Death er: Why Nursing Ho y at k? Yes 2 \(\subseteq \text{No} \)	1 Ya 24e. Wes ar perform 1 Ye h (Check only one 5 Resida 28d. Dascribe ho 28f. Location (Str. City or Town	n autopsy ned? s 2/2 No a) nce 6 Oth w Injury occur	3 Probably 4 Unknot 24b. Wara autopsy findings available prior to completion of cause of death? 1 Yes 2 No ner (Specify) red per or Rural Route Number,
death. ctor: After this certificate has been signed by the ettending y the funeral director, page 2 should be detached for use a	edical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Ceuse (Disease or Injury thei initiated events resulting in death) Last Part II. Other significant conditions cond	Due to (or c. Due to (or d. Du	res a consequent as a consequent as a consequent at a conseque	ance of): ance of):	26. Place of Death er: 40. Nursing Hol val Yes 2 \(\sum \) No	1 Ya 24e. Wes ar perform 1 Ye h (Check only one 5 Resida 28d. Dascribe ho 28f. Location (Str. City or Town and due to the caed at tha tima, de	n autopsy ned? In autopsy ned? In autopsy ned? In autopsy ned? No In autopsy ned. No I	3 Probably 4 Unknot 24b. Wara autopsy findings available prior to completion of cause of death? 1 Yes 2 No ner (Specify) red per or Rural Route Number, enner as stated, and due to tha causa(s)
ata has been signed by the ettending page 2 should be detached for use a	Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Ceuse, (Disease of Injury thet initiated events resulting in death) Last Part II. Other significant conditions con	Due to (or c. Due to (or d. D.	r es a consequer r as a	arlying cause gives a property of the time	26. Place of Death er: 40. Nursing Hol val Yes 2 \(\sum \) No	1 Ya 24e. Wes ar perform 1 Ye h (Check only one 5 Resida 28d. Dascribe ho 28f. Location (Str. City or Town and due to the caed at tha tima, de	n autopsy ned? In autopsy ned? In autopsy ned? In autopsy ned? No In autopsy ned. No I	3 Probably 4 Unknot 24b. Wara autopsy findings available prior to completion of cause of death? 1 Yes 2 No ner (Specify) red per or Rural Route Number,

1,000 8

		1. Decedant's Nama (First, Middla,	24-96 G-740 eot			2.	Data of Daath	No.	3. Tima ot Daat
Physici /Medic		BETTY C	- WALK	EK		6	Month 1	Day Yaar 6, 1996	9:10 p
Examin		4a. Facility Nama (If not institution,	1.	- 0 -13		City, Town, or Locat		4c. County of Deatl	h
		pon Sacon				34 Lying,	e, mg.	454	
uneral			6. Sax 7. Aga 1 □ M 2 💢 F	a (In yrs. last birthday)	If Undar 1 Yaar if	f Under 24 Hrs. 8. Hours Min.	Data of Birth (Month, Day, Ya	9. Birth	hplaca (Stata or Forduntry)
irector		224-10-3438	10 141 240,F	85 Yrs.		M	AY 11, 15	III VI	RGINIA
3		Usual Rasidanca ot Decedant 10a. Stata 10b. County		10c. City, Town or Loc	cation		1 '		10d. insida City Lin
f ahow	ō		V/A				1		1 X Yes 2 □
28a-f	Directo	MARYLAND 10e. Street and Number	VIM	*	3ALTIMO	RE CIT	/	Citizan of What Co	
23e or 28e-f ahovast be notified at			Charle	TOTAL		21222	109.1		
ne 2:	Funeral	325 NORTH	CAREY 4			21223	Vas or No-	USA.	
r frame	Fur	1 Nevar Married 2 Marrie	Armed Forcas?	lf lf	Vas Dacedant of Hispa I Yas, specify Cuban, I	Maxican, Puarto Rici	an, atc.)	Black, White	
al', or	by	3 X Widowed 4 □ Divorced	d 1 ☐ Yas 2 💢 N If Yas, Giva Yaar or Datas:	1	I□Yas 2X No S	Specify:		Specify: BL	ACK
aical Ex	Completed	15. Dacedant's	Education	16a. Decad	lent's Usuai Occupatio	on	16b.	Kind ot Businass/I	
- 4	ple	(Specify only highast Elamantary/Secondary (0-12)	grada complatad) Collega (1-4or 5	lifa C	kind of work done duri OO NOT use retired)	ing most of working			
ther than	TO.	9 +HGRADE		LAUN	DRY U	ORKER	L	AUNDRY	
	Be	17. Father's Nema (First, Middla, La	est)			B. Mothar's Nama (Fi			
arked c	To	ISAAC	\mathcal{B}	RITTEN	M	IARY (GEORGE	CHA	PGL
S THE		19a. intormant's Name/Ralationshi	p (Type, Print)	19b. Mailin	g Addrass (Straat and	Numbar or Rural Re	outa Number, Cit	y or Town, Stata, Z	ip Coda)
127 er tri		ARNETTE HUI	NTER (DAUGH	HTER) 6975	MCLEAN	BLVD. BI	TITIMORI	E. HD. D	12134
r other		20a. Mathod of Disposition		20b. Placa of Dispos	sition (Nama of patory or other place)		ata 20c.	Location - City or 1	Town, Stata
4 5		1 Burlal 2 □ Cramation 3 4 □ Donation 5 □ Other (Spe	☐Ramovai from Stata	January, or are	CEMETER	1			
Importar any Inju		21. Signature of Funaral Sarvice Li		22.	Nama and Addrass o	of Facility	17 19 10	-001 11-	C, MANY
FESS		be benefit	6/100	1 50	Nama and Addrass of SEPH H.	BROWNJ	R. FUN	ERAL HOL	ME, FIM.
		23a Part1 Anter the disease or o	omplications that caused	7/0	140 N. FU	LLTON HVE.	BALILM	ORE, MO.	21211
		23a. Part1. Inter the disease, or conshock or heart tellura. List or	nly ona causa on aach lin	a. O	ai ina moda ot dying, s	soci as cardiac or ia	sphatory arrest,	1	Approximata Interval Batween Onset and Deet
sician edical		Immediate Ceuse (Final	0	(1, (1 - 1 11			
miner		disaasa or condition rasulting in daath)	a. PO 1.	The Ca	rlac o	- may th	nik		Minna
	6			Due to (or es e consequ	uence ot):	ardivon		M.	
	=		D. —	trionele		er ze over	uu/ay	- ler	years
ansit	E	Commente the treatment of the comment		Due to (or es a consequ	uance or):				
in and hal-transit	Examiner	Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying			Transaction of the second				
rsician and e buńal-transit		Causa (Diseasa or Injury that initiated avents	c	Tue to for se a consequi	tence of):				
physicia as the bur	edicai	Causa (Diseasa or Injury	c	Dua to (or as a consequ	uance of):				
physicia as the bur	Medical	Causa (Diseasa or Injury that initiated avents	c	Dua to (or as a consequ	ience of):				
physicia as the bur	Medical	causa. Enter Underlying Causa (Diseasa or Injury that initiated avents rasulting in daath) Last	c			-0.4	OOL Didded		
by the attanding physicie ached for use as the bur	Medical	causa. Entar Undarfying Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions	c	It not rasulting in the un	dariving causa givan i	n Part I.		,	
by the attanding physicia ached for use as the bu	Physician/Medical	causa. Entar Undarfying Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions	c	It not rasulting in the un	dariving causa givan i	n Part I.		,	
igned by the attanding physicie be detached for use as the bu	by Physician/Medical	causa. Entar Undarfying Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions	c	It not rasulting in the un	dariving causa givan i	n Part I.	1 ☐ Yes 24a. Was an au	2☑No 3☐Pro	obably 4 Unkr
igned by the attanding physicie be detached for use as the bu	by Physician/Medical	causa. Entar Undarfying Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions	c	It not rasulting in the un	dariving causa givan i	n Part I.	1 🗆 Yes	2 No 3 Pro	Vara autopsy tindin valiabla prior to ompletion ot causa
is been signed by the attanding physicie 2 should be detached for use as the bu	by Physician/Medical	causa. Entar Undarfying Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions	c	It not rasulting in the un	dariving causa givan i	n Part I.	1 Tes 24a. Was an au performad?	2 No 3 □ Protopsy 24b. V a c c c c c c c c c c c c c c c c c c	Vara autopsy tindin vailabla prior to ompletion ot causa f death?
is been signed by the attanding physicie 2 should be detached for use as the bu	Completed by Physician/Medical	Causa (Diseasa or Injury that initiated avents rasulting in death) Last Part II. Other significant conditions Congress Alcury	c	It not rasulting in the un	derlying causa givan in itura - Anemi Seen bita	a	1 Ves 24a. Was an au performad'i	2 No 3 □ Protopsy 24b. V a c c c c c c c c c c c c c c c c c c	Vara autopsy tindin valiabla prior to ompletion of cause
is been signed by the attanding physicie 2 should be detached for use as the bu	Be Completed by Physician/Medical	Causa (Diseasa or Injury that initiated avents rasulting in death) Last Part II. Other significant conditions C va gu Accord 25. Was casa retarred to medical axaminer?	d. c. d. contributing to death but f a fe	at not resulting in the un	derlying causa givan in Luk - Anemi Secutifus 26	3. Plece Death (Co	1 Ves 24a. Was an au performadi 1 Yes	2 ☑ No 3 □ Pro topsy 24b. V 8 0 0 2 ☑ No 1	vara autopsy tindin vailabla prior to ompletion ot causa f death? ☐ Yas 2 ☐ No
is been signed by the attanding physicie 2 should be detached for use as the bu	To Be Completed by Physician/Medical	Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions Congress Alcury 25. Was casa retarred to medical	c	at not rasulting in the un	adarlying causa givan in Luke - An emi Se cubitse 26 3 DOA Other-	3. Plece Death (Cl	1 Yes 24a. Was an au performad? 1 Yes heck only one) 5 Rasidanca	2 ☑ No 3 ☐ Protopsy 24b. V a c c c c c c c c c c c c c c c c c c	vara autopsy tindin vailabla prior to ompletion ot causa f death? ☐ Yas 2 ☐ No
is been signed by the attanding physicie 2 should be detached for use as the bu	To Be Completed by Physician/Medical	Causa (Diseasa or Injury that initiated avents rasulting in death) Last Part II. Other significant conditions Cun gu Alcury 25. Was casa retarred to medical axaminer? 1 Yas 2 M6 27. Manner of Death 1 Netural 5 Pending	d	at not rasulting in the un	Anemi Ce con bit 12 3 DOA Other. 280. Injury at Work?	3. Plece Death (Cl. 4 Nursing Homa 28d.	1 Ves 24a. Was an au performadi 1 Yes	2 ☑ No 3 ☐ Protopsy 24b. V a c c c c c c c c c c c c c c c c c c	obebly 4 ☐ Unkr Vara autopsy tindin vailabla prior to ompletion ot causa f death? ☐ Yas 2 ☐ No
is been signed by the attanding physicie 2 should be detached for use as the bu	To Be Completed by Physician/Medical	Causa. Enter Underlying Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions C	d	at not resulting in the un The first term of the unit	An emi Se em b. t. x. 26 3 DOA Other. 28c. Injury at Work? M 1 Yes	3. Plece Death (Classification of the control of th	1 Yes 24a. Was an au performad? 1 Yes heck only one) 5 Rasidanca Dascribe how in	2 No 3 Protopsy 24b. V a c c c c c c c c c c c c c c c c c c c	vara autopsy tindin vailabla prior to ompletion ot cause f death? ☐ Yas 2 ☐ No ifiy)SUB A CUT
ifector: After this certificate has been signed by the attanding physicia in by the funeral director, page 2 should be detached for use as the bu	To Be Completed by Physician/Medical	Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions Con go Alcord 25. Was casa retarred to medical axminer? 1 Yas 2 M6 27. Manner ot Death 1 Wetural 5 Pending invastigat	d	at not resulting in the unit of the unit o	An emi Se em b. t. x. 26 3 DOA Other. 28c. Injury at Work? M 1 Yes	3. Plece Death (Cl 4 Nursing Homa 28d. 2 No	1 Yes 24a. Was an au performad? 1 Yes heck only one) 5 Rasidanca Dascribe how in	2 ☑ No 3 ☐ Protopsy 24b. V	varia autopsy tindiny valiabla prior to ompletion ot causa f death? ☐ Yas 212 No ifiy)SUB A CUT
ifector: After this certificate has been signed by the attanding physicia in by the funeral director, page 2 should be detached for use as the bu	Certification: To Be Completed by Physician/Medical	Causa Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions C	d	at not rasulting in the unit of the unit o	An emi Se con hit se 3 DOA Other 28c. Injury at Work? M 1 Yes at, factory, offica	5. Plece Death (Cl Thursing Homa 28d. 2 □ No	1 Yes 24a. Was an au performad? 1 Yes heck only one) 5 Rasidanca Dascribe how in Location (Street City or Town, Ste	1 topsy 24b. V a c c c c c c c c c c c c c c c c c c	Vara autopsy tindin valiable prior to ompletion ot causa f death? Vas 21270 ify)SUB A CUT
Irector: After this certificate has been signed by the attanding physicia in by the funeral director, page 2 should be detached for use as the burns.	Certification: To Be Completed by Physician/Medical	Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions Con gra According 1 Yas 2 Accidant 1 Westural 5 Pending invastigat 3 Suicida 6 Could not detarmine (Check only 2 Medical Ex	d. a contributing to death but a f a f e Hospitat: 1 Depetiar 28a. Date of Injunction, debended 28a. Place of Injunction, debended	that resulting in the unit of the control of the co	An emi Se em 6, f x. 26 3 DOA Other. 28c. Injury at Work? M 1 Yes at, factory, offica	3. Plece Death (Classification of the control of th	1 Yes 24a. Was an au performad? 1 Yes heck only one) 5 Rasidanca Dascribe how in Location (Street City or Town, Ste	2 No 3 Protopsy 24b. V a control of the control of	obebly 4 □ Unkr Vara autopsy tindin; vailabla prior to ompletion of causa f death? □ Yas 212100 iffy)SUB A CUT
Irector: After this certificate has been signed by the attanding physicia in by the funeral director, page 2 should be detached for use as the burns.	ledical Certification: To Be Completed by Physician/Medical	Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions C	d	that resulting in the unit of the control of the co	An emi Luke An emi Luke An emi Luke 26 3 □ DOA Other 28c. Injury at Work? M □ Yes at, factory, offica occurred at tha tima, castigation, in my opinion	3. Plece Death (Classification) 28d. 2 No 28f. date end placa, and on, daeth occurred a	1 Yes 24a. Was an au performad? 1 Yes heck only one) 5 Rasidanca Dascribe how in Location (Street City or Town, Ste due to tha causa to tha tima, data a	2 No 3 Pro topsy 24b. V a 2 No 1 6 Other (Speciality occurred and Number or Rui ate) (s) end mennar as and no placa, and dual	vara autopsy tindin; vailabla prior to ompletion ot causa f death? ☐ Yas 2 ☐ No iiiy) SUB A CUT ral Routa Number, stated. to tha causa(s)
irector: After this certificate has been signed by the attanding physicia in by the funeral director, page 2 should be detached for use as the burns the funeral director.	ledical Certification: To Be Completed by Physician/Medical	Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions C	d	at not resulting in the unit of the unit o	An emi Combitation of the combination of the combi	3. Plece Death (Classification) 28d. 2 No 28f. date end placa, and on, daeth occurred a sumber	1 Yes 24a. Was an auperformad? 1 Yes heck only one) 5 Rasidanca Dascribe how in Location (Street City or Town, Ste due to tha causa t tha tima, data a	2 No 3 Pro topsy 24b. V a 2 No 1 6 Other (Special pury occurred and Number or Rui ate) (s) end mennar as and placa, and dual	ompletion of causa f death? □ Yas 2121No ifiy)SUB A CUT ral Routa Number, stated. to the causa(s) Day, Year)
is been signed by the attanding physicia 2 should be detached for use as the bu	Medical Certification: To Be Completed by Physician/Medical	Causa (Disease or injury that initiated avents rasulting in death) Last Part II. Other significant conditions C	d. Be contributing to death but the factor of the factor	at not resulting in the unit of the unit o	An emi Luke	3. Plece Death (Classification) 28d. 2 No 28f. date end placa, and on, daeth occurred a sumber	1 Yes 24a. Was an auperformad? 1 Yes heck only one) 5 Rasidanca Dascribe how in Location (Street City or Town, Ste due to tha causa t tha tima, data a	2 No 3 Pro topsy 24b. V a 2 No 1 6 Other (Speciality occurred and Number or Rui ate) (s) end mennar as and no placa, and dual	vara autopsy tindin; vailabla prior to ompletion ot causa f death? ☐ Yas 2 ☐ No iiiy) SUB A CUT ral Routa Number, stated. to tha causa(s) , Day, Year)
ifector: After this certificate has been signed by the attanding physicia in by the funeral director, page 2 should be detached for use as the bu	Medical Certification: To Be Completed by Physician/Medical	Causa (Diseasa or Injury that initiated avents rasulting in daath) Last Part II. Other significant conditions C	d. d. d. d. d. d. d. d. d. d.	at not resulting in the unit of the unit o	derlying causa givan in the control of the control	3. Plece Death (C) Washing Homa 28d. 2 No 28f. date end placa, and on, daeth occurred a	1 Yes 24a. Was an au performad? 1 Yes beck only one) 5 Rasidanca Dascribe how in Location (Street City or Town, Ste due to tha causa to tha tima, data a	10psy 24b. V 10psy 24b. V 200 1 10 1 10 10 10 10 10 10 10 10 10 10 10 10 10 1	vara autopsy tindin valiable prior to ompletion of causa f death? □ Yas 2121No iiy)SUB A CUT ral Routa Number, stated. to the causa(s) □ Day, Year)

The state of the s TRACE CONTRACTOR STATE OF THE S a saire in anno ingarer i defendant. The second paragraphs of the March of the principal street and the street Assert the setting and the setting of the setting o

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death Month **Physician** October 22,1996 9:38 P.M. WILLIAMS /Medical 4a. Facility Nema (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Franklin Square Hospital Center Rossville Baltimore If Under 24 Hrs. Hours Min. 8. Date of Birth Month, Day, 1930 9. Birthplaca (Stata or Foreign Country) Maryland 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Days 1 □ M 2017 F Yrs 213-26-2180 Director Usual Rasidance of Decedant the Meryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limite r then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland Baltimore **Essex** 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Code 21221 10g. Citizan of What Country? with paraft. Pages 1 and 2 should be filed within 72 hours after deeth with Department of Hielib and Mentel Hygiene.
Important: If Item 27 is marked other than *--any injury or other traument— 914 North Marlyn Avenue U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) 11. Marifai Stetus Black White atc 1 ☐ Yes 2 ☑ No If Yas, Giva Yeer or Detas: 1 Never Married 2 Merriad 1 ☐ Yas 2 No Specify: þ 3 Widowed 4 □ Divorced Specify: White Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elemantery/Secondary (0-12) Collaga (1-4or 5+) Housewife Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Malden Surneme) Be George Reed Mary Myers 2 19a. Informent's Neme/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Alice Williams (SISTER) 1449 Roland Heights Ave. Baltimore, Md. 21211 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 In Cramation 3 ☐ Removal from State Greenmount Crematory 10/23/1996 Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Fineral Service Ligensee Bruzdziński Funeral Home P.A. 1407 Old Eastern Ave. Essex, Md. 21221 DUTROUSKO Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart feilure. List only one ceuse on each line. Approximate Interval Batw Onset and Death Physician /Medical Immediate Cause (Final 1 year Metastatic lung cancer Examiner Dua to (or es a consequance of) Examiner ician and burial-transit or Attending Physician: The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immadiata cause. Enter Undarlying Causa (Disease or injury that initiated evants rasulting in death) Last Dua to (or as e consequence of) Box 68760. physician s the buria Physician/Medical Dua to (or as e consequance of): ed by the atten detached for u Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 ☐ Yee 2 ☑ No 3 Probably 4 Unknown þ 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to Completed completion of cause of death? certificate 1 ☐ Yas 2 ☑ No 1 □ Yes 2 □ No 25. Was casa refarred to medical Be 26. Placa of Death (Chack only ona) Hospital: 1 Inpatiant 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yas 2No this Certification: 27. Mennar of Death 28b. Time of 28d. Dascribe how injury occurred 28a. Data of Injury (Month, Day Year) 28c. Injury af Work? After 5 Panding invastigation 1 X Natural 1 TYas 2 TNo death. 2 Accident after death Director: 6 Could not be datarmined 3 ☐ Suicide 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) in by 4 Homicide To the Hospital or within 24 hours at To the Funeral D completely filled 1 Certifying Phyeician: To tha best of my knowledge, deeth occurred at tha time, dete end place, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29a. Certifian (Check only one) 29b. Signatura and title of certified 29c. Licansa number 29d. Data signed (Month, Day, Year) October 22, 1996 R D 2128 30. Nama and eddrass of person who complated cause of death (Item 23e) (Type, Print) Dr. Kamlun Auyeung 9000 Franklin Square Dr. Baltimore, Maryland 21237 31. Deta filed (Month, Day, Year)

OCT 2 4 1996 State

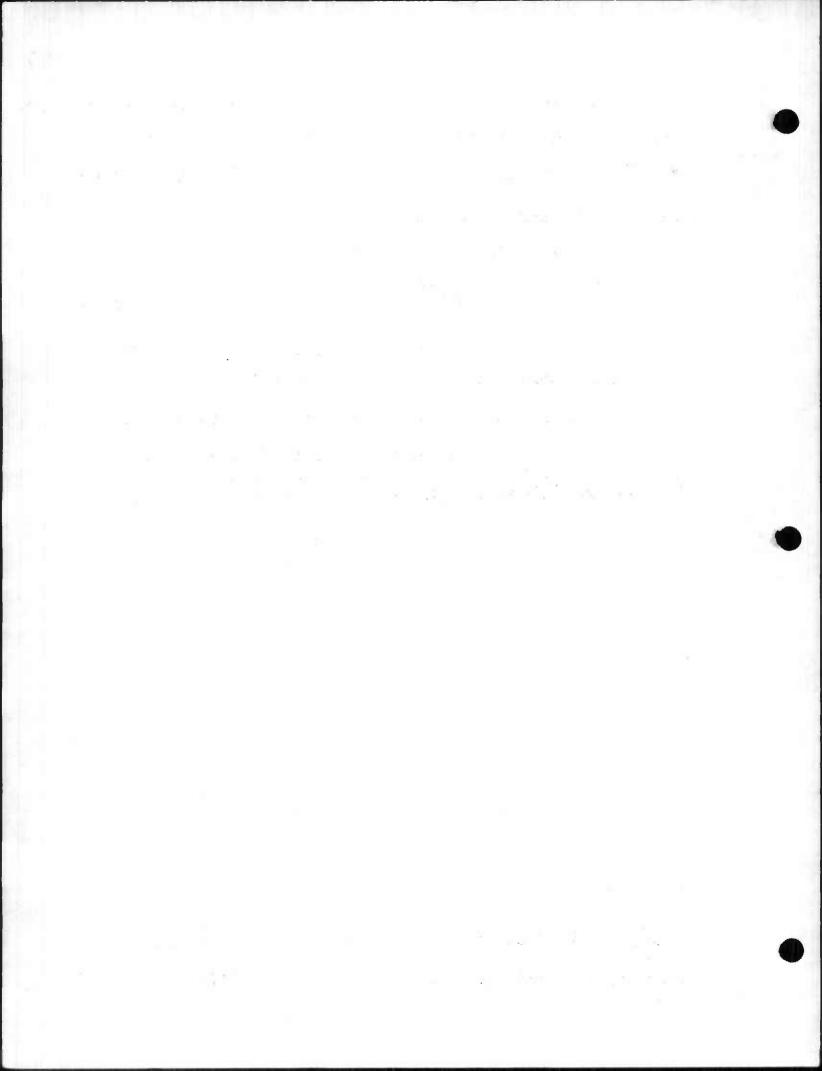
DHMH 16 Rev 6/95

ाकुरमा भूट प्रश्नुकृत एक लीव स्टार्टमा वस्त्र we are the second of the first first for the first fir

State of Maryland / Department of Health and Mental Hygiene

			Cer	rtificate of	Death		Reg. No.	90	3193
Physici	an	1. Decedent's Nama (First, Middle, Last)				2. Data of De		Yaar	3. Tima of Death
/Medic	cal	John Woolshleger				October		1996	6:50 p
Examir	ier	4a. Facility Nema (If not institution, give street and number) HOPKINS BAY VIEW HOSPITAL			4b. City, Town, or Lo BALTIMOF			ty of Death	
Funeral	176	5. Social Security Number 6. Sax 7. Age (In yrs. I	ast birthday)	if Undar 1 Year	If Under 24 Hrs.	8. Data of Bir	th	N/A 9. Birthp	lace (State or Fore
Director		2 ₱ 9 − 1 8 − 6 9 4 0	Yrs.	Months Days	Hours Min,	11-9-	24	MAR	YLAND
anylar	=		, Town or Lo	cation				1	0d. Insida City Lim
28a-f	ecto	MARYLAND BALTIMORE DUN 10e. Street and Number	DALK						1 □ Yas 🏋
23a or	rai Olr	7833 ST. BRIDGET LANE		10f. Zip Coda 21222			USA		
iene. than 'natural', or itema 23a or 28a-f ahow the Medical Examiner must be notified at	0	11. Marital Status 1 □ Nevar Marrlad 1 □ N	VY	Vas Decedant of I 1 Yas, specify Cub 1 □ Yas 23 No	dispanic Origin? (Spe an, Mexican, Puarto I Specity:	cify Yes or No Rican, atc.)	14. Ra Ble Specia	ce - Amaric eck, Whita, fy: Wh	
natu	Completed	15. Decadant's Education (Specify only highast grade complated)	16a. Daced	lent's Usual Occup	oatlon during most of worki	10	16b. Kind of E		
ene. than "nai	du	Elemantery/Secondary (0-12) Coilega (1-4or 5+)	lifa. D	OO NOT use retire	d)		COMBDA	73 (173) (17	
		+2 17. Fathar's Nama (First, Middla, Last)	COMPU	IER WKS	S. SUPER .		GOVERN		
d d	To Be	FREDERICK WOOLSHLEGER			MARGARET		, maiden Surnai	ne)	
and m m		19a. Informant's Name/Ralationship (Type, Print)			and Number or Rure				
f Health item 27 other tr		MR. BRIAN WOOLSHLEGER			ROCK LA	ANE BA	LTO. M	ID. 2	1236
250		1M Burial 2 Cramation 3 Removal from State	matary, cram	sition (Nama of natory or other pla DGE MEN	1.PARK 10	Deta)-23-	BALTO.		
Départment of Important: If eny Injury or once.		27 Signatura of Funeral Service Licenses	lei 1 22 K	Name and Addre ACZOROV 201 DUN	oss of Facility VSKI FUNE VDALK AVE	ERAL H	OME TO, ME). 21	222
- 1		23a. Pert 1. Enter the disease, or complication a litat caused the death shock, or heart failure. List only one cause on each line.	. Do not ante	ar the mode of dyl	ng, such as cardiac o	r raspiratory a	rrest,		Approximete Intarval Between
nysician									Onset and Death
Medicai xaminer		Immediate Causa (Final disease or condition rasulting in death) a. Myo Carcli Dua to (or	al in	for ction				1	10 minu
	-	Dua to (or	as a consequ	uanca of):					(
insit	Examiner	Cardion	as consagn	ithey					o guns
ian and		Sequantielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury			ierse				8 years
e attending physician and of for use as the bunal-transit	Medical		as a consaqu						0
e attendi	Physician/	Part II. Other significant conditions contributing to death but not result	Iting in the un	nderlying causa di	ven in Part I	23h Did	Did tobacco use contribute to the cause of dec		
d by the	Phy	Dirlsetes mellitus		,	on an early	1 🗆	3.4	3 Prob	
been signe should be d	Completed by	District Manual Control					an autopsy rmed?	ava	ra autopsy finding illable prior to npletion of cause
page 2	E .						. b.		deeth?
certificata rector, pag		25. Was casa refarred to medical			00 81	1 0		1	Yes 200 No
direct	To Be	axaminar?	R/Outpatient	3□ DOA Ott	26. Place of Death			han (Canaik	4
22 to			28b. Tima of Injury	28c. Injui Wo			Rasidanca 6 Other (Specify) cribe how injury occurred		,
within 24 hours after death. To the Funeral Director: After completely filled in by the funeral prompletely filled in by	Certification:	3 ☐ Suicide 6 ☐ Could not be datarmined 28a. Placa of Injury - At hor building, atc. (Specify)	na, farm, stre	eet, fectory, offica	2	8f. Location (S City or Tox		ber or Rurai	Routa Number,
24 hours Funeral letely fille	edical	29a. Certifiar (Check only one) Certifying Physician: To the best of my know and manner stated.	ledga, daath on end/or inva	occurred at the tire astigetion, in my o	ne, data and placa, a pinion, deeth occurre	nd due to tha d at tha time,	causa(s) and m dete and place,	annar as sta	eted. the causa(s)
within 24 hours after To the Funeral Director Completely filled in		29b. Signeture end title of certifier		29c. Licans	a number		29d. Data signa	d (Month, I	Day, Year)
		Noul Hundry, MO		96	003		Octobe	- 19	1996
1/10	-	30. Nama and addrass of person who completed causa of deeth (Item:	23a) (Type, F)
U		Paul Durbin 4940 Eastern 1			K, MD	3133	14		
Stat		31. Data filed (Month, Dev. Year) 32. Registrar Signal 31. Data filed (Month, Dev. Year) 32. Registrar Signal 31. Data filed (Month, Dev. Year) 32. Registrar Signal 33. Data filed (Month, Dev. Year) 33. Data filed (Month, Dev. Year) 33. Registrar Signal 33. Data filed (Month, Dev. Year) 33. Registrar Signal 33. Data filed (Month, Dev. Year) 33.			,				
Registra	ar	001241000							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 5. PER F'.H. F'ILM 9-741 State of Maryland / Department of Health and Mental Hygiene 11/15/96 t.t ITEM: 1,per DR. G-740 10-24-96 eoh Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Dey OCTOBER NORMAN WOLFE 20 1996 8:00pm /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 7. Age (In yrs. last birthday) If Under If Under 24 Hrs. **Funeral** 8. Date of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) Months Deys Hours Min. 10 M 2□ F Director 65 18, 1931 June Maryland Usual Residence of Decedent the Maryland worls 10a State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits Directo 1 ☐ Yes 2 No Maryland Baltimore Monkton 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3809 Houcks Road 21111 USA death 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. should be filed within 72 hours after on Mental Hygiene.

marked other than "natural", or flet Black, White, etc. 1 X Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No by 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest g Elementary/Secondary (0-12) Coilege (1-4or 5+) 12 n/a Clerk Genstar - Paving permit. Pages 1 and 2 should be fite Department of Health and Mental Hy Important: if Nem 27 is marked other any injury or other traumette 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Ross Wolfe John Emma Shelley 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 3809 Houcks Road, Monkton, Maryland Mrs. Betty Ann Wolfe 21111 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other piece) 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) October Metro Crematory 22, 1996 Catonsville, MD 21. Signature of Funeral Service Licens of 22. Name and Address of Fecility Lemmon Funeral Home Bryan W. Clary 10 W. Padonia Road, Timonium, MD 21093 23e. Part 1. Ent of the disease, or complications that current the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or he art failure. List only one cause on exercise. Approximete Intervai Between Onset and Deeth **Physician** /Medical Immediate Cause (Fine) disease or condition resulting in death) Examiner Examir requires that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last and Due to (or es a consequence of) burial Box 68760 attending physician Physiclan/Medical the Due to (or as a consequence of): use as ō P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 22 No 3 Probably 4 ☐ Unknown signed I Records, Ď Completed 24e. Was en eutopsy performed? 24b. Were eutopsy findings available prior to completion of cause of deeth? page 2 The certificate 1 Yes 1 ☐ Yes 2 No in Sion of Vital director, Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P Impatient 2□ ER/Outpatient 3□ DOA this funeral 27. Manner of Deeth Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After Attending Neturel 2 Accident 5 Pending investigation 24 hours after death. 1 ☐ Yes 2 ☐ No 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide ö Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piace, end due to the ceuse(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and menner stated. 29e. Certifier Medical To the Hosp within 24 hos To the Fune completely fi (Check only one) 29b. Signature and title of certif 29c. License number 29d. Date signed (Month, Day, Year) 10/21/18 aw

Registrar

2 4 1996

me end address of person who completed cause of deeth (Item 23e) (Type, Print)

4 L CELMS MD 6 6 8 N Charles 57 32 Registrar's Signature

The second secon

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 24a perDR. G-740 10-24-96 eoh 2. Date of Death 3. Time of Death 1. Decedent's Neme (First, Middle, Last) October 0 1996 7:05 AM Yates_ Edward JR. 4b. City, Town, or Location of Deeth 4c. County of Death 4e. Fecility Name (If not institution, give street end number) Baltimore Fort Howard VA MHCS FORTH HOWARD DIVISION If Under 24 Hrs. If Under 1 Year 8. Date of Birth (Month, Day, Year) Dec. 2, 1919 Birthplace (Stete or Foreign Country) 7. Age (In yrs. lest birthdey) 5. Sociei Security Number Oeys Months 1 □XM 2 □ F Dec. Virginia 76 226-16-2764 Usual Residence of Decedent 10d. Inside City Limits 10c. City, Town or Location 10a State 10b County 1 Yes 2000 Dundalk Maryland Baltimore 10f. Zlp Code 10g. Citizen of Whet Country? 10e. Street and Number United States 21222 241 Riverview Avenue 14. Race - American Indien, Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. 11. Meritel Status Bleck, White, etc. 1 ☑ Yes 2 ☐ No It Yes, Give Year or Dates: WW I I 1 Never Married 27 Merried 1 ☐ Yes 2 X No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Carpentry Carpenter 7 Years 18. Mother's Name (First, Middle, Melden Sumeme) 17. Fether's Name (First, Middle, Last) Maudie Due James E. Yates, Sr. 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Mrs. Ollie M. Yates/Wife 241 Riverview Avenue Dundalk, Maryland 21222 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition Date 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Holly Hill Mem. Pk. Cem. 10/16/96 Middle River, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 21. Signature of Funeral Service Licenses -0 7922 Wise Ave. Dundalk, Maryland 23a-Part-Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line. Immediate Cause (Finel 8 Months Metastatic Lung Cancer disease or condition resulting in deeth) Due to (or es e consequence of): Due to (or as a consequence of): Due to (or es a consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy 1 Yes 2 No

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Directo

Funeral

P

Completed

Be

2

Funeral

Director

ed other than "natural", or items 23s or 28s-f show svent, the Medical Examiner mast be notified at

permit. Peges 1 and 2 should be filed within 72 hours effer death with b Department of Health and Mentai Hygiene. I important: if Item 27 is marked other than "natural", or items 23a or 2 any injury or other traumatic svent, the Medical Examinar reserved.

Baltimore, Maryland 21215-0020

the Maryland

buriel-tran the attending physician the th been signed by 8 director, page 2 should After this certificate hes funeral

The law requires that the death certificete be executed

P.O. Box 68760,

Division of Vital Records,

Hospital or Attending Physician:

\$

deeth.

within 24 hours efter deet! To the Funeral Director: completely filled in by the

Examiner by Physician/Medical Completed Be P Certification:

Medical

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last

28. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case reterred to medical examiner? 1 ☐ Yes 3€ No 27. Manner of Death

(XXI) Netural

2 Accident

3 Sulcide

4 ☐ Homicide

5 Pending Investigation 8 Could not ba determined

28a. Date of Injury (Month, Dey Year) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Nonpatient 2 ER/Outpatient 3 DOA 28b. Time of injury

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury at Work?

1 ☐ Yes 2 ☐ No

28d. Describa how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier

1 X Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number D15698 29d. Date signed (Month, Day, Year) Oct. 12, 1996

Ychera Manen 30. Name and address of person who completed cause ot death (Item 23a) (Type, Print)

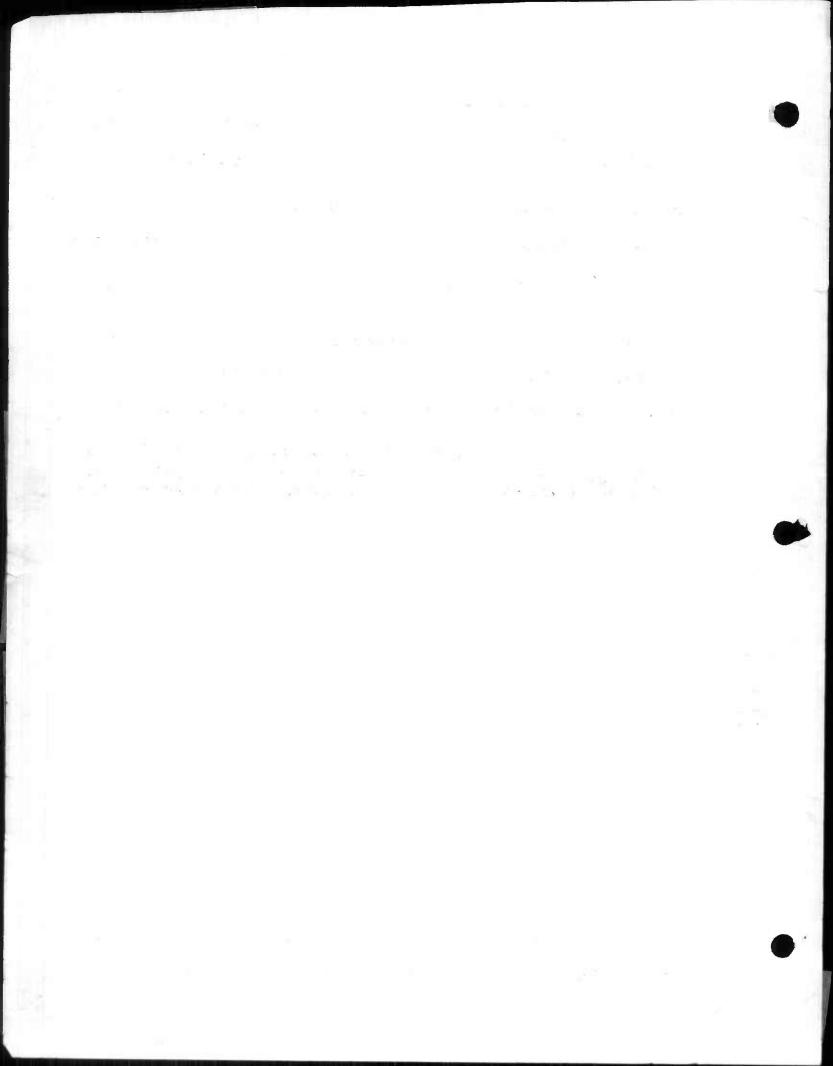
Hospital:

9600 North Point Road, Fort Howard, MD Marcos Galicia, MD 31. Date tiled (Month, Dey, Year)

MP

State Registrar

32. Registrer's Signature



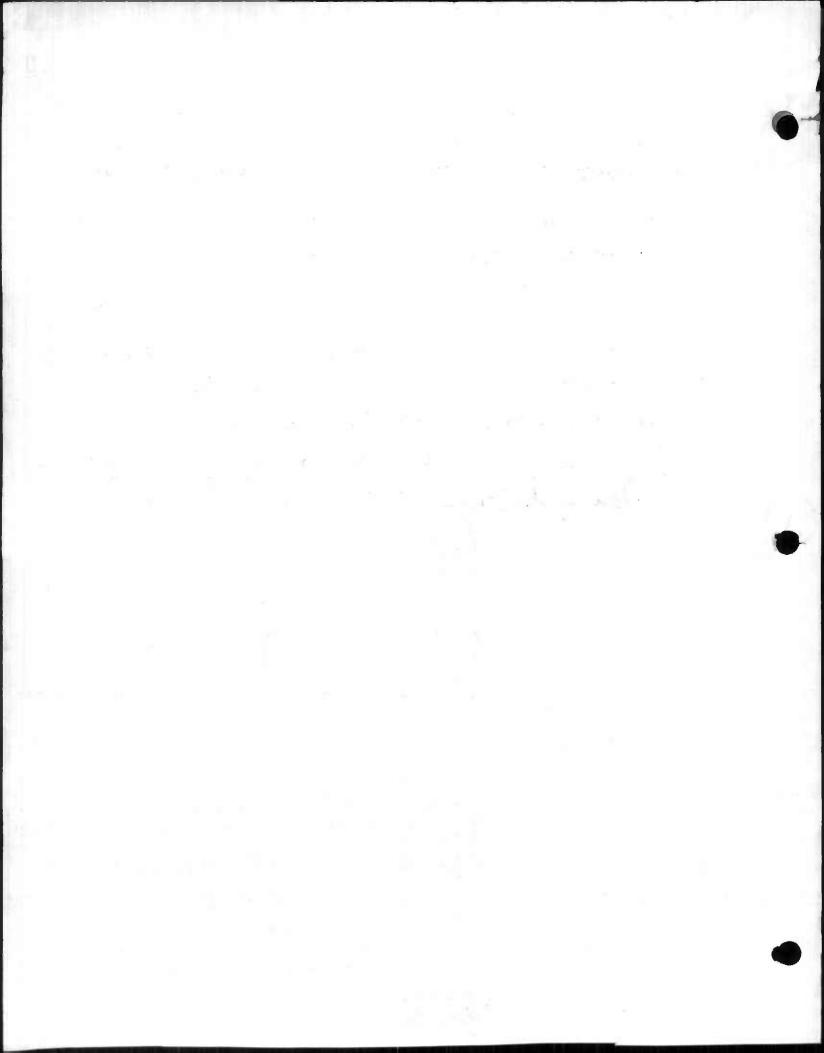
Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

3/940 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 40 ailbert Anderson 10 22 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death Baltimore Universi N/A if Under 24 Hrs. B. Date of Birth Month, Day, 1997. 5. Social Security Number If Under 1 Year 6 Sex 7. Age (In yrs. la t birthday) **Funeral** 9. Birthplace (State or Foreign 1**∑** M 2□ F Days VIRGINIA 226-24-3932 72 Director Usual Residence of Decedent the Maryland 10b. County show 10a. State 10c. City, Town or Location 10d. inside City Limits r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at MD. N/A 1 Yes 2 □ No BALTIMORE Direct 10e. Street and Number APT . 906 10f. Zip Code 10g. Citizen of What Country? 501 WEST DOLPHIN STREET 21217 Funeral USA death Ноти 12. Was Decedent Ever in U,S. 11 Maritai Status Wes Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. Desmit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiena.
Important: If item 27 is marked other than "natural", or iter any injury or other traumetic event, the Medical Example Armed Forces? 1 Never Married 2 Married If Yes, Give Yeer or Dates: 1 ☐ Yes 2 XNo Specify: þ Specify: 3 □ Widowed 4 □ Divorced BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry $\stackrel{\text{Elementery/Secondary (0-12)}}{121H}$ Coilege (1-4or 5+) WELDER STEEL 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be WILSON ANDERSON LIZZIE PAYNE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4222 HARFORD TERRACE BALTO, MD. 21214 BOBBY ANDERSON (SON) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 □ Cremation 3 □ Removei from State GARRISON FOREST VET 10/29/96 OWINGS MILLS, MD. 4 Donation 5 Other (Special) 21. Stonatura / Funeral Service Lice 22. Name and Address of Facility CAPLE FUNERAL SERVICE 5502 WINNER AVENUE BALTO, MD. 21215 or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, an only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medical Stroke 11 day Examiner Due to (or as a consequence of): Examiner Coronary 12 das arper bunial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest and Due to (or es a consequence of): Box 68760. iding physician Coronary certificata be CCC" Physician/Medical the Due to (or es e consequence of): atten ò P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 5 1 Yes 2 No 3 Probably 4 Nnknown signed t Division of Vital Records, by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? peed page 2 has 1 ☐ Yes 25 No 1 Yes 2 No I or Attending Physician: after death. 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Nnpatient 2 ☐ ER/Outpatient 3 ☐ DOA 10 1 Yes 20 No 27. Manner of Death Certification: 28a. Date of Injury (Month, Day Year) Aftert 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Natural 5 Pending Investigation Injury To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fun 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date end piace, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 10/22/01 418950 30. Name and address of person who completed cause of beath (Item 23a) (Type, Print) Greene S Baltimore, md 31. Dete filed (Month, Day, Year) ---32. Registrar's Signeture State Registrar OCT 25 1996

DHMH 16 Rev 6/95

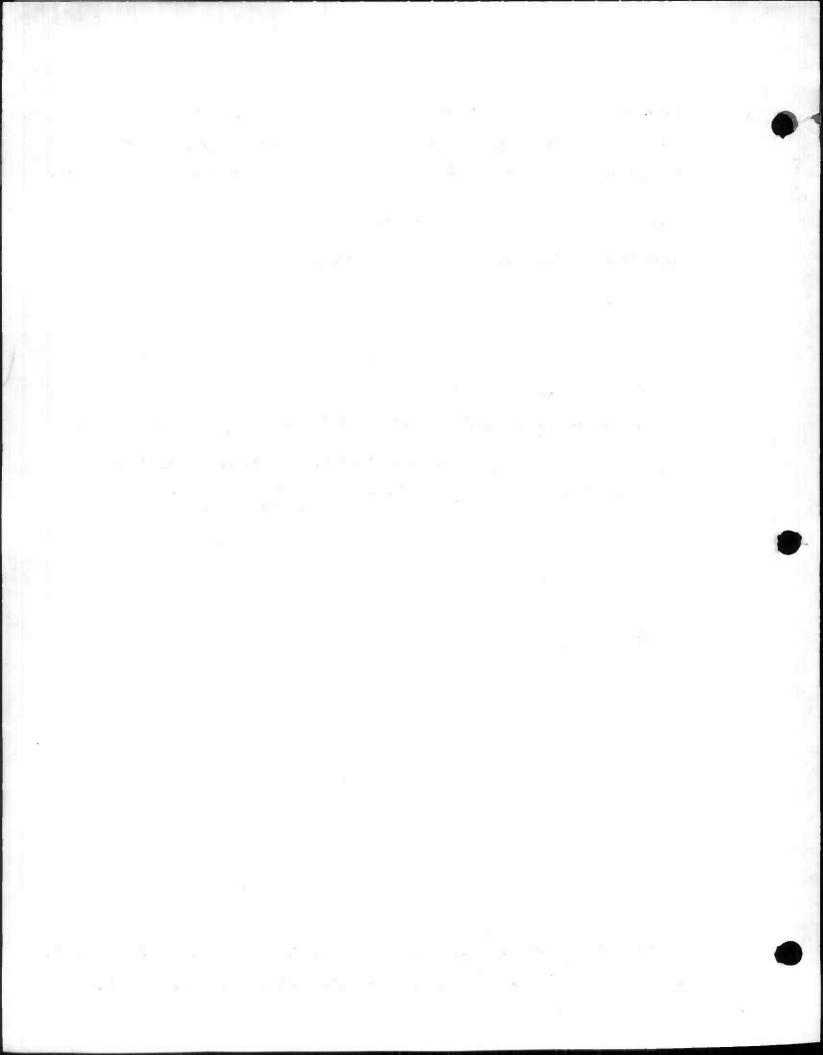


State of Maryland / Department of Health and Mental Hygiene

0	0	0.1	01
J	6	J	94

		1. Decedent's Neme (First, Midd	lle, Last)				of Dea		2. Dete of De	Reg. No.		3. Time of Death
ysicia: Medica :amine	at	ADELAIDE 4a. Fecility Name (If not Institution	n, aive street end	BODZ	ANI		4b. Cit	tv. Town, or	Month OCTOBE Location of Death		Year 1996 y of Deeth	1:35 P
amme		SAINT JOSEPH			פיטיו							200
eral ctor		5. Social Security Number 220-64-1168 Usual Residence of Decedent	6. Sex 1 □ M 2 1 F	7. Age (In	yrs. last birthday	Months Months	Year If U	Jnder 24 Hrs. Durs Min.	8. Dete of Bin (Month, Da March	th Year) 1909	9. Birthpl Count	ece (State or Foreig Md.
H D		10e. Stete 10b. County	,	10c	. City, Town or L	ocation					10	d. inside City Limits
patition	cto	Pa.			Glen R	lock						1 Yes 2□No
B 10	Director	10e. Street end Number				10f. Zip C	ode			10g. Citizen of	What Count	ry?
MILL	a	Rural Route #4					7327			USA	A	
To the	by Funeral	11. Maritel Status 1 □ Never Married 2 □ Mer 3 □ Widowed 4 ★ Divorced	ried 1 Tes.	ecedent Ever i Forces? es 2 No Give or Dates:		Was Deceder If Yes, specify		ic Origin? (S exican, Puert ecify:	pecify Yes or No o Rican, etc.)	Specil	ce - America ock, White, e fy: Whi	etc.
	Completed	15. Deceder (Specify only highe	nt's Education	ard)	16e. Dece	edent's Usuel (e kind of work DO NOT use	Occupation	most of war	tina	16b. Kind of B		
4	du l	Elementery/Secondery (0-12)	1	e (1-4or 5+)	life.	DO NOT use	retired)	i inost or wor	KIII			
ent, Ita	3	8 17. Fether's Neme (First, Middle,	(and)		House	Wife	1			Own Ho		
0	ň		_	-					ne (First, Middle,			
E .	2	Joseph 19e. Informent's Neme/Reletions	B.	Film	nan	ino Addross (nna	ral Route Numbe		eelha	
r franc		Mr. Francis J.	1 1 71 3	III/so					105 Gler			
otto		20e. Method of Disposition		20	b. Placa of Dispo cemetery, cre				Date	20c. Location		
7 0		1 ☑ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S		III Stete	it. Mari			1	0/25/96	Towson	ьма	
18	1	21. Signiffma of Fimeral Service		7		2. Name end			0/23/30	10#301	i, na.	
Important: any injury poce.		21 1. [4	1 10 1					-				
cai		23e. Pert1. Enter the disease, or shock, or heart fellure. List Immediate Cause (Final disease or condition			deeth. Do not en	050 You	rk Rd. of dylng, suc	TOWS	1 Home, on, Md.	21204		Approximete Intervel Between Onaet and Death
cai ner			e. CERI	EBRO	leeth. Do not en VASCUI o (or es e conse	050 You	rk Rd. of dylng, suc	TOWS	on, Md.	21204		Intervel Between Onaet and Death
eai ner	uner	Immediate Cause (Final disease or condition resulting In death)	e. CERI	EBRO	leeth. Do not en VASCUI o (or es e conse	of the mode of the control of the mode of the control of the contr	rk Rd. of dylng, suc	TOWS	on, Md.	21204		Intervel Between Onaet and Death
eai ier	Cxaminer	Immediate Cause (Final disease or condition resulting In death)	e. CERI	EBRO	Jeeth. Do not en VASCUL to (or es e conse	of the mode of the control of the mode of the control of the contr	rk Rd. of dylng, suc	TOWS	on, Md.	21204		Intervel Between Onaet and Death
ne punertransmer	Cxaminer	Immediete Ceuse (Finel disease or condition	e. CERI	EBRO	Jeeth. Do not en VASCUL to (or es e conse	obo Your ter the mode of the m	rk Rd. of dylng, suc	TOWS	on, Md.	21204		Intervel Between Onaet and Death
cai ne bune-fransit ne es me bune-fransit ne es me cai ne	Medical Examiner	Immediate Ceuse (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	e. CERI	EBRO	VASCUL o (or es e consec MASS o (or es a consec	obo Your ter the mode of the m	rk Rd. of dylng, suc	TOWS	on, Md.	21204		Intervel Between Onaet and Death
or use es the burner fransk to a constant frank	Medical Examiner	Immediate Ceuse (Finel disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting In death) Last	e. CERI	EBRO Due to	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec	of your term of the mode of th	rk Rd.	Towsch es cardiac	on, Md.	21204 rest,	6	Intervel Between Onaet and Death 24 HOURS MONTHS
tached for use es the bune-fransit and the state of the s	Medical Examiner	Immediate Ceuse (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	e. CERI	EBRO Due to	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec	of your term of the mode of th	rk Rd.	Towsch es cardiac	on, Md. or respiretory er	21204 rest,	6 entribute to	Intervel Between Onaet and Death 24 HOURS MONTHS the cause of death?
tached for use es the burkertransit on a service of the burkertransit on the burkertransit on the burkertransit of	rijsiciali/medical Examiner	Immediate Ceuse (Finel disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting In death) Last	e. CERI	EBRO Due to	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec	of your term of the mode of th	rk Rd.	Towsch es cardiac	on, Md. or respiretory er	21204 rest,	6 entribute to	Intervel Between Onaet and Death 24 HOURS MONTHS the cause of death
by Physician/Medical Examiner	by rilysiciarymedical Examiner	Immediate Ceuse (Finel disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting In death) Last	e. CERI	EBRO Due to	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec	of your term of the mode of th	rk Rd.	Towsch es cardiac	23b. Did t	21204 rest, obacco use co res 20 No an autopsy	6 ontribute to 1 3 Probe	Intervel Between Onaet and Death 24 HOURS MONTHS the cause of death ably 4 Unknow The autopsy findings leble prior to
by Physician Medical Examiner	by rilysiciarymedical Examiner	Immediate Ceuse (Finel disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting In death) Last	e. CERI	EBRO Due to	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec	of your term of the mode of th	rk Rd.	Towsch es cardiac	23b. Did t	21204 rest,	6 3 Probe 24b. Were every common comm	Intervel Between Onaet and Death 24 HOURS MONTHS the cause of death? ably 4 Unknow
Completed by Physician Medical Examinar	by rilysiciarymedical Examiner	Immediate Ceuse (Finel disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting In death) Last	e. CERI	EBRO Due to	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec	of your term of the mode of th	rk Rd.	Towsch es cardiac	23b. Did t	obacco use co	ontribute to 1 3 □ Probe 24b. Were every common of de	Intervel Between Onaet and Death 24 HOURS MONTHS the cause of death? ably 4 Unknow e autopsy findings leble prior to pipeletion of cause
Be Completed by Physician/Medical Examiner	be completed by rilysicialymedical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Part II. Other aignificant conditions.	e. CERI b. CERI c. d.	EBRO Due to Due to	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec	of your termode of the mode of	ck Rd. of dylng, suc	Tows: the scardiac	23b. Did t 1 24a. Was	21204 rest, obacco use co res 2X0 No an autopsy rmed?	ontribute to 1 3 □ Probe 24b. Were every common of de	Intervel Between Onaet and Death 24 HOURS MONTHS the cause of death ably 4 unknow e autopsy findings leble prior to opletion of cause eath?
To Be Completed by Physician/Medical Examinar	o be completed by rilysicial/medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Part II. Other aignificant conditions.	e. CERI b. CERI c. d. Hospital: 12	EBRO Due to Due to death but not	VASCUL o (or es e consec MASS o (or es a consec or (or as e consec resulting in the u	obo your term the mode of the	CCIDI See given in F	TOWS the scardiac ENT Part I.	23b. Did to 1 24a. Was performent of the (Check only on one 5 Cheston)	21204 rest, obacco use co ves 2X No an autopsy med? ves 2X No re) lenca 8 □Oth	antribute to a 3 Probe 24b. Wer ever common of do a 1 I	Intervel Between Onaet and Death Onaet and Dea
If director, page 2 should be detached for use es the but To Be Completed by Physician/Medical	o be completed by rilysicial/medical Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Part II. Other aignificant conditions.	e. CERI b. CERI c. d. Hospital: 12	EBRO Due to Due to	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec resulting in the u	obo your term the mode of the	CCIDI se given in f	Place of Dee	23b. Did to 1 24a. Was performed to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21204 rest, obacco use co ves 2X No an autopsy med? ves 2X No re) lenca 8 □Oth	antribute to a 3 Probe 24b. Wer ever common of do a 1 I	Intervel Between Onaet and Death Onaet and Dea
y me tuneral director, page 2 should be deteched for use as the buriel-transit a property in the tuneral director. To Be Completed by Physician/Medical Examiner	o be completed by rilysicial/medical Examiner	Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underflying Cause (Disease or injury that Initiated events resulting in death) Last Part II. Other significant conditions. 25. Wes case referred to medical examiner? 1 Yes 2 No. 27. Menner of Death 1 Neturel 5 Pendin	e. CERI b. CERI c. d. Hospital: 128e. Det gration not be 28e. Plei	EBRO Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec resulting in the u 20 ER/Outpetier c) 28b. Time o Injury	obo you ter the mode of the mo	CCIDI See given in F 26. F Other: 4 injury et Work? 1 Yes	Place of Dee	23b. Did to 1 24a. Was performent of the (Check only on one 5 Cheston)	21204 rest, obsecto use co ves 2X No an autopsy med? ves 2X No ne) lenca 8 Oth low injury occur street end Numb	ontribute to 1 3 Probe 24b. Were evel com of de 1	Intervel Between Onaet and Death Onaet and Dea
or in restain unested, page 2 strong by catached for use as the burnerfransit at a life at the catached from the catache	or micaron. To be completed by rilysicial/medical Examiner	Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underflying Cause (Disease or injury that Initiated events resulting in death) Last Part II. Other aignificant conditions are summar? 1	e. CERI b. CERI c. d. Hospital: 128 gation not be 28e. Ple-buil g Physician: To the Examiner: On the	EBRO Due to EBRAL Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec resulting in the u 2 ER/Outpetier 28b. Time or Injury at home, ferm, str	obo your ter the mode of the m	CCIDI CCIDI See given in F 26. F Other: 4 injury et Work? 1 Yes	Part I. Piece of Dee	23b. Did t 1 1 1 24a. Was performent of the Check only on the Check only on the Crity or Town and due to the control of the	21204 rest, obacco use co ves 2X No an autopsy med? ves 2X No ne) lenca 8 □Oth low injury occur street end Numb m, State)	antribute to 1 3 Probe 24b. Wer evel com of de 1 1 Der (Specify) red	Intervel Between Onaet and Death Onaet and Death Onaet and Death Onaet and Death Onaet and Death Onaet and Death Onaet and Death Onaet and Death Onaet and Death Onaet Amber Onaet Amber Onaet Amber Onaet Amber Onaet Amber Onaet Amber Onaet Amber Onaet Amber Onaet Amber Onaet Amber Onaet Amber Onaet O
y me tuneral director, page 2 should be deteched for use as the buriel-transit a property in the tuneral director. To Be Completed by Physician/Medical Examiner	to the control of the completed by ruysicial wedical Examiner	Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underfying Cause (Disease or injury that initialed events resulting In death) Last Part II. Other significant conditions. 25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menner of Death 1 Neturel 5 Pendin investig 3 Suicide 6 Could related to the conditions of the could related to the could related	e. CERI b. CERI c. d. Hospital: 128 gation not be 28e. Ple-buil g Physician: To the Examiner: On the	EBRO Due to EBRAI Due to Due to death but not Si inpatient 2 te of Injury onth, Day Year, ce of Injury - Alding, etc. (Spe	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec resulting in the u 2 ER/Outpetier 28b. Time or Injury at home, ferm, str	of your ter the mode of the mo	CCIDI CCIDI See given in F 26. F Other: 4 injury et Work? 1 Yes	Piece of Dee	23b. Did t 1 1 1 24a. Was performed to the come of the control o	21204 rest, obacco use co ves 2X No an autopsy med? ves 2X No ne) lenca 8 □Oth low injury occur street end Numb m, State)	antribute to 1 3 Probe 24b. Wer evel com of de 1 aner (Specify) ared ber or Rural anner as ste end due to t	Intervel Between Onaet and Death Onaet and Death 24 HOURS MONTHS the cause of death? ably 4 Unknow e autopsy findings leble prior to pletion of cause eath? Yes 2X No Route Number, ted. the cause(s)
precety lined in by the tuneral director, page 2 should be detached for use es the buriel-transit a page 2 should be detached for use es the buriel-transit a page 2 should be completed by Physician/Medical Examinar	to the control of the completed by ruysicial wedical Examiner	Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underfulate Cause. Enter Underfulate cause. Enter Underfulate cause. Enter Underfulate cause. Enter Underfulate Cause. Enter Underfula	e. CERI b. CERI c. d. Hospital: 128 gation not be 28e. Ple-buil g Physician: To the Examiner: On the	EBRO Due to EBRAI Due to Due to death but not Si inpatient 2 te of Injury onth, Day Year, ce of Injury - Alding, etc. (Spe	VASCUL o (or es e consec MASS o (or es a consec o (or as e consec resulting in the u 2 ER/Outpetier 28b. Time or Injury at home, ferm, str	of your territhe mode of the m	CCIDI See given in F 26. F Other: Injury et Work? 1 Yes Hice the time, det my opinion,	Part I. Piece of Dee Nursing He 2 No	23b. Did t 1 1 Y 24a. Was performent to the correct of the time, of the correct o	21204 rest, obacco use co ves 2X No an autopsy med? ves 2X No ne) lenca 8 Oth owninjury occur itreet end Numb m, State) ceuse(s) and me dete end plece, 29d. Dete aligne	24b. Wer evel com of de 1	Intervel Between Onaet and Death Onaet and Death 24 HOURS MONTHS the cause of death? ably 4 Unknow e autopsy findings leble prior to pletion of cause eath? Yes 2X No Route Number, ted. the cause(s)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 31942 Certificate of Death Reg. No. 1. Decedent's Name (First Middle | ast) 2. Date of Death 3. Time of Death **Physician** Month Josephine Virginia Barranco **OCTOBER** 22,1996 12:40 A.M. /Medical 4a. Facility Name (If not Institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 413 Stevenson Lane Towson Baltimore County If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth
Months Deys Hours Min. (Month, Dey, Year) 5. Sociai Security Numbar 7. Age (In yrs. last birthdey) Birthpiece (Stete or Foreign Country) **Funeral** 1□M 2X F Months 212-50-6749 Director 82 FEB. 21,1914 Virginia Usual Residence of Decedant 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Baltimore County Rodgers Forge 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 7016 York Road 21212 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, White, etc. 1 Nevar Marriad 2 Married Specify: White 1 ☐ Yas 2 No Specify. þ 3 ₩ Widowed 4 Divorced Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) N/A Homemaker Own home 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Surneme) Be Salvatore 2 Presti Ignazia Verderaimi 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Maria A. Maranto/daughter 413 Stevenson Lane, Towson, Maryland 21204 20b. Piece of Disposition (Nema of cemetery, cremetery or other plece) 20c. Location - City or Town, Steta 1 ☐ Buriel 2 ☐ Cramation 3 ☐ Removel from Steta Department of Important: If eny injury or once. 4 □ Donation 5 ☑ Other (Specifit ombment Dulaney Valley Memorial OCT. 24 Lutherville, Maryland 22. Name and Addrass of Facility
Mitchell-Wiedefeld Home, Inc. 21. Signature of Funeral Sarvice License 6500 York Rd. Baltimore, Maryland 21212 Paper. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiec or respiratory arrast, shock, or heart failure. List only one cause on each lina. **Physician** Immediate Ceusa (Final diseesa or condition resulting in deeth) /Medical Examiner Dua to (or es a consequence of) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of) by Physician/Medical Dua to (or es a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed 24e. Wes an autopsy 24b. Were autopsy findings available prior to completion of cause of death? performed? 1 ☐ Yes 2 💆 No 1 ☐ Yas 2 ☐ No 25. Wes case rafarred to medical Be 26. Placa of Death (Check only one) examiner? 1 ☐ Yes 2 ☐ No Other: 4 Nursing Home 5 X Residence 8 Other (Specify) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 2 Certification: 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 26b. Time of 28c. Injury at Work? 26d. Describe how Injury occurred 5 Panding Injury 1X Naturel 2 Accident Investigetion 3 Suicide 8 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicide Medicai 29a. Cartifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the tima, data and piece, and dua to the cause(s) and manner as stated. 2 Medical Examiner: On the besis of examinetion and/or investigation, in my opinion, deeth occurred at tha time, data and place, and dua to the cause(s) and menner stated. (Check only one) 29b. Signeture end titla of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D27730 OCTOBER 22, 1996 30. Nama and eddrass of person who completed cause of death (Item 23e) (Type, Print) Gary I. Cohen, M.D. 6569 N. CHarles St. Suite 205, Towson, Maryland 21204

32 Registrar's Signeture

State Registrar 31. Dete filed (Month, Dey, Year)

OCT 251996

death with the Meryland

28a-f show

Pages 1 and 2 should be filed within 72 hours after death with the Meryle nent of Health end Mental Hypiene.
ant: If item 27 ie marked other than "natural", or hems 23a or 28s-f show ary or other traumatic event, the Medical Example, must be not the as

Baltimore, Maryland 21215-0020

The lew requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760.

physician s the buriel

attending

signed by the a

peed

certificata

After this

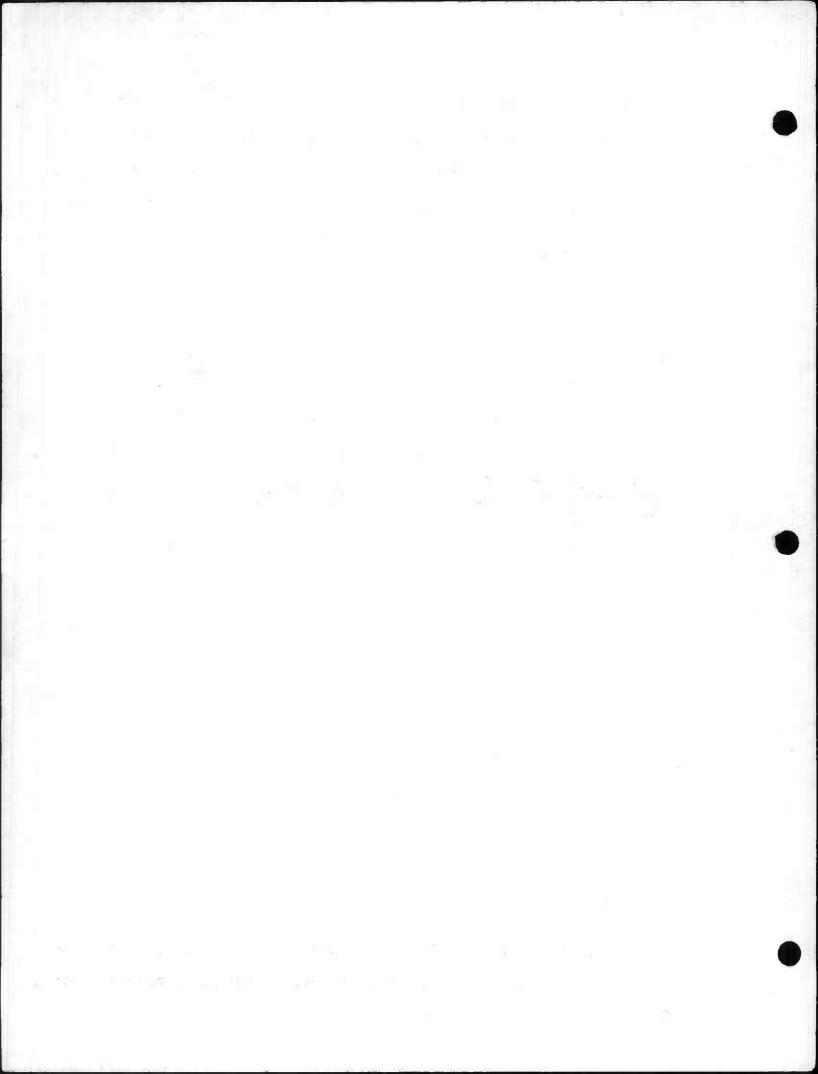
efter death.

Director: Aff
d in by the fur

within 24 hours eft To the Funeral Di-completely filled in the Hospital

or Attending Physician:

Physici	ian	Decedent's Name (First, Middle, La LYDIA	SUZANN	F		BARR)	2. Dete of D	Reg. No.	1996	3. Time of Deeth 1:10 P
/Medic Examin	cal	4a. Fecility Neme (If not institution, gh	ve street end number)		פסיו	DITTO:		or Location of Dea	ith 4c. Count	y of Deeth	
Funeral Director		Social Security Number 6. S	Sex 7. Ag		last birthde) Yrs.	y) If Under 1 Yea Months Days	r If Under 24				ace (Stete or Foreig
		Usual Residence of Decedent 10e. Stete 10b, County		10c. City	y, Town or L	Location	12 -	17 10-13	0-90		y Land Od. Inside City Limits
a or 28a-f show be notified at	Director	Maryland Anne A	Arundel	We	st R:	iver			10g. Citizen of	What Count	1 ☐ Yes 🏖 No
8		910 Judge Cou	rt			207			U.S.A		
natural, or items of	by Funeral	11. Marital Status ¶∑ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorcad	12. Was Decedent Armed Forces? 1 Tyes 2 Min If Yes, Give Yeer or Dates:		S. 13	Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☑ No		? (Specify Yes or Nuerto Rican, etc.)	14. Ra Bla Specia	ca - America nck, White, e fy: Whi	etc.
the Medical	Completed	15. Decedent's E. (Specify only highest green (Specify only highest green (Property (Secondary (0-12))	ducetion ede completed) College (1-4or 5	i+)	16e. Deci (Giv life.	edent's Usuel Occure kind of work don DO NOT use retir	upation e during most of ed)	working	16b. Kind of E		lustry
othe vent,	Be Con	N/A 17. Father's Name (First, Middle, Last,	N/A			N/A	18. Mother's	Neme (First, Middle	e, Meiden Surne,	N/A	
ımatic	TOE	Frank Stringf 19a. Informant's Neme/Relationship (rr	19b. Mei	ling Address (Stree	-	ia Suza		0	Code)
or other tra		Cynthia S. Bar 20a. Method of Disposition 1⊠Burlal 2 □ Cremation 3 □	r/Mother	20b. P	910 dece of Dispension, cre	Judge C position (Name of emetory or other plants)	t. Eas	Date	20c. Location	- City or Tov	wn, State
any injury once.		4 Donation 5 Other (Specifical) Signature of Funeral Service Licer	(y)	Woo	2	eld Ceme	ress of Fecility				le, Md.
		FIV ROUNDIA	3/1 -4		Ī	Jar uest	20111	Dond (22 00171	110	MD 2076
rsician		23a. Pant Enter the disease or form shock, or heart failure. Just only	CHANNEL Dications thet caused one cause on each lin	the deeth		Hardesty 905 Gale onter the mode of dy					MD . 2076 (Approximete Interval Between Onset and Death
dical		23a. Pant. Enter the disease or com- shock, or heart failure. Int only Immediate Cause (Finel disease or condition resulting in death)	LONG-CHAIN	ACYL	-COA DE	nter the mode of dy	ring, such as cere	diac or respiretory			Approximete Interval Between
dical niner	niner	Immediate Cause (Finel disease or condition	LONG-CHAIN	ACYL	-COA DE	nter the mode of dy	ring, such as cere	diac or respiretory			Approximete Interval Between
rdical miner miner tienesit	I Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying	LONG-CHAIN	ACYL	-COA DE	nter the mode of dy	ring, such as cere	diac or respiretory			Approximete Interval Between
g physician and as the burial-transit	m	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate	a. LONG-CHAIN	Due to (or	-COA DE	EHYDROGE NAS equence of):	ring, such as cere	diac or respiretory			Approximete Interval Between
dical as the burial-transit	m	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events.	b	Due to (or	-COA DE ras e conser es a conse	EHYDROGE NAS equence of):	ring, such as cere	NCY (LCAD)	errest,	ontribute to	Approximate Interval Between Onset and Death
igned by the attending physician and mysecian be detached for use as the bunial-transit	by Physician/Medical Ex	Immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest	b	Due to (or	-COA DE ras e conser es a conse	EHYDROGE NAS equence of):	ring, such as cere	NCY (LCAD)	errest,	ontribute to	Approximete Interval Between Onset and Death
as been signed by the attending physician and	by Physician/Medical Ex	Immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest	b	Due to (or	-COA DE ras e conser es a conse	EHYDROGE NAS equence of):	ring, such as cere	NCY (LCAD) 23b. Did 1	errest,	ontribute to 3 Prob	Approximate Interval Between Onset and Death
as been signed by the attending physician and	Completed by Physician/Medical Ex	Immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest	b	Due to (or	-COA DE ras e conser es a conse	EHYDROGE NAS equence of):	ing, such as cere E DEFICIE	23b. Did	I tobecco uss co] Yas 2 ☑ No s en eutopsy ormed?	ontribute to 3 Probe 24b. Wei	Approximate Interval Between Onset and Death Onset and Death ably 4 Unknown autopsy findings liable prior to piletion of cause
as been signed by the attending physician and	Be Completed by Physician/Medical Ex	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or injury that initiated events resulting in death) Lest	b	Due to (or	-COA DE ras e conser es a conse	EHYDROGENAS equence of): equence of): underlying cause g	E DEFICIE iven in Pert I.	23b. Did	I tobecco uss co I Yss 2⊠ No s en eutopsy formed? Yes 2□ No one)	ontribute to 3 □ Prob	Approximate Interval Between Onset and Death Onset and Death the causs of death ably 4 Unknown autopsy findings lieble prior to injection of cause eath?
as been signed by the attending physician and	To Be Completed by Physician/Medical Ex	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Pert II. Other significant conditions of the conditions of th	b	Due to (or Due to (or other to the contract of	n. Do not er —COA DE r as e conser es a conser es a conser eliting in the tr ER/Outpatie 28b. Time c injury	equence of): aquence of): aquence of): aquence of): aquence of): aquence of): aquence of): aquence of): aquence of): aquence of): aquence of):	iven In Pert I. 28. Plece of Ither: 4 Nursin	23b. Did 1 24a. We-perf	I tobecco uss collyse 2 No No No No No No No No No No No No No	pontribute to 3 Probleman	Approximate Interval Between Onset and Death Onset and Death of the causs of death ably 4 Unknown reautopsy findings (lieble prior to appletion of cause eath?
as been signed by the attending physician and	Certification: To Be Completed by Physician/Medical Ex	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Pert II. Other significant conditions of the cause in the cause of the	b	Due to (or Due to (or other to the to the to (or other to the to	n. Do not er COA DE r as a conse r as a conse es a conse es a conse es a conse ER/Outpatie 28b. Time c injury me, ferm, st	ent 3 DOA Control of the poor	iven In Pert I. 28. Plece of Ither: 4 Nursin	23b. Did 1 24a. We- perf 1 29 Death (Check only 28d. Describe 28f. Location	I tobecco uss collyss 2 No sen eutopsy formed?	pontribute to 3 Probleman	Approximate Interval Between Onset and Death Onset and Death of the causs of death ably 4 Unknown reautopsy findings (lieble prior to appletion of cause eath?
as been signed by the attending physician and 2 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit 1 should be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit be detached for usa as the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit below the bunal-transit bellow the bunal-transit below the bunal-transit below the bunal-tr	Certification: To Be Completed by Physician/Medical Ex	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Pert II. Other significant conditions of the cause of the	b. LONG-CHAIN b. C. I d. Contributing to death but to d	Due to (or Due to (or	n. Do not er COA DE r as e conse es a conse es a conse es a conse ER/Outpatie 28b. Time c Injury me, ferm, st	enter the mode of dy EHYDROGE NAS equence of): equence of): equence of): underlying cause g ent 3□ DOA Of M 1□ treet, fectory, office	iven In Pert I. 28. Plece of Ither: 4 Nursin	23b. Did 1 24a. We perf	I tobecco uss collyse 2 No sen eulopsyommed? Yes 2 No one) idence 8 Ott how Injury occur (Street end Numi	24b. Were evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 112 Probe evaluation of distribute to 24b. Were evaluation of distribute to 24b. Were evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 3 Probe evaluation of distribute to 4 Probe evaluation of	Approximate Interval Between Onset and Death Death Onset and Death Death Onset and Death
Ne Funerel Director: After this certificate has been signed by the attending physician and properties in the funeral director, page 2 should be detached for use as the bunal-transit of properties in the funeral director, page 2 should be detached for use as the bunal-transit of properties in the funeral director.	To Be Completed by Physician/Medical Ex	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Pert II. Other significant conditions of examiner? 1 Yes 2 No 27. Manner of Death Miner Neturel 5 Pending Investigation 3 Suicide 4 Homicide 29e. Certifier (Check only 2 Medical Exam	b. c. d. Mospital: 1	Due to (or Due to (or	n. Do not er COA DE r as e conse es a conse es a conse es a conse ER/Outpatie 28b. Time c Injury me, ferm, st	enter the mode of dy EHYDROGE NAS equence of): equence of): equence of): underlying cause g ent 3 DOA Of 28c. Injuice M 1 treet, fectory, office th occurred at the treetigetion, in my	iven In Pert I. 28. Plece of Ither: 4 Nursin	23b. Did 1 24a. We perf	I tobecco uss collyse 2 No sen eulopsyommed? Yes 2 No one) idence 8 Ott how Injury occur (Street end Numi	pontribute to 3 Probe 24b. Wei eval com of d 172 mer (Specify) rred ber or Rural anner as sta end due to	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Manyland / Department of Health and Mental Hygiene

31944

	_					Ce	rtifica	te of	Death	_	Reg. No.				
Physicia /Medica	_	Mary	me (First, Middle, La Heath	Beane	Э					2. Dete of De	er 20,	1996	3. Time of Death 0 4 0 0		
Examine			(If not institution, giver rundel M			er			4b. City, Town, or Annapol	isi	Anne		ndel		
Funeral Director		5. Social Security 113-01-		ex 7. A □M 2√2 F	ge (In yrs. I	est birthday) Yrs.	If Unde Months	Deys		8. Date of Bir (Month, De Nov. 2	th 19, Year) 9, 1916	9. Birthpi Coun New	lece (Stete or Foreign try) York		
a-f show	tor	Usuel Residence of 10a. State MD	of Decedent 10b. County Anne Ar	undel	_	, Town or Lo							0d. inside City Limita 1 ☐ Yes 2 📉 No		
3a or 28	Funeral Director	10e. Street end No. 5718 Ba	umber ayview P	arkway			10f. Zi 2 0 7	p Code			10g. Citizen of USA	Whet Coun	try?		
o', la	o o		rried 2 Married	12. Wes Decedent Armed Forces 1 Yes, 34 If Yes, Give Year or Detes:	?		Was Dece if Yes, spo 1 Yes		Hispanic Origin? (Sen, Mexican, Puerl Specify:	pecify Yes or No o Ricen, etc.)	14. Rad Bla Specif	ce - America ck, White, c			
Hygiene. ther than "natural", out, or a Me old a leas	To Be	(Spe	15. Decedent's Edecify only highest gra condery (0-12)	ducation ide completed) College (1-4or	5+)	16e. Deced (Give iife. Cleri	dent's Usu kind of w DO NOT	ual Occupation ork done during most of working use retired)			16b. Kind of B				
d off		17. Fether's Neme (First, Middle, Last) John Heath					18. Mother's Neme (First, Middle, Meiden St Sarah Calvin								
Health and I							19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 5720 Bayview Pkwy. Churchton, MD 20733								
0 - 2			sposition Cremetion 3 5 Other (Specify		CE	lece of Dispo emetery, crei	netory or	other ple	metery	Dete 10/23	20c. Location Essex		wn, Stete		
hysician //Medicai ixaminer		ner			23e. Peri T. Enter shock, or her Immediate Cause disease or condition resulting in deeth)	on	. Coro	nace Due to you	Do not ent	er the mo	idgi de of dyi	icy /my	Anna a	polis,	MD 2
es the bur	200	Sequentielly list or if any, leeding to in cause. Enter Und Cause (Disease of their initiated event resulting in death)	onditions, mmediete eriying r Injury ts Lest	0	Due to (or	es e consec	covo	: /	uj art	ery di	sease		VRS		
igned by the attendin be detached for use	Physician/M		ificent conditions co			iting In the u	nderiying	cause giv	ven in Part I.		tobacco use co Yes 2 No		the cause of death?		
hes been s		An	u ost ema							perfo	an autopsy med?	of o	re autopsy findings illeble prior to npletion of cause leath?		
	D	25. Wes case refe	rred to medical						26 Place of Dec	1 D	,	1	Yes 2 No		
00	5	exeminer?	4	Hospitel: Inpati	ent 2 🗆 E	ER/Outpetlen	t 3 D	OA Oth	JOI.	eth <i>(Check only d</i> lome 5 ☐ Resid		ner (Specify)		
ofter death. Director: After this in by the funeral		27. Menner of Dee 1. Meturel 2 ☐ Accident	th 5 Pending Investigation	28e. Dete of inju (Month, De		28b. Time of Injury		28c. Injui Wo			now Injury occur				
efter de Directo d in by th		3 ☐ Sulcide 4 ☐ Homicide	6 ☐ Could not be determined	28e. Piece of in	jury - At hor c. (Specify	me, ferm, str	eet, factor	y, office		28f. Location (: City or Tox	Street and Number, Stete)	ber or Rural	Route Number,		

29a. Certifier (Check pnly one)

ANNAPOUS, MD 21401

29d. Date signed (Month, Dey, Year)

10/20/96

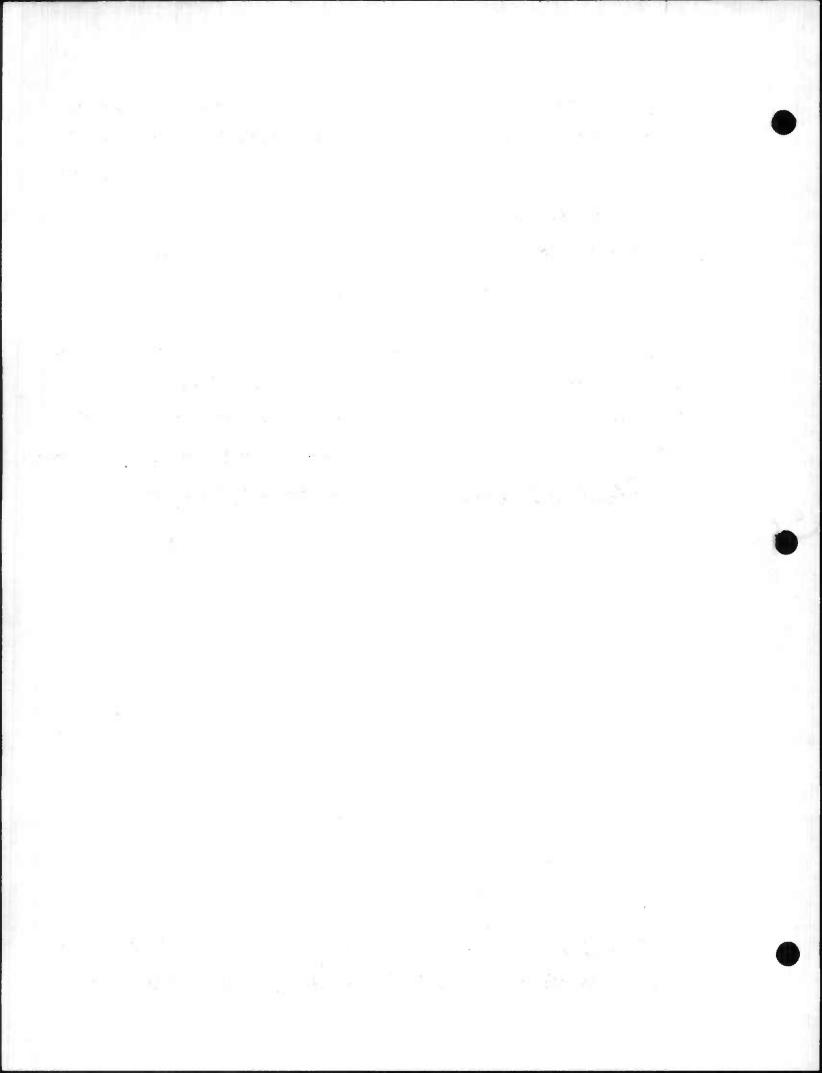
1 Cretifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

29c. License number

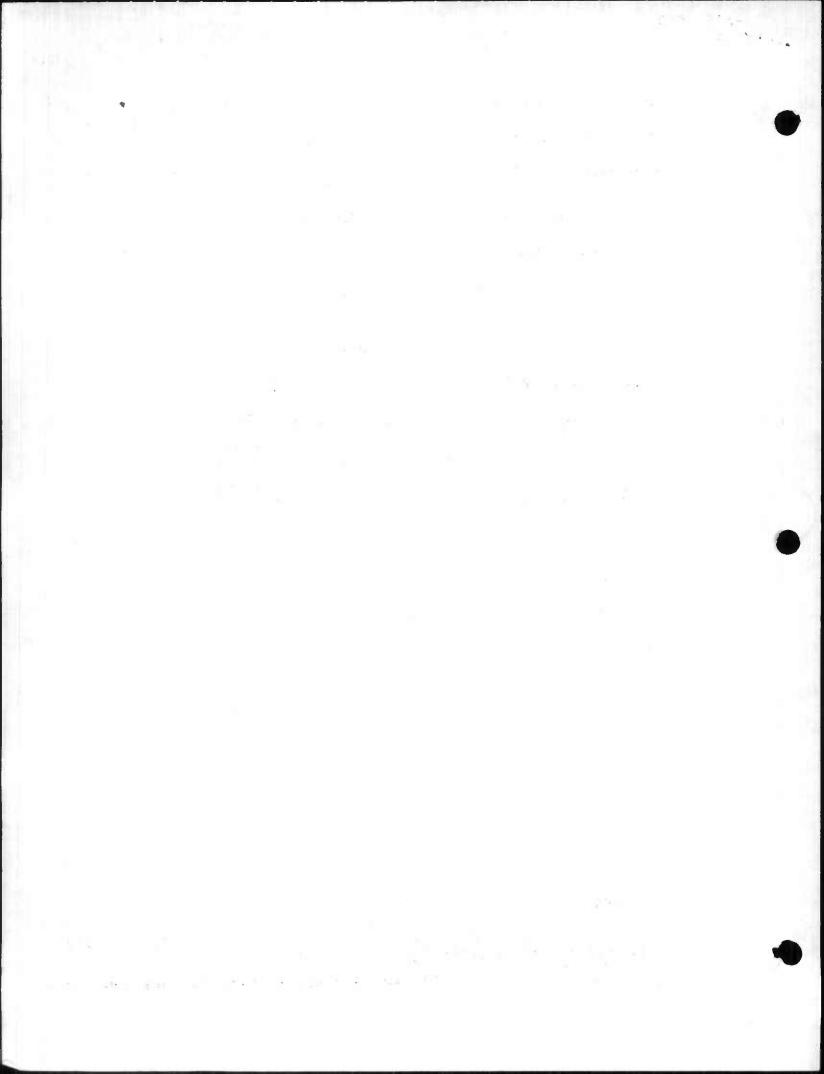
D31082

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96 3 | 945

				Certificate of	Death		Reg. No.		
Physician /Medicai	Decedent's Neme (First, Middle, L LAURA	BAYNE				2. Date of Do	-	9 9 6°	3. Time of Death 9:40 PM
aminer	4e. Fecility Neme (If not Institution, g				4b. City, Town, o	r Location of Deer	th 4c. Count	y of Deeth	
ral lor	5. Sociel Security Number 6. 218 11 4824 Usuel Residence of Decedent	Sex 7. A 1□ M 2 2 F	ge (In yrs. lest birth 27 Y	Months Days		n. (Month, De	rth ey, Year) 27 1969	9. Birthpl Count	ece (State or Foreign mary land
ctor	10e. State 10b. County Maryland Baltim	nore	10c. City, Town		(11/10			10	Od. Inside City Limits 1 ☐ Yes 2 Ø No
ai Director	10e. Street end Number 3020 Orlando	Ave		10f. Zip Code	21234		10g. Citizen of	Whet Count	try?
by Funeral	11. Maritel Status 1 □ Never Merried 2 ☑ Merried 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces' 1 Yes 2 If Yes, Give Yeer or Dates:	?	13. Wes Decedent of if Yes, specify Cul		Specify Yes or Norto Rican, etc.)	14. Rei Bie Specil	ce - America ock, White, e	otc.
Completed	15. Decedent's E (Specify only highest gi Elementery/Secondery (0-12) 12	Education rede completed) College (1-4or		decedent's Usuel Occu Give kind of work done ife. DO NOT use retire	during most of w	orking		6b. Kind of Business/Industry	
To Be C	17. Fether's Neme (First, Middle, Las	en Pietra	•			renda l	Maiden Sumer	ne) Clayt	07
	19e. Informent's Name/Reletionship Brian Bayr		And :	Meiling Address (Stree 3020 Orlan	1	Parkvil			Code) 21234
SOCCE.	20e. Method of Disposition 1. Burial 2 Cremetion 3 [4 Donetton 5 Other (Spec	ify)			ery	October 23 1996	BAILIN		Mary land
SUCE	21. Signeture of Funerel Service Lice	. Kmm		22. Neme end Addr	ess of Fecility EV	IAMS Chapel	of Memo		MD- 21234
v.Medicai Examiner	Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Intileted events resulting in deeth) Lest	b	A S + N r Due to (or es e co	nsequence of):					
Physician/	Pert II. Other significant conditions	dcontributing to death b	ut not resulting In th				23b. Did tobacco usa contribute to the cause of		
Completed by F						24e. Wes	en eutopsy ormed?	24b. Wer evai com of de	re eutopsy findings ilable prior to pletion of cause eeth?
a	25. Wes case referred to medical exeminer? XIXYes 2□ No	Hospitel:	17-47-mm	Ot	hor	eth (Check only o	one)		
Certification: To Be	27. Menner of Death 1. Neturel 5 Pending 2 Accident investigation			e of 28c. Inju	4 LI Nursing I	Home 5 Resident	denca 6 □Oth how Injury occur		
1 -	3 Suicide 6 Could not be determined	building, et	c. (Specify)	, street, fectory, office		City or Tox			
edical	29e. Certifier (Check only one)	nysician: To the best of minar: On the basis of end menner ste	examinetion end/o	eeth occurred et the ti r Investigetion, in my o	me, date end plec opinion, deeth occ	a, end due to the urred et the time,	ceuse(s) and me dete end plece,	enner es sta end due to t	ted. the cause(s)
W	29b. Signeture and title of certifier 30. Neme and eddress of person who	completed cause of d	acle	MD	se number		29d. Date signe OCT .		
State gistrar		guna vantesis	NP 111		eet, Ba	ltimore	e, Mary	land	21201



State of Maryland / Department of Health and Mental Hygiene

10d. Inside City Limits

1 ☐ Yes 2 X No

Physician
/Medical
Examiner

4a. Facility Name (If not institution, give street and number)

12:55 p

Funeral Director

the Maryland 28a-f show

"natural", or frems 23a or 28a-f shov ed cal Examiner must be notified at death filed within 72 hours after the Medical nd Mental Hygiene. marked other than traumstic event. and 2 should be ealth and Mental .00

21215-0020

aftimore, Maryland

P.O. Box 68760.

Records,

of Vital

Division

Physician /Medical **Examiner**

nt of Health a : If Rem 27 is or other tra

permit. Page Department of Important: If any Injury or

The law requires that the death certificate be executed bunial-tran the 88 esn 0 ed by the al signed I page 2 should Physician: /s after dea. or Attending filled in by Hospital 24 hours stely thin . Tothe

þ

Completed

Be

10

Certification:

Medical

Certificate of Death Decedent's Name (First, Middle, Last)
MILDRED 2. Dete of Death I. BAKER Month 1996 23 OCT 4b. City. Town, or Location of Deeth 4c. County of Death
ANNE ARUNDEL NORTH ARUNDEL HOSPITAL GLEN BURNIE If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) Days Hours 1□M 2XF 217 26 5510 Yrs 68 1928 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Director Maryland Anne Arundel Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4926 Brookwood Road 21225 U.S. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, spacify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 ◯XNo Specify: by Specify: 3 ₩ Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Custodian Board of Education 8th 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Naomi Eckels Louis Heppding 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Darlene Boyd Daughter 4926 Brookwood Road Baltimore, Maryland 21225 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Burlal 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 10/29/96 Glen Burnie, Maryland Glen Haven Memorial Pk. 21. Signature of Funerei Service Licensee 22. Name and Address of Fecility Gonce Funeral Home P.A. amuseus Baltimore, Md. 4001 Ritchie Highway 23a. Fert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. immediate Cause (Final MUUTPLE DISURUS diseese or condition resulting in death) Due to (or es a consequence of): Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as e consequence of)

1 Neturat

2 Accident

3 Suicide

29a. Certifier

4 Homleide

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

Yes 2 No

24b. Were autopsy findings available prior to completion of cause of death? Yes 20 No

Onset and Deeth

25. Was case referred to medical Yes 2□ No 27. Manner of Deeth

5 Pending Investigation

6 Could not be determined

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 🖾 DOA 28a. Date of Injury (Month, Day Year) 10 23 96

28b. Time of 28c. Injury at Work? Injury 1 Yes 212 No 12crpm

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) and menner as stated.

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred TRAJORDE MAILER DRIEROECAR IN MP DU WITH

28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) RT10+ Dagnance no Anne Annos co uno

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and menner stated. 29b. Signature and title of certifie

Willee

29c. License number O.C.M.E

29d. Date signed (Month, Day, Year OCTOBER 23, 1996

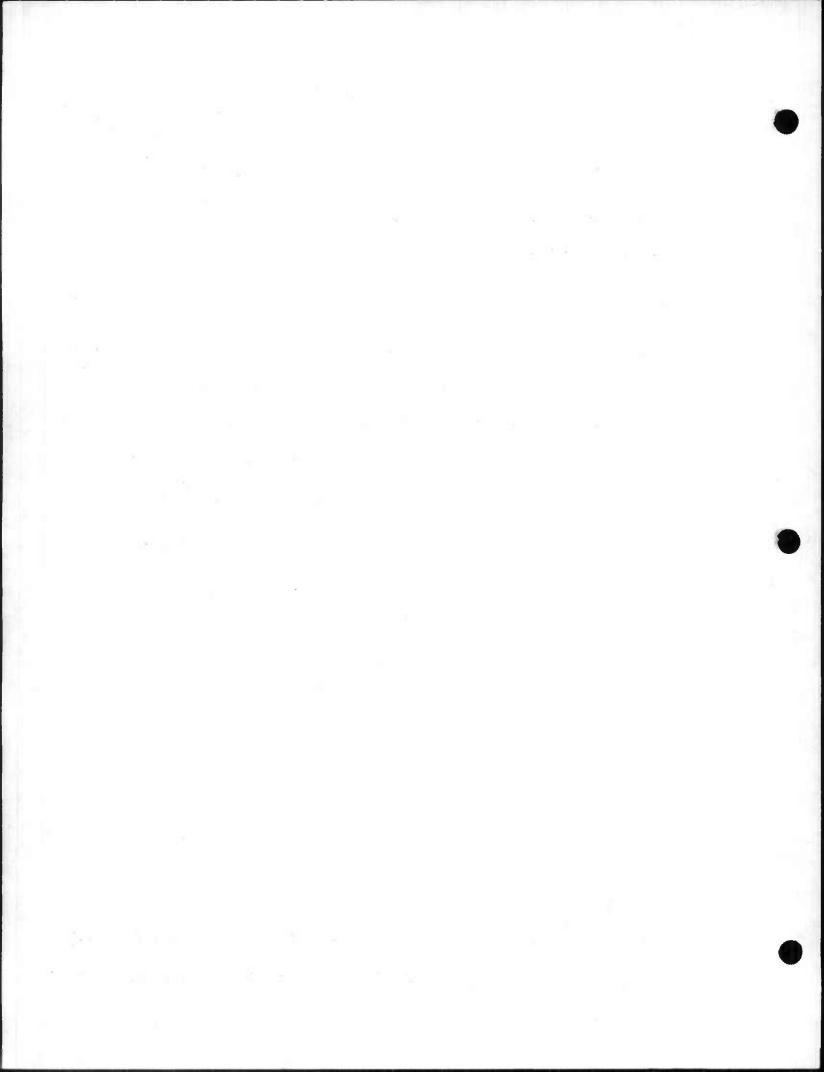
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

KONOCC MAS Alyporto 31. Date filed (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

26. Piece of Deeth (Check only one)

State Registrar 32. Registrar's Signature



111 Penn Street, Baltimore, Maryland 21201

State Registrar

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

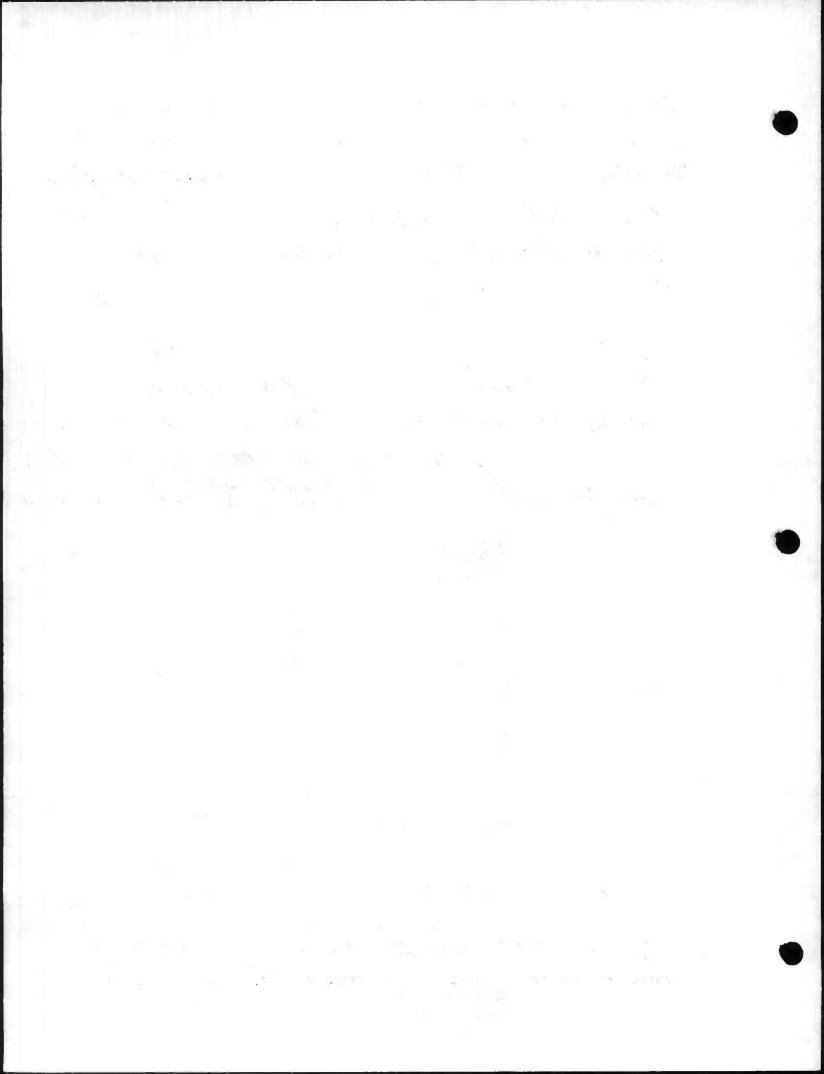
32. Register's Signature
Revealth Stuttlen Randall

31. Date filed (Month, Dey, Year)

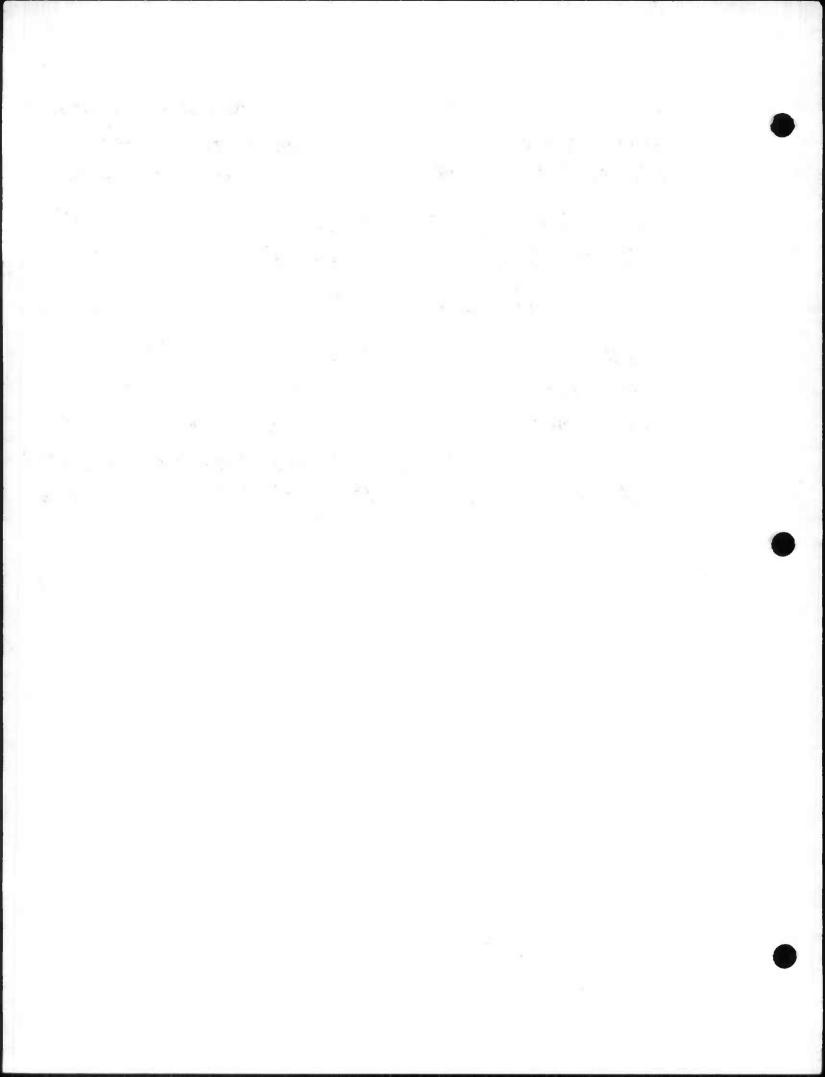
Jennis J. Chute no

State of Maryland / Department of Health and Mental Hygiene

Physicia		1. Decedent'e Neme (First, Middle, Las	1)	Certific	ate of Death	2. Dete of D	Reg. No.	3. Time of 8
Medica	-	Deborah R.	Campbell			Month O2+	Dey	Yeer 2:0
viedica kamine veral ctor	er	4a. Fecility Neme (If not institution, give UNIVERS ' fy of M 5. Social Security Number 1.6. Se 2.6 16-1443	street end number) NEd. Sys-a	RQ S. GREEN Lest birthday) If Un Month	MEST. BAHA	MORE rs. 8. Date of B	th 4c. County BAH	10
H		Usuel Residence of Decedent 10e. Stete t 0b. County	//n 10c. C	ity, Town or Location				10d. Inside City
ittiner must be notified at	Director	t Oe. Street and Number	1/4		7085_ Zip Code 2		10g. Citizen of N	What Country?
must be	eral D	830 A V	NE 57,		21201		U,	9,A
	by Fui	t 1. Meritel Status t D Never Merried 2 Married 3 Widowed 4 Divorcad	12. Was Decedent Ever In Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Detes:	If Yes, s	cedent of Hispanic Origin? pecify Cuben, Mexican, Pu s 2 PNo Specify:	(Specity Yes or N erto Rican, etc.)	Specify	ca - American Indien, ck, White, etc.
the Medical	Completed	t 5. Decedent's Edu (Specify only highest grad Elementery Secondary (0-12)	cation le completed) College (t-4or 5+)	16e. Decedent's U (Give kind of life. DONOT	sual Occupetion work done during most of w r use retired)	vorking	16b. Kind of Bi	Usiness/Industry
	To Be C	17. Fether's Neme (First, Middle, Last)	HERS		CAR	ame (First, Middy	BARME	21
er traum		19e. Informent's Neme/Reletionship (7)	Pe, Print)	19b. Meiling Address 5230	ess (Street and Number or	Purel Route Nymi	ber, City or Town,	State, Zip Code)
njury or oth		20e. Method of Disposition 1 Burlel 2 Cremetion 3 F 4 Donetion 3 Other (Specify)	Removel from State	Pleca of Disposition (familiary)	or other plage)	10/00/40	LANSTO	City or Town, State
any ii		21. Signeture of Foneral Service Licens	med	27	end Address of Facility ORY P. MARC	In Page	BATTIM	15 PIA 100 FMD, 21
ician dical niner		239. Perty. F. e. the/diseese, or compl shock or went failure. List only of Immediate Ceuse (Finel diseese or condition	se cause on each line.	th. Do not enter the m	lode of dying; such es card	ac or respiretory (errest,	Approximate Interval Between Onset end De
		resulting in deeth)		or es a consequence o	of):			24 6
iai-trans	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury		or es e consequence o	of):			-1/1
s the burial-transit	dicar.	Ceuse (Disease or Injury that initieted events resulting In deeth) Last	Due to (or es e consequenca o				29 hes
i ii		C ,	acquire	d immun	ecte ficiency	ty ndiem	2	is where
bed for		Pert II. Other significant conditions con	tributing to death but not re-	sulting in the underlying	g cause given in Pert I.		tobacco use cor Yes 25 No	ntribute to the cause of
detac	- I -					24a. Wes	en autopsy	24b. Were autopsy fin- avellable prior to
2 should be d						perf	ormed?	completion of cau of death?
e 2 should be d	Completed	5. Was case referred to medical				t 🗆	Yes 212 No	completion of cau
director, page 2 should be d	no pe combieren	10 165 2E NO		BER/Outpatient 3□ I	DOA Other: 4 Nursing		Yes 212No	completion of cau of death?
director, page 2 should be d	no pe combieren	exeminer? 1	lospital: t (Expatient 2 = 28a. Dete of Injury (Month, Dey Year)	ER/Outpatient 3 28b. Time of injury M	Other:	t □ eeth (Check only Home 5□ Resi	Yes 212No	completion of cau of death? t □ Yes 2□ N er (Specify)
in by the funeral director, page 2 should be d		exeminer? 11 Yes 2 No 17. Menner of Death 1 Naturel 5 Pending investigetion 3 Suicide 6 Could not be determined	28a. Dete of Injury (Month, Dey Year) 28e. Place of Injury - At h building, etc. (Special Control of the Contr	28b. Time of injury M ome, farm, street, fectory)	DOA Other: 4 Nursing 28c. Injury at Work? t Yes 2 No ory, offica	eeth (Check only Home 5 Resi 28d. Describe 28f. Location (City or To	Yes 2 lino one) Idenca 6 □ Othe how injury occurr Street and Numburn, State)	completion of cau of death? t □ Yes 2□ N er (Specify) red er or Rurel Route Number
in by the funeral director, page 2 should be d		exeminer? 1	28a. Dete of Injury (Month, Dey Year) 28e. Place of Injury - At h	28b. Time of injury M ome, farm, street, fectory)	DOA Other: 4 Nursing 28c. Injury at Work? t Yes 2 No ory, office	eeth (Check only Home 5 Resi 28d. Describe 28f. Location (City or To	Yes 2 line one) Idenca 6 □ Other how injury occurr Street and Number of N	completion of cau of death? t Yes 2 N er (Specify) ed er or Rurel Route Numbe
at prector: After this certificate has been signed in by the funeral director, page 2 should be director. Page 2 should be destification. To Be Completed by		exeminer? 1	28a. Dete of Injury (Month, Dey Year) 28a. Place of Injury - At h building, etc. (Special Cian: To the best of my known; On the basis of examine	28b. Time of injury M ome, farm, street, fectory) weldge, deeth occurrention end/or investigetion	DOA Other: 4 Nursing 28c. Injury at Work? t Yes 2 No ory, office	eeth (Check only Home 5 Resi 28d. Describe 28f. Location (City or To	Yes 2 line one) Idenca 6 □ Othe how injury occurr Street and Numb wn, State) cause(s) end me date and plece, a	completion of cau of death? t Yes 2 N er (Specify) ed er or Rurel Route Numbe



			State of Maryland	/ Department of Certificate of		11.60	20	31	949
		1. Decedant's Nama (First, Middla, Las	ot)			2. Data of Deatl	ng. No.	3.	Tima of Death
Physici /Medio		DEWITT	CLARK	Jr.		Detober	21 19		0:45 AM
Examir Funeral Director	er	4a. Facility Nama (If not institution, give 1	PCS	t birthday) If Undar 1 Ya Yrs. Months Da		MAD 8. Data of Birth	4c. County of	1/A	(Stata or Foraign
p .		Usuai Rasidance of Decedant 10a. Stata 10b. County	. 10c City.	Town or Location		100:17	194/1	MANA	nside City Limits
after death with the Maryla or terms 23e or 28e-f show triner must be notified at	ector	MD, N//	A F	BALTIMORI 101. Zip Code	5	4/	On Chinas of Man	1	Vas 2 No
ath with a 23e or mat be	Funeral Director	400 MT.	Holly 57.	2	1229		og. Citizen of Wh	2, 17	
ours after do rai', or itserv Examinar, n	by	11. Maritái Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar in U,S. Armed Forcas? 1 IDYas 2 □ No ITY pas Giva Jesus Dates Or Life	13. Was Decedant of it Yas, specify C	of Hispanic Origin? (Speubar, Maxican, Puarto F No Specify:	cify Yas or No- Rican, atc.)		Amarican ir Whita, atc.	K
f within 72 ho jene. Then "natur the Medical	Completed	15. Decedant's Ed (Specify only highast gra Elamantary/Secondary (0-12)	ucation da complated) Coilega (1-4or 5+)	16a. Decedant's Usual Oci (Giva kind of work doi lifa. PO NOT usa ret	cupation na during most of workin ired)	1	CABB	nass/Industr	1
ould be filed Mental Hyg arked other atto event, I	To Be Co	17. Fathar's Nema (First, Middla, Last) TEWN TT CA	pX	FITYVIN	18. Mother's Nama	(First, Middle, N	Maldan Sumagna)	2	
inges 1 and 2 short of Health and t. If item 27 is m y or other traum		19a. Interment's Name/Relationship (1	Ramoval from Stata	19b. Meiling Address (Strate) e of Disposition (Nama of latery, crematory or other in the control of the contr	T. AOlly 5	7, BN	City or Town, SI TMD, 20c. Location - Ci	2127	9
Departme Importan any injur		4 Donation 9 Other (Specify 21. Signatura of marai Service Ligan	11/10	22. Nama and Ad	drass of Facility PRODUCT FUR	VERALI VERALI	VAI-11	11000 11, 2, 2,	1229
Physician /Medical Examiner	10	23a. Party Epita the decade, or company the company of the company	. Esophag	Do not antar tha moda of o	tying, such as cardiac of	respiratory arre	est,	inta	proximata rvat Between set and Deeth
certificate be executed iding physician end ise as the buriel-transit	dical Examiner	Sequentially list conditions, if any, leading to immadiate cause. Entar Undarlying Cause (Disease or injury that initieted evants	С.	s a consequence of):					
iffic ass	4	rasuiting in death) Last	d						
tha c	Physician/M	Part II. Other significant conditions co	entributing to death but not resulting	ng in tha undarlying causa	givan in Part I.				cause of death?
been sign	Completed by					24a. Was ar perform		24b. Wera a availab comple of death	utopsy findings le prior to tion of cause
The page						1 □ Ya	Cherry		8 2□ No
	S Be	25. Was casa retarred to medical axaminar?	Hoapitai:		26. Place of Death Other:				
5 5 5	ation: To	27. Manner of Deeth Neturai 5 Panding invastigation	1 ☐ Inpatient 2 ☐ EF 28a. Dete of Injury (Month, Day Year)	Bb. Tima ot Injury 28c. ir	4 LI Nursing Hon		w injury occurred		USPICE
To the Hospital or Attending Physipin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	Certification:	3 Suicida 6 Could not be 4 Homicida dataminad	28a. Placa of Injury - At home building, atc. (Specify)	a, farm, straat, tactory, office	ce 2	8f. Location (Str City or Town,	reat and Number , Stata)	or Rural Ro	uta Number,
n 24 hou n 24 hou Ne Funeri	edlcai	29a. Certifier (Check only one) Certifying Phyone) Certifying Phyone Certifying Phyo	rsician: To the best of my knowle iner: On the besis of examination and manner stated.	dge, deeth occurred at the a and/or invastigation, in m	time, dete and piece, e y opinion, daath occurre	nd due to the ca d at tha tima, da	use(s) and mann ita and place, an	ner as stated d dua to tha	cause(s)
To the comp	ž	29b. Signatura and titla of certifiar		29c. Lice	ensa number	29	d. Data signed (Month, Day,	Year)
(1)		1 20. 2	man	0	40480		Outober	22	1996
MX	'	30. Nama and addrass of person who of	omplated causa of death (itam 23	3a) (Type, Print)	5810 B	MO	21206		
Sta Registr		31. Data tiled (Month, Day, Year)	22. Registrats Signatur	٤					



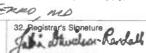
ITEN: 26. PER ASSOC. PHYSICIAN Control of Manual State of Maryland / Department of Health and Mental Hygiene 95 FILM G-740 10/25/96 tt Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth OCTOBER 10, Dey 1996 **Physician** Year ELSTE MARY CUTELLUCCT 5:00 A.M. /Medicai 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 6000 MANNINGTON AVENUE BALTIMORE COUNTY BALTIMORE If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** 1□ M 2□ F Yrs. Director 216-03-0707 SEPTEMBER 27,1898 ITALY Usuel Restdenca of Decedent the Maryland 10e. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f sho traumatic event, the Modical Examinar must be notified at 1 ☐ Yes 2 ☐ No Director MARYLAND BALTIMORE BALTIMORE COUNTY 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6000 MANNINGTON AVENUE 21206 U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No tf Yes, Give X Year or Dates: Wes Decedent of Hispantc Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. ages 1 and 2 should be filed within 72 hours after to the Heath and Mental Hygene.

If item 27 is marked other than "natural", or hence or other transment. 1 ☐ Never Merried 2 ☐ Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: δ Specify 3 Widowed 4 □ Divorced WHITE 15. Decedent's Education (Specify only highest grade com 16b. Kind of Business/Industry 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) completed) Elementery/Secondery (0-12) College (1-4or 5+) 6 TAILORING INDUSTRY TAILOR N/A 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) MICHELE LICITRI MICHELINA FALZONE 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) JOAN FISCHER (DAUGHTER) 6000 MANNINGTON AVENUE BALTIMORE, MARYLAND 21206 Baltimore, Pages 1 ament of He 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Removat from State 4 ☐ Donetion 5 ☐ Other (Specify) MOST HOLY REDEEMER CEMETERY OCTOBER 14, 1996 BALTIMORE, MARYLAND 22. Name and Address of Fecility
LASSAHN FUNERAL HOME, INC. 21. Signeture of Funeret Service Licansee 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236-4625 Approximete intervat Between Onset and Death **Physician** /Medical tmmediete Ceusa (Final Congestive Heart weeks disease or condition resulting in deeth) Examiner sician and buriel-transit Sequentially ilst conditions, if eny, teading to immediate cause. Entar Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequença of): physician is the buriel Box 68760, Physician/Medical Due to (or es e consequence of): P.O. signed by the e Part It. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. þ 24b. Were autopsy findings available prior to Completed 24e. Wes an autopsy completion of cause of death? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Be 25. Was case referred to medical 28. Plece of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home \$13 Residence 6 Other (Specify) 1 Yes 2 No this 28e. Dete of tnjury (Month, Dey Year) 27. Manner of Deeth 28c. Injury et Work? To the Hospital or Attanding Pt within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral 28d. Describe how Injury occurred 28b. Time of 5 Pending Investigetion 1 Naturet 1 Yas 2 No 2 Accident 3 Suicide 8 Could not be determined 28e. Placa of Injury - At home, ferm, street, fectory, offica bullding, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homictde Modical Examiner: On the basis of examination and/or investigation, in my opinion, dath occurred at the time, date and piace, and due to the causa(s) and manner as stated.

| Madical Examiner: On the basis of examination and/or investigation, in my opinion, dath occurred at the time, date and piace, and due to the cause(s) and manner stated. Medical 29e. Cartifiar 29b. Signeture end title of certifier 29d. Deta signed (Month, Day, Year)

State Registrar 31. Deta filed (Month, Day, Year) 2 5 1996

FERRYANDO



Jamo un

30. Nema end address of person who completed cause of deeth (Item 23e) (Type, Print) 55/0

29c. License number

Bulto

040480

Belein

11,1996

Derber

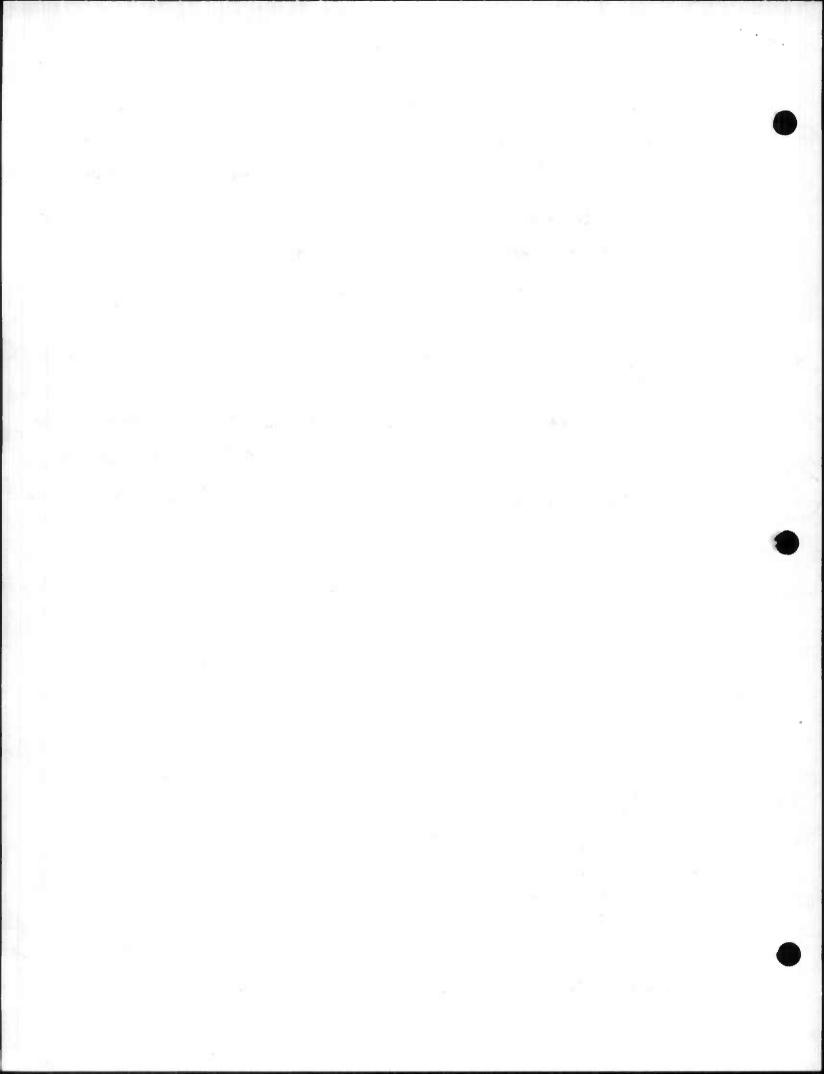
21206

DHMH 16 Ray 6/95

• and with the first transfer of transfer of the first transfer of transfe

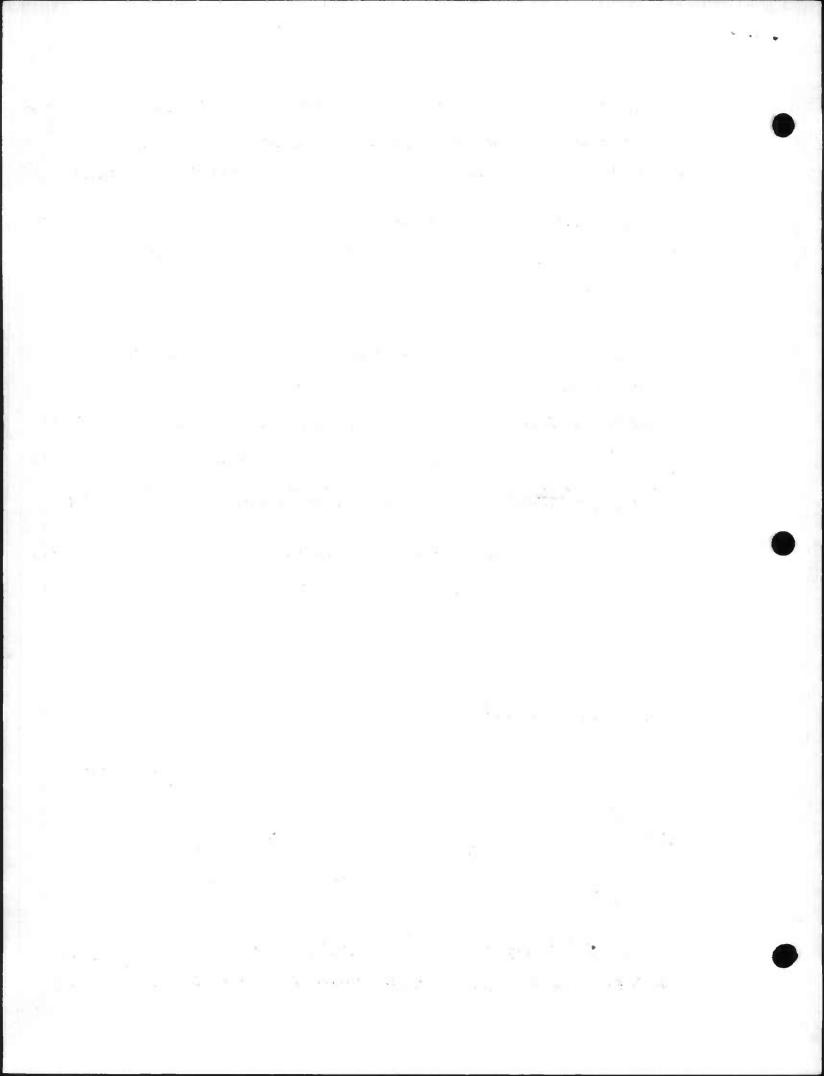
State of Maryland / Department of Health and Mental Hygiene 96 3 | 95 |

					Certific	cate of Death		Reg. No.	0 01001
		1. Decedent's Name (First, Middle, L		A. 1	,		2. Date of D Month		3. Time of Death
ıysician Medicai	_	Gilbert	W.	Cham	niAlrsa		Detober	18	1996 12:05
caminer		4a. Facility Name (If not institution, g)			or Location of Dea	th 4c. County	y of Death
	4	Genesis Cromn	vell Nursin	9 Home		Par	Kaslls	7	Saltimore
erai ctor		5. Social Security Number 215 12 1290 Usual Residence of Decedent	Sex 7. A	ge (In yrs. lest L	Yrs. If U	nder 1 Year If Under 24 I this Deys Hours M	Vin. (Month, D	rth ey, Year) 31 1921	9. Birthplece (State or Fore Country) MATY LAND
95	-	10a. State 10b. County		10c. City, To	wn or Location				10d. Inside City Lim
io io	5	Maryland Balti	more		PArk	5/1 iv			1 □ Yes 201
Director	2	10e. Street end Number				. Zip Code		10g. Citizen of	What Country?
2 0	5	3223 TEXA	es Ave			21234			USA
Funeral	100	11. Marital Status	12. Wes Decedent	Ever in U,S.	13. Was D	ecedent of Hispenic Origin	? (Specify Yes or N		ce - American Indian,
þ	2	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces' 1 Yes 2 If Yes, Give Yeer or Dates:	No		specify Cuben, Mexican, Pross	uerto Rican, etc.)	Specif	ck, White, etc.
Completed	3	15. Decedent's E	Education	16	a. Decedent's	Usuel Occupetion f work done during most of		16b. Kind of B	usiness/Industry
Med pide	2	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4or		life. DO NO	f work done during most of T use retired)	working		
COU	5	12.	1		Com	MUNICATION		US	GOVT.
Be (17. Father's Neme (First, Middle, Les				18. Mother's	Name (First, Middle	, Meiden Sumer	ne)
To	2	Benjamin	Chamberla	17		UNKOWI	ΥΥ		
E	1	19a. Informent's Name/Relationship		19		iress (Street end Number of	11		
her traume	-	DALE CAS	siay		1654	1.111			argland 21286
any Injury or other ti once.	1	20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Other (Special Content of the Conte		cemet	of Disposition ery, cremetory KWOCO	Cemetery	October 21 1994		City or Town, State Limort MD.
any Inj		21. Signature of Funeral Service Lice	ensee V		22. Nem		EVANS Chap 3200 HArton		nemones altimore mb zizz
		23a. Part1. Enter the disease, or con shock, or heart failure. List only	inplications that cause	d the death. Do	not enter the				Approximete Interval Between
usa as the burial-transit	200	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest	b. Stroke	Due to (or as e					
an.			d						
sicia	1	Part II. Other significant conditions	contributing to death b	ut not resulting	In the underlyi	ng cause given In Part I.	23b. Did	tobacco uae co	ntribute to the cause of deat
Physician/	2						1 🗆	Yee Mo	3 Probably 4 Unkno
2 2	2						-		
paga 2 should	-							an autopsy ormed?	24b. Were eutopsy finding available prior to completion of cause of death?
Com							10	Yes 200 No	1 ☐ Yes 2 ☐ No
Be (25. Was case referred to medical examiner?				26. Plece of	Death (Check only	one)	
die Jo		1 Yes 2 No	Hospital: 1 ☐ Inpatie	ent 2 ER/C	utpatient 3	DOA Other: 4 Nursin	g Home 5 Res	idence 8 Oth	er (Specity)
		27. Manner of Deeth 1 ☑ Naturel 5 ☐ Pending	28e. Date of Inju (Month, Da	ry 28b.	Time of Injury	28c. Injury at Work?		how injury occur	
atte		2 ☐ Accident investigation	n		М	1 ☐ Yes 2 ☐ No			
Certification:		3 Suicide 6 Could not be determined	28e. Place of Inj building, et	ury - At home, i c. (Specify)	arm, street, fac	ctory, office	28f. Location (City or To	Street and Numb wn, Stete)	per or Rurel Route Number,
		29a. Certifier 1 Certifying Pt (Check only one) 2 Medical Example 1	nyalcian: To the best minar: On the basis of and menner st	examinetion e	e, deeth occur nd/or investiga	red at the time, date and pli tion, in my opinion, death o	ace, and due to the courred at the time,	cause(s) and madate end place,	anner as stated. and due to the cause(s)
		007	2000	4 .	A	29c. License number		29d. Dete signe	d (Month, Day, Year)
Medical C	- 1	29b. Signature end title of certifier	1-11						
edical	- 1		4-4	16,	16	D39297		10/2	196
edicai	1	29b. Signature end title of certifier	completed cause of d	eath (Item 23a)	(Type, Print)			10/2	196
Medical	13		completed cause of d		(Type, Print)		MA 212		196



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

				-	icate of	Death	Reg. I	70	3/952
	Physic	ian	Decedent's Nema (First, Middle, Last)		(. Data of Death Month ,	Day Year	3. Time of Death
	/Medi		Margaret Loretta	2		onroy	Dct.	24 19	96 12 AM
	Exami	ner	4a. Facility Nama (If adt institution, give street end number)			4b. City, Town or Local		4c. County of De	ath
			Bel Air Nursing & Rehabilitatio 5. Sociel Security Number 6. Sex 7. Aga (In vrs. Ia:		て Undar 1 Yaer	Bel Air ff Under 24 Hrs. 8		Harford	
L	Funeral Director		5. Sociel Security Number 220-12-5950 Usuel Rasidance of Dacedant		onths Days	Hours Min.	Deta of Birth (Month, Day, Yea Wrch 20,	1926 M	irthpiaca (Stata or Foraign Sountry) WYLAND
	land w			Town or Location	on				10d. inside City Limits
	th with the Marylar 23a or 28a-f show	tor	Maryland Harford Bel	e Air					1 ☐ Yes 2 No
	r 28	frec	10e. Street and Number	1	Of. Zip Coda		10g.	Citizan of What (Country?
	th wil	alD	902 Martell Court, Unit E		2101	4	u.	S.A.	
21215-0020	urs efter des al', or itema	by Funeral Director	11. Marital Status 1 □ Never Married 2 ☑ Merried 3 □ Widowed 4 □ Divorced 12. Was Decedent Ever In U,S. Armed Forcas? 1 □ Yes 2 ☑ No If Yas, Giva Year or Detes:		Decedent of I- s, specify Cub Yas 2 X No	dispenic Orlgin? (Specif en, Mexican, Puerto Ric Specify:	y Yes or No- can, etc.)	Black, Wh	nerican Indian, lita, etc. Uhite
5-0	iges 1 and 2 should be filed within 72 hours nt of Heelith end Mental Pyglene. If item 27 is marked other than "natural", or other traumatic avant, the Medical Exa	Completed by	15. Decedent's Education (Specify only highast grada completed)	18a. Decedent'	's Usuai Occup	pation during most of working d)	16b.	Kind of Businas	s/Industry
21	ithin	nple	Elementary/Secondary (U-12) Collega (1-4or 5+)			d)	i i		
	filed within Hygiene. ther then " int, the Me	S	10th grade	Homema	ker			own Home	
Maryland	should be filed within and Mental Hygiene. marked other then matic avant, the Minatic ava	Be	17. Fethar's Nema (First, Middla, Lest) Charles Dorman			18. Mother's Nama (F Margaret		en <i>Sum</i> ama)	
Z	hould d Me mark matic	70	19a. Informant's Name/Ralationship (Type, Print)	10h Malting A	dda a (Classe	and Number or Rural R		T C	71-0-44
N S	d 2 sho ith end it is me traum		Thomas Conroy (Husband)		•	Court, Unit			
e,	Heel Heel			eca of Disposition				Location - City of	
Baltimore,	permit. Peges 1 and 2 Department of Heelth e Important: if item 27 is any Injury or other tra once.						25/96 R	altimore	e, Maryland
alti.	permit. Per Department Important: any Injury		21. Signetur Gel Fundral Service tricegalle	22. Na	me end Addre	ss of Fecility			
Ö	Departiment in the second in t		Mhy / / (64	Sch	umunek	Funeral Ho cPhail Road	me of Be	el Air,	Inc. 21014
	o		23a. Pm.1. Entar tha diseesa, or complications thet caused the deeth. hock, or haart failura. List only ona causa on aach lina.					, , ,,,,	Approximate Intarvai Between
	Physician								Onset end Death
4	/Medical Examiner		trimedieta Causa (Final disaasa or condition ASp. NA	TION	Praw	LOW. A			TWK
	Lxammer	7	tmmedieta Causa (Final disaasa or condition resulting in death) Dua to (or a Sei Zu	as a consequan	ce of):				TWK
Т	nsit	Examiner			9	er			4,50
-6	ifficate be executed g physician and as the burial-transit	xar	Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Cause (Disease or injury that initiated events Dua to (or e	as a consequand	ce of):				
68760,	e be slcia	edicai	Cause (Disease or injury that initiated events	es a consequand	on offi				1
	E 0 6		resulting In death) Last	is a consequant	se orj.				
Box	requires that the death cer seen signed by the attendin hould be detached for use	Physician/N	d						1
	the at	sici	Pert ft. Other significant conditions contributing to death but not rasulti	ting in the under	tying causa giv	ven in Part t.	23b. Did tobac	co use contribu	te to the cause of death?
P.0	d by t		ALTH. DersentiA				1 🗆 Yee	200 30	Probably 4 Unknown
S)	w requires that been signed t should be det	by	7.00				200.000	. 2001 0.00	NAC - A - C - Al-
Records,	need shoulk	Completed					24a. Was an au performed		available prior to complation of cause
Rec	2 55	du.							of death?
	iclan: The cartificate rector, pag		W				1 Yas	28 No	1 Yas 2 No
of Vital		o Be	25. Was casa rafarrad to medical axaminar? Hospital:		Ott	28. Placa of Death (C			
0	£ 5 p	7: To	27. Manner of Death 28a. Data of injury 2	Proutpatient 3 28b. Tima of	28c. inju	Nursing Homa	d. Dascribe how in		ecity)
ion	tending Ph Jeath. Ior: After th the funeral	atlor	1 Privatural 5 Panding (Month, Day Year) 2 Accident investigation	tnjury N	Wor	rk? Yes 2□No	NA		
Division	Atternation of the py the	He	3 Suicida 6 Could not be 28a. Piace of injury - At hom	na, farm, straat,			Location (Street City or Town, Str	and Number or i	Rural Routa Number,
	s ofte	Certification:	4 Homicida building, afc. (Specify)		MA		MA	ara)	
	Mospital or Attending In 84 hours efter death. Funeral Director: After death, the funeral place of the funeral pla	edical	29a. Cartifier (Check only one) Certifying Physician: To the best of my knowle and manner steted.	edge, death occ on and/or investi	curred at tha ting gation, in my o	me, deta and place, enc opinion, daeth occurred	dua to tha cause at tha tima, data	o(s) and mannar and piace, and d	as stated. ue to the cause(s)
	O To	ž	29b. Signature end title of certifiar		29c. Licens			Date signed (Moi	
	60		Myn & An		D3	5885		10/	24186
	10		30. Nama and addrass of person who completed cause of death (Item 2	23a) (Type, Print	1)	7889 1 MD 1	0.	/	
	/				Phai	1 143 1	We PW	LMO	2/0/9
	Sta Registr		31. Date filed (Month, Day, Year) QCT 2.5 1996 32. Registrer's Signatur	ra 22					



State of Maryland / Departmen

Certificat

t of Health and Mental	Hygiene	Q	6	3	1	Q	5	6
e of Death		000	U	U		2	U	9
e oi Dealli	Dog No							

Physician /Medical Examiner

Funeral Director

Physician /Medical Examiner

The lew requires that the death certificate be executed signed by certificate or Attending Physician: After this death. Director: To une within 24 hours enter To the Funeral Dir Hospital 943

Division of Vital Records, P.O. Box 68760,

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death COSTA Jr OCTOBER 21, 1996 JOSEPH 2:50PM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth ST. AGNES HOSPITAL BALTIMORE N/A If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) Months Deys 1 → M 2 □ F Yrs 219-30-1163 68 Aug. 24, 1928 Md. Usuei Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director Baltimore 1 ☐ Yes 2 ☑ No Towson 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 205 E. Joppa Rd. #502 21204 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck. White, etc. 1 √Yes 2 No If Yes, Give Yeer or Detes: 1 □ Never Married 2 □ Married 1 Yes 2 No Specity: þ Specify: 3 ☐ Widowed 4 ☑ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 Truck Driver Yale Transport 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be 2 Joseph John Costa, Sr. Mary Rose Provenzano 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 205 E. Joppa Rd. #502 Towson, Md. 21204 Mrs. Sara M. Ferrari/Daughter 20e. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Gardens Of Faith 10/26/96 Rosedale, Md. 21. Signetore of Furreral Service Licensee 22. Name end Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth Immediate Ceuse (Final Arteriosclerotic Cardiovascular Disease disease or condition resulting in death) Due to (or es e consequenca of): Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably X Unknown þ 24b. Were autopsy findings eveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? INSPECTED 1 Yes 2 No 1 Yes 2X) No Be 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Yes 2□ No Certification: To 1 ☐ inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 X Xatural 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 ☐ Homicide Medical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the ceuse(s) end menner as stated.

Wedicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. OCTOBER 22, 1996 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) STEPHEN S. RADENTZ M.D. 111 Penn Street, Baltimore, Maryland 21201

DHMH 16 Rev 6/95

State Registrar 31. Dete filed (Month, Dey, Year)
OCT 2 5 199

42. Radistrer's Signature delle



State of Maryland / Department of Health and Mental Hygiene

_						
0	100	0	3	0	100	1
9	Da	3	- 1	1.1	God	2.
-	ra	. 1		-7		B.
-	~			_	-	

	1.	Decedant's Nan	na (First, Midd	lle, Last)								2. Data of De	Reg. No.		3. Tima of Dee	
ian		NORMA	and and	-, ====)		н.			DA	LLEY			ERDay 1	1 ⁹ 9 6		
cal ner	40	. Facility Nema	(If not institutio	on, giva s	treet and num						wn. or Lo	ocation of Deat		nty of Death	J. J. J. F.	
ner	1					,							40. Cour	N/A		
П		501 DO Social Security I		6. Sex		7. Aga (In)	yrs. last birth		r 1 Yaar		24 Hrs.	8. Data of Bir (Month, Da	th		place (State or Fo	
	Us	20 24 5 ual Rasidance c		1 🗆	M 21XF	6	8 Y	rs. Months	Days	Hours	Min.	Aug. 2'	7, 1928	Ma	ryland	
tor	N.A	a. Steta aryland	10b. County	n/a		10c.	. City, Town	or Location	E	Baltim	ore				1 Yas 2	
Director	10	e. Street and Nu	umber					10f. Zip	p Coda				10g. Citizan o	Whet Country?		
al	5	01 Dolp	hin St.	. #9	914					21217			Unit	nited States		
by Funeral		Marital Status 1 Never Man 3 Widowed		ried	2. Was Deced Armed Ford 1 Tas 2 If Yes, Giva Yaar or Da	ces? 2 📉 No	in U,S.	13. Was Deced if Yes, special To Yas		Hispanic Orleen, Mexican Specify:	gin? (Spo , Puerto	ecify Yes or No Rican, atc.)	Spec	ace - Amark leck, Whita, lify: B		
Completed		(Sne	15. Daceder	nt's Educ	ation completed)		16a. D	acedent's Usua	al Occup	pation	of work	ina	16b. Kind of	Businass/In	dustry	
nple		Elamentery/Sec		ist grade	Collaga (1-	4or 5+)	7	Give kind of wo life. DO NOT u	ise ratire	d)	OF WORK	ng				
ပ္ပိ	17	10		1 41				Coc	ok_		Restaurant r's Name (First, Middle, Maiden Surname)				ant	
(Unknown) 19a. Informent's Name (First, Middla, Last) (Unknown) 19a. Informent's Name/Ralationship (Type, Print) 19b. 1					Simms Clara (Unknown 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)					nknown)						
							19b. N	Mailing Addrass 216 Nort	s (Street moun	and Number	or Rura	altimor	er, City or Tow Ce MD		216	
	200	a. Mathod of Dis 1 Buriel 2 4 Donation	Cramation	3 □Re	emovel from S	tete	comatany,	Disposition (Nan cremetory or o Mount (other ple		10	Dete /25/96			City or Town, Stata	
	21	. Signature of	ola A	Lil	lua	m		22. Nama an CAFA St 8717 (teph	en D.	Loh	rmann F	A. Baltim	ore, l	MD 2128	
	tmmediata Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any, laeding to immediate cause. Entar Underlying Causa (Disease or Injury thet initiated eyents)											raspiratory arrast, Approximata Interval Batween Onset and Deeth				
sal Examiner	dis	aase or condition sulting in death)	òn			Due to	o (or as a col	Cand i'd nsequance of):	ovas:						Intarval Batwee	
an/Medical Examiner	Se if a car	aase or condition sulting in death)	onditions, nmedieta erlying Injury			Due to	o (or as a col	Cand i'd nsequance of):	ovas:						Intarval Batwee	
	Se if a car	ease or conditic sulting in death) quentially list co my, laeding to in use. Enter Unde usa (Disaasa or ti initiated events	onditions, nmedieta errying Injury s Last	a. b. c. d.	Athe	Due to	o (or as a cor	Card i'd insequence of):	o vas	cular	Ois	sease		ontribute to	Initarval Batwee	
Physician/	Se if a car	ease or conditic sulting in death) quentially list co ny, leeding to in use. Enter Und use (Disease or ti initiated events sulting in daeth)	onditions, nmedieta errying Injury s Last	a. b. c. d.	Athe	Due to	o (or as a cor	Card i'd insequence of):	o vas	cular	Ois	23b. Did			Interval Batwee Onset and Dee	
by Physician/I	Se if a car	ease or conditic sulting in death) quentially list co ny, leeding to in use. Enter Und use (Disease or ti initiated events sulting in daeth)	onditions, nmedieta errying Injury s Last	a. b. c. d.	Athe	Due to	o (or as a cor	Card i'd insequence of):	o vas	cular	Ois	23b. Did 1 1 24a. Wes	lobacco use c	3 ☐ Prof	o the cause of dibably 4 © United to the cause of dibably 4 © United are autopsy findiciallable prior to	
by Physician/I	Se if a car	ease or conditic sulting in death) quentially list co ny, leeding to in use. Enter Und use (Disease or ti initiated events sulting in daeth)	onditions, nmedieta errying Injury s Last	a. b. c. d.	Athe	Due to	o (or as a cor	Card i'd insequence of):	o vas	cular	Ois	23b. Did 1 1 24a. Wes	tobacco use c Yes 2□ No an autopsy rmed?	3 ☐ Prol 24b. Wi	Dithe cause of debably 4 12 Unkara autopsy findin	
Completed by Physician/	Se if a car Ca the ras	quentially list county, leading to list. county, leading to list. county, leading to list. county, leading to list. county, leading to list. county	onditions, mmediata erlying Injury S Last	a. b. c. d.	Athe	Due to	o (or as a cor	Card i'd insequence of):	o vas	cu/q r	Ois	23b. Did 1	tobecco use c Yes 2□ No an autopsy rmed? **tion Yes 2⊠ No	3 Prol	o the cause of debably 4 1 United are autopsy findiellable prior to mojetion of cause	
Be Completed by Physician/	Se if a car Ca the ras	quentially list conny, leeding to linuse. Enter Under use (Disasse or tinitiated events utiling in daeth) It II. Other significations was a constructed events to the control of the cont	onditions, nmedieta priving Injury s Last	a. b. c. d.	A the	Due to	o (or as a cor o (or as a cor o (or as a cor resulting in th	nsequance of): nsequance of): nsequance of):	o vas	van in Pert I.	O(2	23b. Did 1 □ 24a. Wes perfo	nobecco use c Yes 2□ No an autopsy rmed? * fl'o ↑ res 2⊠ No	3 Prof	o the cause of dobably 4 Union of cause autopsy findiellabla prior to impletion of cause death?	
To Be Completed by Physician/	See if a cac cac cac cac cac cac cac cac cac	quentially list condition in death) quentially list condition, laeding to in use. Entar Unde use (Disassa ort initiated events ulting in daeth) t II. Other significance.	onditions, nmediate priving Injury s Last	a. b. c. d.	Ather	Due to Due to Due to	o (or as a cor o (or as a cor resulting in th	cardidansequance of): Insequance of): Insequance of): The underlying called a sequence of the under	o vas	van in Pert I.	of Deeth	23b. Did 1 24a. Wes perfo	tobacco use c Yes 2□ No an autopsy rmed? * 1'0 ↑ ras 2,⊠ No one) dence 8 □ Or	3 Prof	o the cause of dobably 4 Union of cause autopsy findiellabla prior to impletion of cause death?	
To Be Completed by Physician/	Se if a cac Cather ras	wes casa refer axaminar? The Neural Death Wes casa refer axaminar? Wenner of Death Accidant	onditions, nmediate priying Injury s Last floant condition No h 5 □ Pendin invastig	a. b. c. d. hons control	Ather	Due to Due to Due to Due to	o (or as a coro	nsequance of): nsequance of): nsequance of): ne undarlying c atlent 3 DO at of ury M	DA Other	van in Pert I.	of Deeth	23b. Did 1	tobecco use c Yes 2□ No an autopsy rmed? **I'O' Yas 2☑ No one) dence 8□Or now Injury occu	3 Prof	o the cause of dibably 4 United Description of Cause death?	
Be Completed by Physician/	Se if a cac Cather ras	west case refer axaminar? The Year of Death West case refer axaminar? The Year of Death Neturat	onditions, mmediate strying Injury s Last Itcant condition No h 5 □ Pendin	a. b. c. d. Hoons control	A the	Due to Due to Due to Due to	o (or as a cor o (or as a cor o (or as a cor resulting in the	nsequance of): nsequance of): nsequance of): ne underlying c atlent 3 DC na of 2	DA Other	van in Pert I. 26. Placa 18r: 4□ Nui 26.	of Deeth	23b. Did 1	Robecco use c Yes 2 No an autopsy rmed? Ation Yes 2 No one) dence 8 On now Injury occu	3 Prof	o the cause of dobably 4 Union of cause autopsy findiellabla prior to impletion of cause death?	
Certification: To Be Completed by Physician/	See if a can can can can can can can can can c	wes casa refer axaminar? Wes casa refer axaminar? Menner of Deatt Neturat Call Accidant Cartiflar Cartiflar	onditions, medicate and provided to medical long. Last Illicant conditions to medical long. In the long to medical long to medical long to medical long. In the long to medical long to med	a. b. c. d. Hope gation not be sined	A the display of the second of	Due to Due to Due to Due to Due to Due to Due to Due to	o (or as a coro o (or as a cor	nsequance of): nsequance of): nsequance of): ne undarlying c atlent 3 DO at of ury M	DA Oth DA Oth Wor 1 y, office	van in Pert I. 26. Placa nar: 4 □ Nur y at k? Yas 2 □ N	of Deeth sing Hor	23b. Did 1	tobecco use c Yes 2 No an autopsy rmed? At 10 7 Yas 2 No one) Jence 8 Oo now Injury occu	3 Profile Prof	o the cause of dibably 4 United Unite	
To Be Completed by Physician/	Serif a cac cac cac the ras 25.	wes casa refer axaminar? 1 Neturat 2 Accidant 3 Suicida 4 Homicida a. Cartifier (Check only)	onditions, medicate strying Injury s Last Iterated to medical No h 5 Pendin investig 6 Could indeterm 1 Cartifyin 2 Medical	a. b. c. d. Hope gation not be sined	A the distributing to dea	Due to Due to Due to Due to Due to Due to Due to Due to	o (or as a coro o (or as a cor	nsequence of): nsequence of):	causa given and the street of the tire, in my oc. Licens	26. Placa 26. Placa 18r: 4 Nui y at k? Yas 2 Nui ma, data and pinion, daat a number	of Deeth	23b. Did 1	tobecco use c Yes 2 No an autopsy rmed? At 2 No Area 2	3 Prof	o the cause of dibably 4 United Unite	
edical Certification: To Be Completed by Physician/	See if a can can can can can can can can can c	west casa refer axaminar? 11. Other signification of the case of conditions of the case o	onditions, medical stripes str	a. b. c. d. hons control ggation not be lined gg Physic Examine	A their	Due to Due to Due to Due to Due to Due to Due to Due to	o (or as a coro o (or as a cor	nsequence of): nsequence of):	causa given and the street of the tire, in my oc. Licens	van in Pert I. 26. Placa nar: 4□ Nui y at k? Yas 2□ N	of Deeth	23b. Did 1	an autopsy med? **I'O' 7 **Yes 2 No one) dence 8 Or one injury occurs, State) causa(s) and medata and place	3 Prof	o the cause of cobebly 4 12 Unare autopsy find eliable prior to impletion of causedeath? Yes 2 No.	
edical Certification: To Be Completed by Physician/	See If a can can can can can can can can can c	wes case reference of the control of	onditions, medicate strying Injury stast Ilcant condition Tred to medical No h 5 Pendin investig 6 Could investig 1 Cartifyin 2 Medical I titla of certifier titla of certifier	a. b. c. d. hons control ggation not be lined gg Physic Examine	A their A their spirals of the base and manna	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	o (or as a conco (or	nsequence of): nsequence of):	causa given by office et the tire, in my oc. Licens	26. Placaner: 4 Nury at k? Yes 2 Numa, data and pinion, deat a number . M . E .	of Deeth sing Hor	23b. Did 1 1 24a. Wes perfo This perfo Check only of the self lead of the time, and due to the end of the time,	Allobacco use control of the control	3 Profile Prof	othe cause of a bably 4 our University of the cause of a bably 4 our University of the cause of a bably 4 our University of the cause of a bably 4 our University of the cause of a bably 4 our University of the cause of the cau	

The second section of the second section and the second

State of Maryland / Department of Health and Mental Hygiene

96 31955

21204

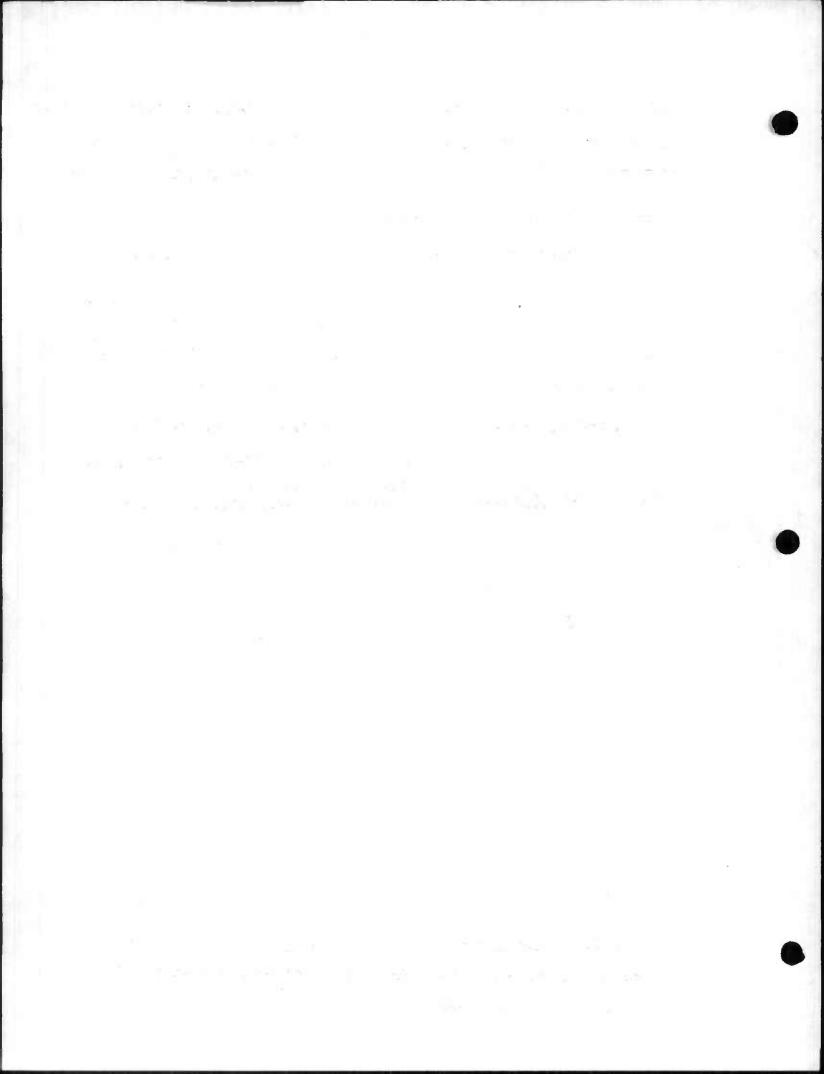
					Ce	runcate	OI	Death		Reg.	No.			
uninin m		Decedent's Neme (First, Middle, Le	est)						2. Dete of E		Davi	Vees	3. Time of Deeth	
ysician Iedical	_	GUS A.	DRA	KOS					OCT.	21	Dey 199	Yeer 96	1:45 AM	1
aminer		a. Fecility Neme (If not institution, gir	ve street end number)					4b. City, Town, o	r Location of Dec	-	4c. County		and the same of th	i
	5.	SAINT JOSEPH Sociel Security Number 6.5			ER	If Under 1	Vear	TOWS	+	Sinth		TIM(
eral	L		12 M 2□ F 7		Yrs.		Deys			Dey, Ye	1925	9. Birth Cou Pen	plece (Stete or Foreig intry) insylvania	7
Na .	10	Da. State 10b, County		10c. City,	Town or Lo	cation							10d. fnside City Limits	(1)
eted by Funeral Director		Maryland Baltin	nore	Ba	ltimo	re							1 ☐ Yes 2 ☒ No	0
i e	10	De. Street end Number				10f. Zip (Code			10g.	Citizen of V	Whet Cou	ntry?	
Je.		3607 Red Rose Far	rm Road				2	21220			U.S.A			
by Funeral Director		Marital Stetus 1∰Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 2 Yes 2 N If Yes, Give Year or Detes:	lo		Was Decede If Yes, specif 1 ☐ Yes 2		Hispenic Origin? (ben, Mexican, Pue Specify:	(Specify Yes or Nerto Ricen, etc.)	10-		ck, White,	can Indian, , etc.	
Completed by		15. Decedent's E	ducation		16e. Deced	dent's Usuel	Occu	pation		16b. Kind of Busine				
ompieted		(Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4or 5	4)	(Give life.	kind of work DO NOT use	done retire	during most of w	rorking					
000		12		.,	Poli	ice Sg	t.			Ba	ltimo	re C	ity Police	6
BeC	17	7. Fether's Neme (First, Middle, Last						18. Mother's No	eme (First, Middl	Baltimore City F t, Middle, Meiden Surname)				
	1	Anastasios Drakos	3					Evdok	ia Kakta	kas				
Important: If item 27 is marks any injury or other traumatic once.	1	19e. Informent's Neme/Relationship (Type, Print) George A. Drakos, brother				ng Address (Stree	t end Number or F	Purel Route Num	ber, Cit	y or Town,	Stete, Zij	Code)	
		eorge A. Drakos	brother	1	516 t	Jmbra	Sti	reet, Ba		timore, Md.		1. 21224		
	20	e. Method of Disposition 1⊠ Burial 2 ☐ Cremetion 3 ☐	ce of Dispo ne <i>tery, cr</i> en	sition (Neme netory or oth	e of er ple	ice)	Dete	20c.	Location -	City or To	own, Stete			
		4 Donetion 5 Other (Specif	(y)	0al	c Lawn	n Ceme	ter	СУ	10-24	Ba	ltimo	re,	Md.	
500G	2	Signeture of Funerel Service Licer	nsee /		22 M -	Neme end	Addre	ess of Fecility uneral	Iomo					
a		War &	hatthe) 30	TOTIEM	SF	uneral i	nome	- 200	Ma	272	24	
	2	3e. Pert1. Enter the diseese, or com shock, or heert feilure. List only	plications that caused	the deeth.	Do not ent	er the mode	of dyl	ng, such es cardi	ac or respiretory	errest,	, Ma.	212	Approximate	
an	L	snock, or neert tellure. List only	one cause on each lin	Θ.									Interval Between Onset and Deeth	
al	Im	nmediete Cause (Finel seese or condition	RESPIRA	ATORY	FAI	LURE						į.	10 DAYS	
r	re	sulting in deeth)	θ		s e conseq									-
iner			CHRONIC				PU	JLMONAR	Y DISE	ASE			YEARS	
Examiner	SHOCK	equentielly list conditions, eny, leeding to immediete suse. Enter Underlying ause (Diseese or Injury et Initieted events	C	Due to (or e	s e conseq	uence of):								-
n/Medical	th	et initieted events suiting in deeth) Lest	C	Due to (or e	s e consequ	uence of):								
lan			d		-,1									
Physicia	Pe	ert II. Other significant conditions of	ontributing to death but	t not resulti	ng In the ur	nderlyIng ceu	ise giv	ven in Pert I.	23b. Dic	tobac	co use con	tributs to	o the cause of death	1
	_	CONGESTIVE HE	ART FAILU	JRE					10	Yss	2□ No	3 Pro	bably 4 Unknow	V
Completed by	à							24e. We	es an autopsy formed?		ev	ere autopsy findings reliable prior to impletion of cause deeth?		
E	-								10	Yes	X No		□Yes 2X No	
BeC	25	. Wes cese referred to medical						26 Place of De	eth (Check only		223110		3100 ZZ 110	
To B		exeminer?	Hospital:	t 2DEF	VOutpetien	t 3 DOA	Oth	or.	Home 5□Res		6 ПОтра	ar /Sanaii	64)	-
	27	. Menner of Death	28a. Date of Injury (Month, Day		3b. Time of		: Injui		28d. Describe				y)	
catlo	1 Neturel 5 Pending (Month, Day Year) Injury 2 Accident Investigation				м		Yes 2 □ No							
Certification:	Solution Street Superior Stree					et, fectory,	office		28f. Location City or To	(Street own, Ste	end Numbe	er or Aura	al Route Number,	
edical C	29	ZI Medical Exam	ysician: To the best of	my knowle	dge, deeth	occurred et	the tir	ne, dete end plec	e, and due to the	ceuse	(s) and me	nner es s	teted.	
Med	-		end menner stet	ed.	. arrange (HV									
Medical Cert	29	b. Signeture end title of certifier	. 1					se number	35	29d. [ate signed	(Month	Dey, Year)	
		ant.	Klan.	_		1)10	1091			10/4	-31	51	

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

ARTHUR SERPICK, M.D., 7620 YORK ROAD, TOWSON, MARYLAND

DHMH 16 Ray 6/95

State Registrar 31. Dete filed (Month, Dey, Year)



State of Maryland

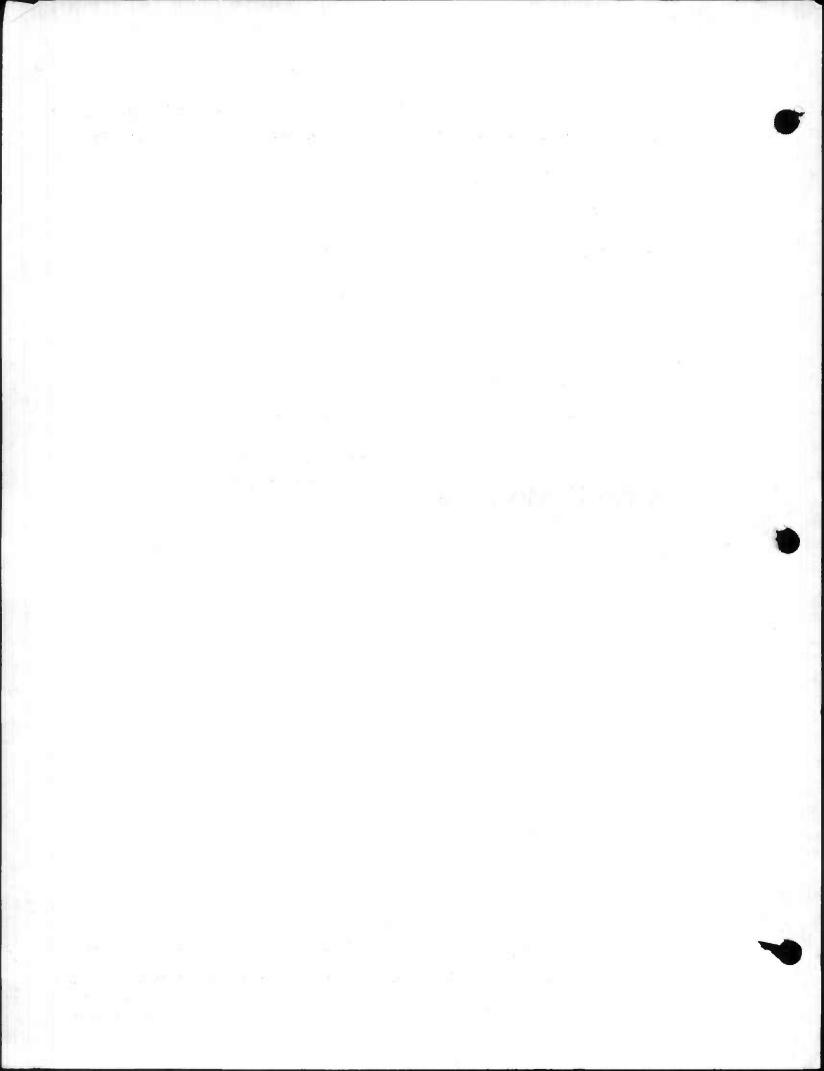
Department of Health and Mer	ntal Hygiene	06	0	1951
Certificate of Death	Reg. No.	20	J	1901

				C	ertificate	e of Death		Reg. No.	10 3	1956
Physicia		Decedant's Nama (First, Middla, La MICHAEL	coley	DAVI	S		2. Data of D Month	Day	Yaar	3. Tima of Death
/Medic Examin		4a. Facility Nama (If not institution, giv HARFORD ROAD				4b. City, Town, o	OCT.		1996 y of Death TIMORE	2029 F
uneral lirector		217 00 7200	ax 7. Aga (I	n yrs. last birthda 3 Yrs.	y) If Undar Months	Year If Undar 24 Hi Deys Hours Mi	8. Deta of B	lirth Pay, Year)	9. Birthplace Country Mary	ea (Stata or Fore Land
a-f show	tor	Usual Rasidanca of Decedant 10a. State 10b. County Maryland N/A	10	Oc. City, Town or Balt	Location imore				10d	Insida City Limi
23a or 28 ust be not	Funeral Director	10e. Street end Number 5919 Sefton Av	enue		10f. Zip	21214		10g. Citizan of US.		?
14.0	by	11. Marital Stetus Navar Married 2 Marriad 3 Widowad 4 Divorced	12. Wes Decadant Eva Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Datas:	r in U,S. 13	. Wes Decede It Yas, speci 1 ☐ Yas 2	ant of Hispanic Origin? (ly Cuben, Maxican, Pua X No Specify:	(Specify Yes or Nirto Rican, atc.)		ca - Amarican ack, Whita, atc fy: Whit	2.
r than "natu	Completed	15. Dacedant's Ec (Spacify only highast gra Elemantary/Secondary (0-12)	da complated) Collega (1-4or 5+)	lifa.	edant's Usual ra kind of work DO NOT usa	Occupation dona during most of waretired)	orking		susinass/indus	ompany
d othe	Be	17. Fathar's Nama (First, Middla, Last)					•	a, Maidan Sumai	ma)	
natic	2	Dale Conw 19a. Informant's Name/Ralationship (7)		1				Jean S		
27 Is r r traus		Barbara Jean Davi	s/mother	1323	Union	Street and Number or F Ave. Balt	timore,	MD 21211	, Stata, Zip Co L	ode)
ant: If item ury or othe		20a. Mathod of Disposition 1 ☐ Burial 2 ② Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spacif)	Removal from Stete		amatory or oth	a of	Data	20c. Location		
Importa any Inj pace.		21. Signature of Funarai Sarvica Licen 23. Parti. Entar tha disaese, or com-	NULma	a 2	99 Fred	Address of Fecility On Society derick Rd.	Baltimo:	ce, MD 2	c. 1228	
9	Medic	Immediata Causa (Final disaasa or condition rasulting in daath) Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated evants rasulting in deeth) Last	b. — Due	to (or as a conse	equance ot):	ies				
by the ettend tached for us	Physician	Part II. Other significant conditions of	ontributing to death but no	ot rasulting in the	undarlying ca	usa given in Part I.		tobacco usa co		e causs of death
has been signe ye 2 should be d	Completed by F						24a. Wa	s an autopsy formed?	24b. Wara svaila	autopsy findings ble prior to lation of cause
certificate ha		25. Was casa ratarrad to medical				26 Diese of De		¥es 2□No	MAY	as 2 No
0 0	To B	axaminar?	Hospital:	2 ER/Outpatia	ant 3 DOA	Other	eath <i>(Check</i> only Homa 5 Ras	idanca XXXII	nar (Specify)	ROADWA
eral Director: After th	Certification:	27. Mannar of Deeth 1 Natural 5 Panding 2 Accidant invastigation 3 Sulcida 6 Could not ba 4 Homicida datamined	28a. Data of Injury (Month, Day Ye 10-27-76 28a. Place of Injury- building, atc. (S	FIOO At homa, tarm, s	treat, factory.	b. Injury at Work? 1 □ Yes 2 ☑ No offica	nuotos o	how injury occur cycle ac (Streat and Numi own, Stata)	ciclent	oute Number,
	_	29a. Certifiar (Check only one) 1□ Certifying Phy XIX Medical Exam	rsician: To the bast of my iner: On tha basis of axa and manner stated.	y knowladga, daa mination and/or l	th occurred et nvastigation, i	the tima, data end place my opinion, daath occ	e, and dua to the urred at tha tima	causa(s) and m , data and placa,	annar as state and dua to the	ed. a cause(s)
comi		29b. Signetura end title of cartifiar	01 1			Licansa number D.C.M.E		29d. Dete signe		

State Registrar

OCT 251996

was avidson-Randalle



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Marina DiDomenico Lillian 8:15 P October 0 16,1996 4e. Fecility Name (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Manor Care Towson Towson Baltimore If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) If Under 1 Yeer 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1□ M 2□ F Months Deys Yrs. 94 July 6, 1902 214-40-4452 Massachusetts Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Baltimore Towson 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 204 E Joppa Road 21286 USA 12. Wes Decedent Ever in U,S. Armed Forces? 11. Meritel Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. XXX Never Married 2 Married Yes, Give 1 ☐ Yes 2 ☑ vio Specity: Specify: White 3 Widowed 4 Divorced Year or Detes: 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coltege (1-4or 5+) Teacher Education 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Francis DiDomenico Michaelina Badale 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joyce P DiDomenico 204 E Burke Avenue Towson Md 21286 Sr-in-Law 20b. Plece of Disposition (Name of cemetery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete

Department of I Important: If its any Injury or or once.

Physician

/Medical

Examiner

10a. State

Funeral

Director

show

ral', or items 23a or 28a-f shov Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours aftar death near of Health and Mental Hygiena.

International 27 is marked other than "natural", or floms 23 may or other traumatic event, the Medical Experient literal.

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

Division of Vital Records,

The law

Attending

Director

Funeral

þ

Completed

Be

2

Physician /Medical Examiner

> Physician/Medical Examiner à Completed Be 2

requires that the death certificate be exec physician å eigned by 789 certificate 報 静 death. after death Director: in by To the Hospital o within 24 hours at To the Funeral D completely filled it

State

Volume 2 ☐ Cremetion 3 ☐ Removal from State Most Holy Redeemer 10/19/96 Baltimore, Maryland re of Funeral Se@ce 22. Name end Address of Fecility Mitchell Wiedefeld Home 6500 York Road Baltimore, Maryland 21212 Approximete Intervel Between Onset end Deeth immediate Cause (Final disease or condition resulting in death) Arteriosclerotic Cardiovascular disease unknown Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that mitiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1□ Yes XX No Senile Dementia 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 1 Yes XX No 1 ☐ Yell XXNo 25. Was case referred to medical 26. Place of Death (Check only one) Other: XX Nursing Home 5 Thesidence 6 Tother (Specify) 1 ☐ Yes XX No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Certification: 28a. Date of Injury (Month, Day Year) 26b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 X Natural 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, efc. (Specify) 4 C Homicide Medical 29a. Certifier 1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

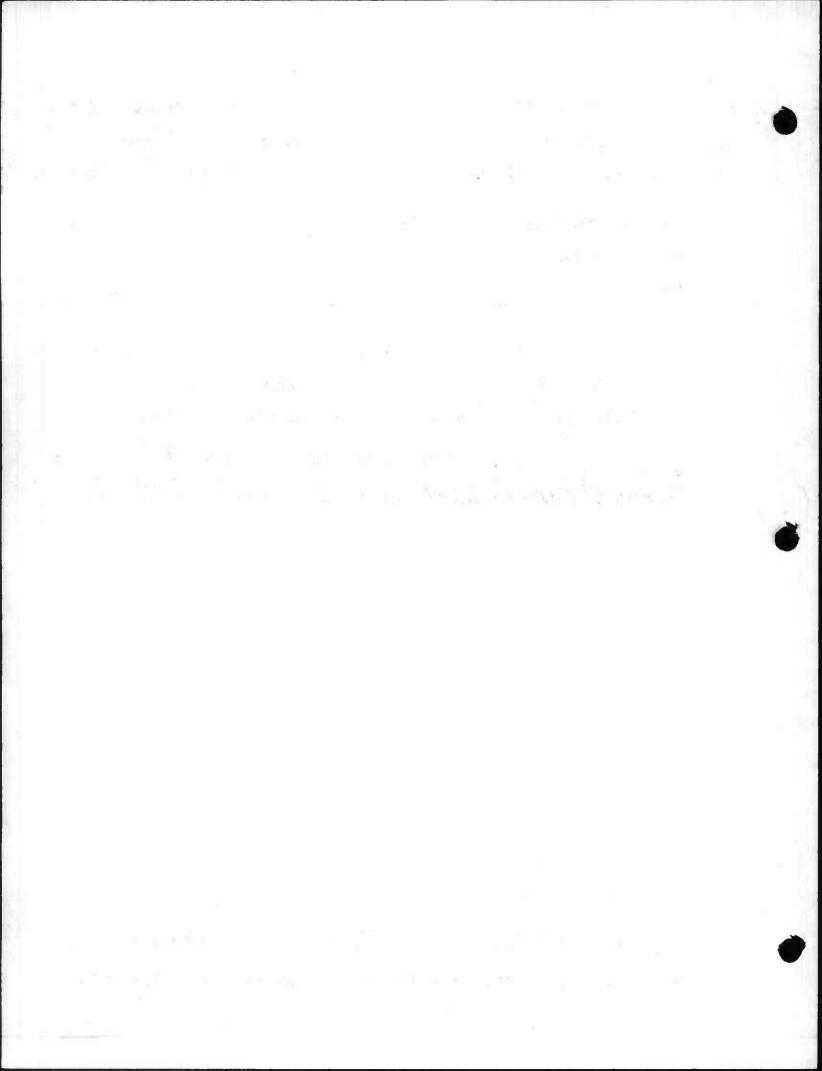
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) OCPOHE 21, 1996 mon

Registrar

31. Dete filed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Richard J Gross MD Suite 300, 20 East Timonium Road Timonium Maryland 21093 32. Registrar's Signeture Sun Luidson-Randelle



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Deeth 3. Time of Death Month Ji VENANZIO DONALD OETOCER 24 :25 A.M. 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death ROAD BALTIMORE 4 BRADBUR Under 24 Hrs. Hours Min. 1.17 5. Sociel Sacurity Number 6 Sex If Under 1 8. Data of Birth (Month, Dey, 9. Birthplace (Steta or Foreign Country) 7. Age (In yrs. lest birthday) Yeer) 1**X**M 2□ F 21424 1908 Yes Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Insida City Limits Yas 2 No MARYLAM BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? AVE IRGRESO 3832 V.S.A 21206 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, atc. TRY Yas 2 No If Yes, Give Year or Dates: W. W. IX 1 Nevar Married 2 Marriad 1 ☐ Yes 2 No Specify: 38 Widowed 4 ☐ Divorcad WHITS 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12XRS NOTTORAZOR Housinb I LITY OF BALTIMORY 17. Father's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) HALMERI 49320 L Ji VENANZIO 12RESA 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Steta, Zip Code) 2234 19a. Informant's Name/Reletionship (Type, Print) JOSEPH D. UIVENANZIO ARKVILLE 8825 VICIORY 20c. Location - City or Town, Stata 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date Surial 2 ☐ Cramation 3 ☐ Ramoval from State OCT 25 GARDENS OF FAITH 4 ☐ Donation 5 ☐ Other (Specify) 1996 KOULDALL MARYLAND 22. Name and Address of Facility EVAN CHAPIL OF 21. Signature of Funerel Service Lipensee WISSON 121 ROAD 8800 HARFORD 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one ceusa on each lina. Approximata Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in deeth) Prostate Smonth Metustatic Due to (or as e consequence of): Respivatory Arrest Due to (or as e consequenca of): Sequentielly list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that Intlieted events resulting In death) Last Cardiovascular Due to (or as a consequence of) Diabetes 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was en eutopsy performed?

Physician /Medical Examiner

buriel-transi

physician at the buriel

USB

and

Physician

/Medical

Examiner

Funeral

Director

ral", or items 23a or 28a-f show Examiner must be notified at

"natural", or

Pages 1 and 2 should be filed within 72 honent of Health and Mental Hygiena.
Int: If item 27 is marked other than "natur.
Iry or other traumatic event, to a Hedical.

permit. Page Department of Important: If any Injury or

72 hours eftar

Baltimore, Maryland 21215-0020

0

Director

Funerai

þ

Completed

Be

Examiner Physician/Medicai þ Completed Be Certification: To

Attending Physician: The law requires that the death certificate be executed

certificata

this uneral

Atter

B

death.

or Attend after death Director; J

Box 68760,

Division of Vital Records, P.O.

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. Were autopsy findings available prior to completion of cause of death? 1 ☐ Yes 20 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Yes 25 No Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending invastigation 1 Naturel 2 Accident 1 Yas 2 No 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, straet, factory, offica building, etc. (Specify) 28f. Location (Streat and Number or Rurel Route Number, City or Town, State) 4 Homicide 29e. Certifier TM Certifying Physician: To the best of my knowledge, death occurred at the tima, date end placa, end due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. Wedicai (Check only one)

State Registrar

Fowl 31. Dete filed (Month, Day, Year)

29b. Signature and titla of certifiar

Physician

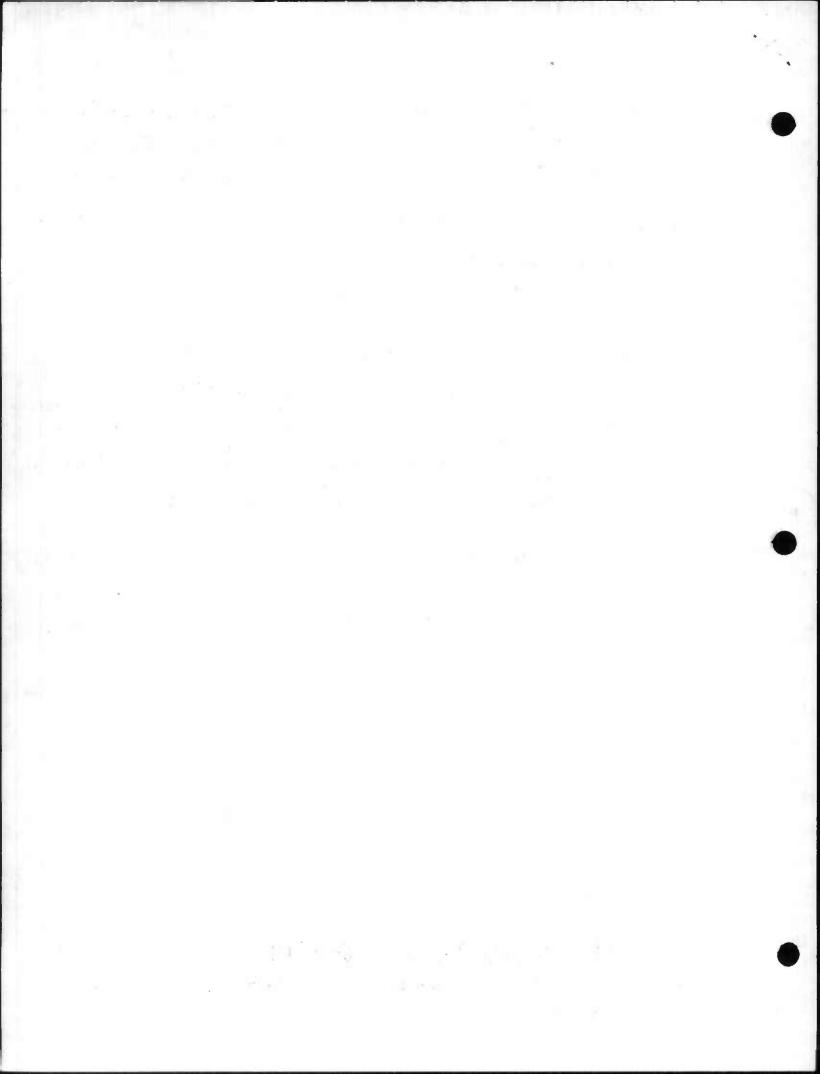
29c. License number 29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) DR. PAUL

5 bol LOCH KAVEN BIND.

OCT 251996

32. Registrer's Signature une vavidson-Randalle



State of Maryland / Department of Health and Mental Hygiene

31959 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Melvin R. Eigenbrode October 24, 12:30 P.M. 1996 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 9522 Hickory Hurst Drive Baltimore Baltimore if Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, 5. Social Security Number If Under 1 Yeer 6. Sex 7. Age (In yrs. last birthdey) **Funeral** 9. Birthplace (State or Foreign 100 M 2□ F Sept. 14, 1922 Days Yrs Director 214-16-5576 74 Maryland Usual Residence of Decedent the Meryland 10e. State 10b. County 10c. City, Town or Location r than "natural", or items 23a or 23a-f show the Medical Examiner must be notified at 10d. Inside City Limits Directo Maryland 1 ¥ Yes 2 □ No N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5917 Theodore Avenue 21214 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Biack, White, etc. 1 Never Merried 2 Married 0 Baldimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White p 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kInd of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Il Hygiene. Elementery/Secondary (0-12) 12th grade College (1-4or 5+) permit. Pages 1 and 2 should be filed with Department of Health and Mental Hyglens Important: if item 27 is marked other that any injury or other traumatic event, [18] 2006. Designer Gas & Electric Co. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Edgar Eigenbrode Mary (Surname Unknown) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9522 Hickory Hurst Drive, Baltimore, MD Linda L. Brooks (daughter) 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Dete 20c. Location - City or Town, State 1 N Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery 10/28/96 Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Schimunek Funeral Homes, Inc. 23a. Pure Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such es cerdiec or respiretory errest, short, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medical Immediate Cause (Finel disease or condition resulting in death) **Examiner** Physician/Medical Examiner physician and s the burief-transit The lew requires that the death certificate be executed Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Cause (Disease or injury that Initieted events resulting in death) Last Due to (or as a consequence of) 68760 Due to (or as a consequence of): 60 Box use P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t Records, þ page 2 should Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? certificate 1 Yes 2 No of Vital or Attending Physician: director, Be 25. Was case referred to medicel 26. Place of Death (Check only one) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 Other: 4 Nursing Home 1 Yes 5 Residence 8 □Other (Specify) this in by the funeral Manner of Dea Certification: 28e. Date of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? After Division Natural 5 Pending investigation hin 24 hours after death. 2 ☐ Absident 3 ☐ Suicide 1 Tes 2 No 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Hamicide filled The Hospital Medical 29a. Certifier Certifying Phyeician: To the beat of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) end menner as stated.

Madical Examiner: On the besis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. pletely 29b. Signature and t 29c. License number 29d. Date signed (Month, Qay, Year) eted ceuse of deeth (Item 23a) (Type, Print) of deeth (Hem 23a) (Type, Print)
50505/ERDR, SuiteSoyTowson MDZIZO 31. Date filed (Month, Day, Year) 32. Registrar's Signature State 5 1996 Registrar

250%.

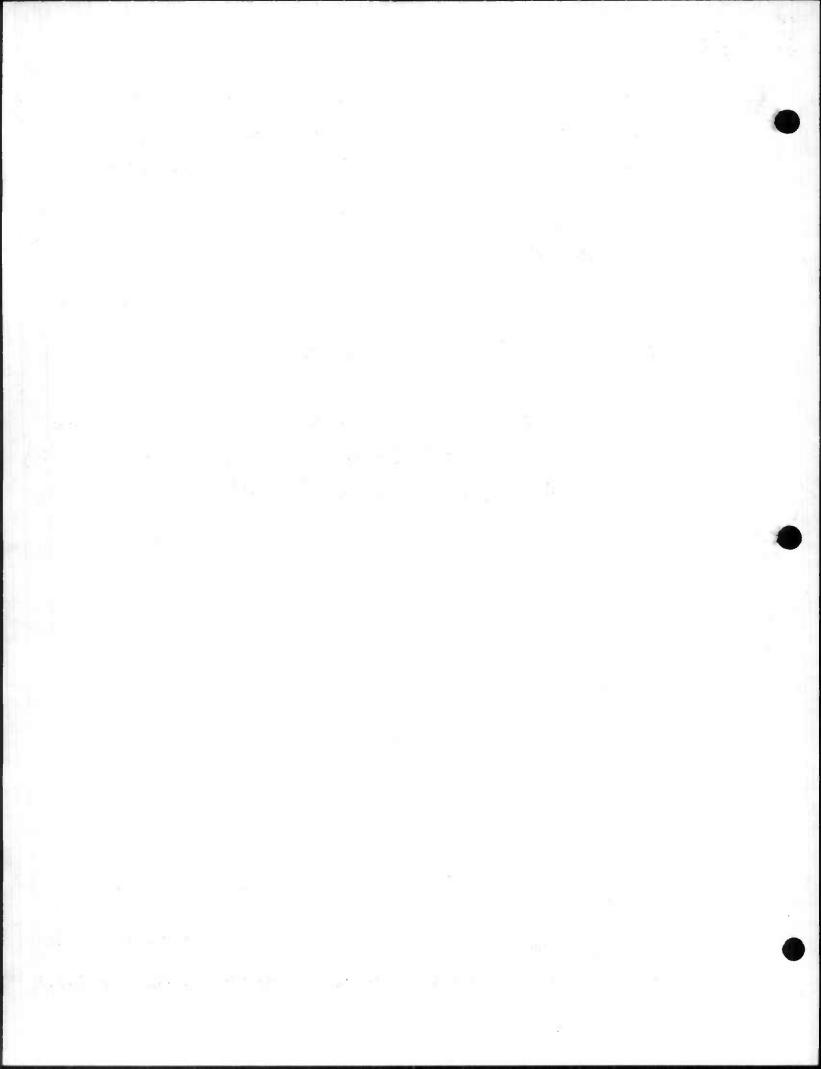
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

31960

	OF THE		1. Decedent's Name (First, Middle, Last)				2. Dete of Dea	ith	1	3. Time of Deeth
	Physic		RICKY		F	PAIR			19 ^{Dey} 19		10:25 P
	/Medi Exami		4a. Facility Nama (If not institution, give 2100 BLOCK				4b. City, Town, or BALTIM	Location of Death	4c. County	of Death	47.77
2	,Funeral Director		5. Social Security Number 5. Social Security Number 6. Security Number 19 Usual Residence of Decedent	XM 2 F 7. Age (In yrs	y Yrs. If Un Monti	der 1 Year hs Days			2,1958	Birthplace Hountry	e (State or Foreign
	within 72 hours after death with the Maryland ene. than "natural", or litems 23a or 28a-f show hs Medical Examiner must be notified at	ector	Maryland 10b. County	4 100.0		nore	2			10d	Inside City Limits 1 Yes 2 □ No
	leath with ti	Funeral Director	10e. Street and Number 2409 Bake	St. 12. Was Decedant Evar In I		Zip Code	217		log. Citizen of V	What Country A S A Be - American	
0070	permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Department of Health and Mental Hygiene important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumetic event, the Medical Examiner must be notified at once.	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		pecify Cut	Hispanic Orlgin? (S ban, Maxican, Puer Specify:	to Rican, etc.)		ok, Whita, etc	
Maryland 21215-0020	s within 72 h piene. r then "netu m Wed ca	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cation e completed) Collega (1-4or 5+)	16a. Decedent's U (Give kind of life. DO NOT	sual Occu work done use retire	pation during most of wo	rking	16b. Kind of Bi		orked
yland	ould be filed Mental Hyg arked other atic event,	To Be C	17. Father's Name (First, Middle, Last)	air	001101	T	Sylv	me (First, Middle,	atte	10) 150	n
	Health end 2 shu Health end Hear 27 is mother traum		19a. Informant's Neme/Relationship (Ty Mr. Thomas 20a. Method of Disposition	Fair	19b. Mailing Address 2409 Place of Disposition (1	Bal	ker St	Ba	to, N 20c. Location -	10.2	1216
Baltimore,	mit. Peges partment of cortant: If it rinjury or o		1 Burial 2 Cremation 3 R Donation 5 Other (Specify) 21. Signature of Funeral Service Licanse	lamoval from Stata	Cemetery, crematory of	or other pla	ess of Facility	10/24/96	1	down	111
8	permi Depa Impor any ir		23a. Parth. Enter the disease, or complishing the complete students. List only on	cations that caused the dea	Jose 232 ath. Do not enter the m	ph b w	North Ing, such as cardie	Ave.	Baite	med	21216 peroximete terval Between
7	Physician /Medical Examiner	er	Immediate Ceuse (Final disease or condition resulting in deeth)	MULTIPLI	E GUNSHOT for es e consequence o	. WOI			162	Ö	nsat and Death
,09	eth certificate be executed ittending physician and for usa es the buriel-transit	ai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Due to (or as a consequence c	of):					
Box 68760,	n certificata inding phys usa es the	ian/Medicai	resulting In death) Last	Due to (or as a consequence o	f):					
	death e afte ad for	sicia	Part II. Other significant conditions con	tributing to death but not re	sulting in the underlying	n causa ni	ven in Part I	23h. Did to	phacco use cor	atribute to th	e cause of death?
ls, P.0	v requires thet the de been signed by the should be detached	by Physic									ly 4 □ Unknown
Records,	S S C	Completed						24e. Wes a perior	n autopsy ned?	evalie	autopsy findings ble prior to atlon of causa th?
			OF Management and the state of	·					es 2 No	1 X 2 Y	es 2 No
5	Attending Physician: or death. ector: After this certific by the funeral director,	To Be	25. Wes case referred to medical examiner? 1 2 Yes 2 No	ospitei: 1 🗆 Inpatient 2 🗆	EB/Outpetient 20	Oti	han	ath (Check only on			
0	Physical disconnection		27. Manner of Deeth	28e. Dete of Injury	ER/Outpatient 3 28b. Time of	28c. Inju Wo	4 LI Nuising F	lome 5 ☐ Reside			SCENE
0	tending leath. tor: After the funer	atio	1 ☐ Naturel 5 ☐ Pending 2 ☐ Accident Investigation	10-19-96	22:10PM		rk?]Yes 2.⊠No		CT WAS		
Division of Vital	무취하는	Certification:	3 ☐ Suicide 8 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury - At h building, etc. (Special STREET	(y)			28f. Location (St City or Town	7, State) 21	00 HE	RBERT
	To the Hospital within 24 hours a To the Funeral completely filled	edicai	29a. Certifier 1 ☐ Certifying Phyai (Check only one) 2 ☐ Medical Examin	ician: To the best of my known: On the basis of examination and manner stated.	owledge, deeth occurre ation and/or investigation	ed at the ti	me, date and place opinion, death occu	rred at the time, d	ausė(s) end ma ate and pieca, s	nner as state and due to the	cause(s)
	ro the	Me	29b. Signature and title of cartifier	1	2	9c. Licens	se number	2	9d. Data signed	(Month, Day	r, Year)
)	1		30. Name and address of person who cor	A Vac	15 MD	00	CME		остов	ER 20	, 1996
	Sta	te	Strphen S. Ra. 31. Date flied (Month, Day, Year)		111 Penn	_St:	ceet, Ba	altimor	e, Mar	yland	21201

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 22, Lillie Mitzel French Oct 1996 3:20 PM 4e. Facility Name (If not institution, give street and numbar) 4b. City, Town, or Location of Daath 4c. County of Deeth Charlestown Care Center Catonsville Baltimore If Undar 1 Yaar If Under 24 Hrs.
Months Days Hours Min. 8. Dete of Birth (Month, Dey, Year) NOV 23, 1899 5. Social Security Number 7. Aga (In yrs. lest birthday) Birthplace (State or Foreign Country) 213-74-2907 Months Days 1 ☐ M 2 🛛 F 96 Yrs Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Maryland | Catonsville 1 ☐ Yes 2 X No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 709 Maiden Choice Lane 21228 USA 12. Was Decadant Ever in U,S. Armed Forces? 1 ☐ Yas À No If Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 XNo Specify: Widowad 4 □ Divorced Specify: White 15. Decedent's Education ifv only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade Elementary/Secondary (0-12) College (1-4or 5+) Housewife Own Home 17. Fathar's Name (First, Middla, Last) 18. Mother's Nama (First, Middla, Maldan Surneme) Tauldan Emanuel Mitzel Sarah Emma Amspacher 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Lois McFadden/daughter 1040 Deer Ridge Dr. Unit 301 Baltimore, MD 21210 20b. Pleca of Disposition (Neme of cametery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2X Cremation 3 ☐ Removal from State 5 Other (Specify) 4 Donetion Metro Crematory, Inc. 10/23/96 Baltimore, MD of Funeral Service Licensee F Cremation Society of Maryland, Inc. McDonald 299 Frederick Rd. Baltimore, MD 21228 na 23a. Part 1. Enter the discusse, or complications that caused the deeth. Do not enter the mode of dylng, such as cardlac or respiretory errest, shock, or heart fallure. List only one ceuse on each lina. Approximete Interval Between Onset and Death Immediate Causa (Final Melanoma Recurrence disease or condition resulting in deeth) mos Due to (or as a consequenca of): Due to (or as a consequence of). Due to (or as a consequence of): 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) Other: Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

D30989

Oct 23, 1996

Examiner Attending Physician: The law requires that the death certificate be executed and P.O. Box 68760, ettending physician I for use as the buria signed by the elid be detached for Division of Vital Records, After this certificate has death. efter death in by the Toler!

Physician

/Medical

Examiner

Funeral

Director

ns 23a or 28a-f show must be notified at

heme ?

ŏ

natural

I Hygiene.

.. Peges 1 end 2 should be fil timent of Health and Mentel H tant: If Item 27 is marked oth jury or other traumatic even

permit. Pege Department of Important: If any Injury or once.

hysician /Medical

other

traumatic event, the Madical Examiner

Director

Funeral

þ

Completed

Be

Examiner

Physician/Medical

by

Completed

Be

2

Certification:

Medical

filed within 72 hours efter death with the Maryland

21215-0020

Maryland

Baltimore,

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. Dementia 25. Was casa referred to medical 1 Yes 2 No 28a. Data of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Netural 5 Pending Investigation 1□ Yes 2□ No 2 Accident 3 Suicide 6 ☐ Could not be determined Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide 11 X Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(a) end mannar as stated.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only 29b. Signatura and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

State Registrar

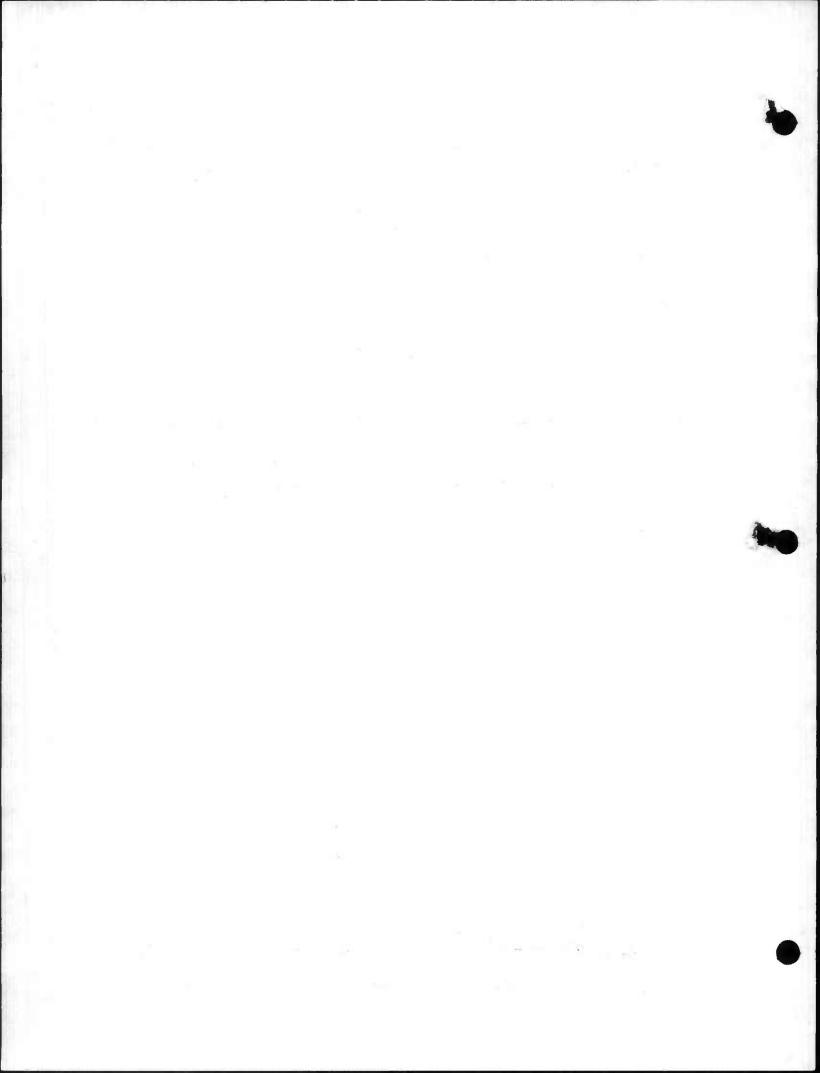
31. Date filed (M

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

Myla M. Carpenter, M.D. 711 Maiden Choice Lane Catonsville 3. Registrar's Signeture rusa Davidson

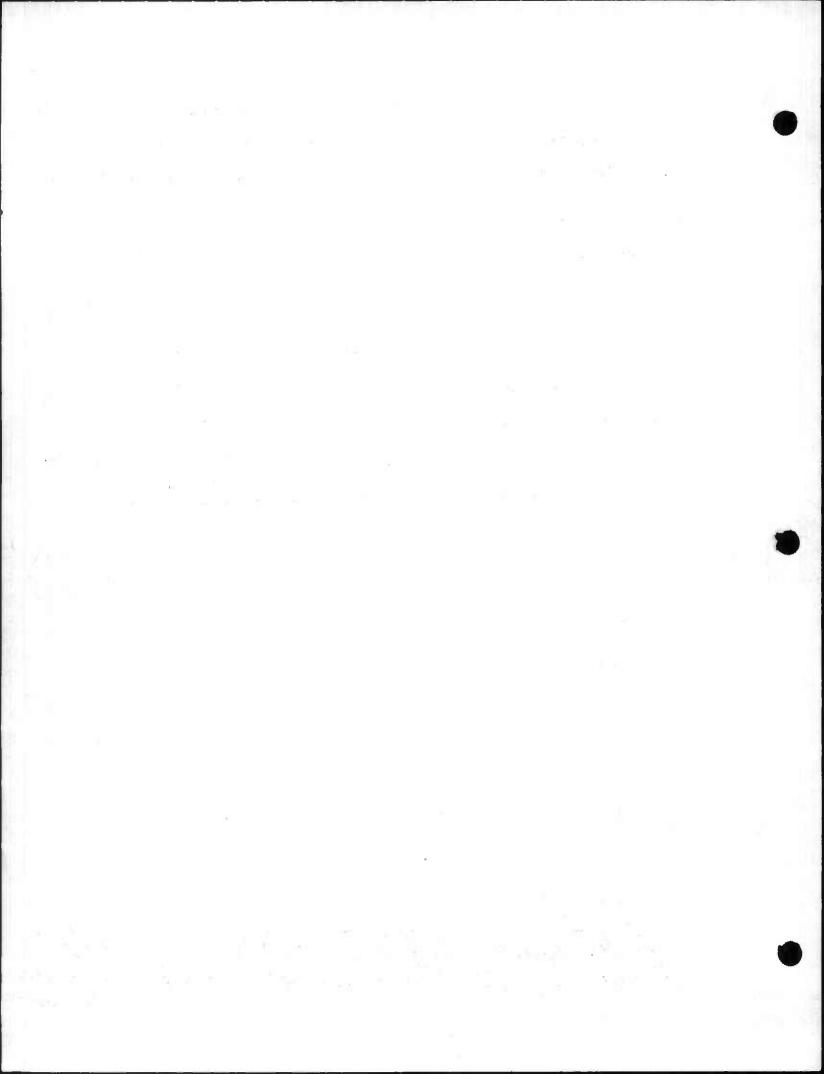
2HMH 16 Rev 6/95

within at he To the Fin completely f



State of Maryland / Department of Health and Mental Hygiene

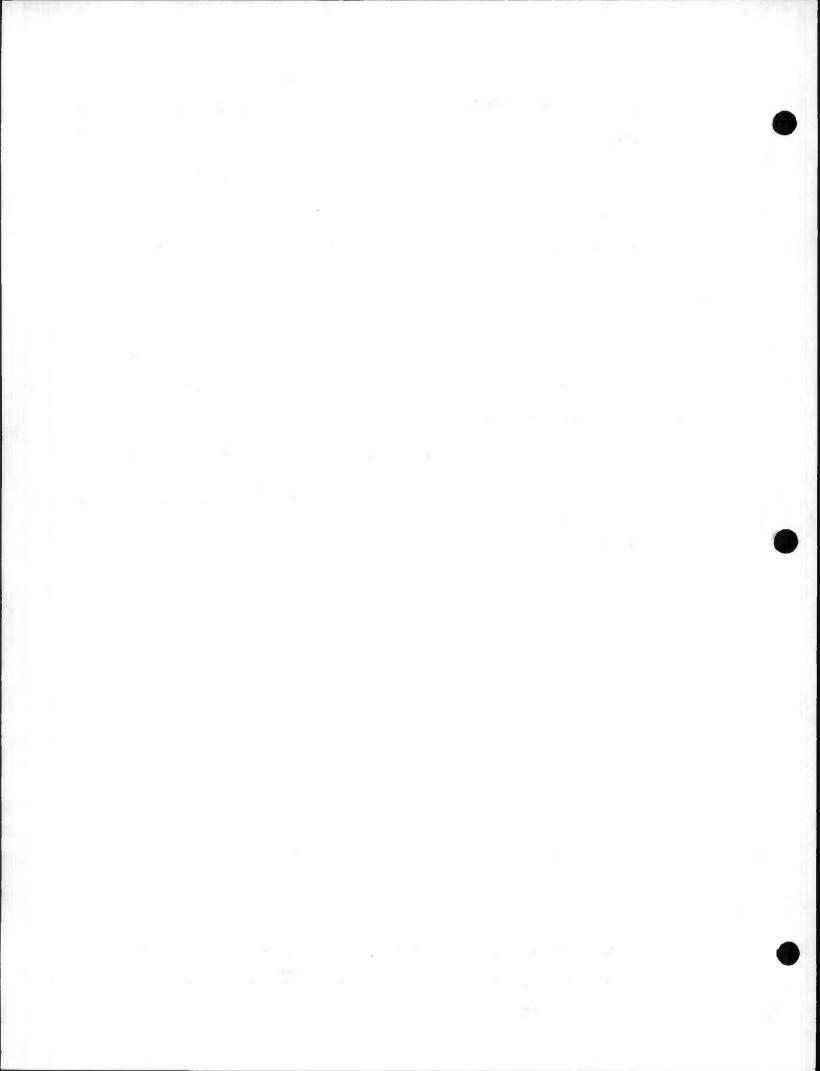
Dhood		1. Decedent's Neme (First, Middle, Les	-		Cenn	ficate of	Death	2. Dete of Deer			3. Time of Death	
Physic /Med			Lonnie	L. (Grimes			October	Dey 20	1996	6:49 P.M.	
Exami		4e. Fecility Neme (If not institution, give	street and number)				4b. City, Town, or	Location of Deeth		y of Deeth		
		Harbor Hospital					Baltimo		N/A			
Funeral Director	_	210 10 3430	7. Age 7. Age	a (In yrs. last		Under 1 Yaar lonths Deys	If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Dey, Dec • 7,	Year) 1918		plece (Stete or Foreign htry) h Carolina	
and w		Usuel Residence of Decedent 10a. Steta 10b. County		10c City To	own or Locati	on					Od India Cinalina	
Maryli 4 sho	0	Maryland Anne Aru	inde1		imore						0d. Inside City Limits 1 ☐ Yes 21☑ No	
1he	Je C	10e. Street end Number		Dale		10f. Zip Code		1	Og. Citizen of	What Cour		
h with	a D	307 Haile Avenue				2122	25		U.S			
within 72 hours after death with the Manyland jehe. 'than "natural', or items 23a or 28a-f show its Modical Experient mant be notified at	by Funeral Director	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced	12. Wes Decedant & Armed Forces? 1 ☐ Yes 2 ☒ N If Yes, Give Year or Dates:			Decedent of Hes, specify Cub	lispenic Origin? (S en, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)		ce - Americ ick, Whita, fy: Wh		
d within 72 hours af giene. or than "natural", or	ted	15. Decedant's Edu	cation	10	6e. Decedent	's Usuel Occup	etion		16b. Kind of B			
C .	Completed	(Specify only highest grad Elementery/Secondary (0-12)	e completed) College (1-4or 5	(+)	life. DO	d of work done NOT use retire	etion during most of wor d)					
	So	10th			Truck	Drive	r	Trucking				
S E S	Be	17. Fether's Neme (First, Middle, Lest)	111					's Name (First, Middle, Meiden Sumeme) Laura B. Pope				
d 2 should be filed th and Mental Hygi 7 is marked other traumatic event, I	2		.lliam Gr						Pope mber, City or Town, S			
d 2 is 7 is trat		19e. Informent's Neme/Reletionship (7) Eleanor Ecker /	Friend			ile Ave						
He He		20a. Method of Disposition	20b. Place	of Disposition	on (Neme of		Baltimore, Maryl Dete 20c. Location - Ci					
bermit. Pages 1 a Department of Hea mportant: If Item Iny Injury or othe DDCs.		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetlon 5 ☐ Other (Specify)				ory or other place Cemete		10/23/96 H				
permit. Pages Department of Important: If it any injury or once.		21. Signature of Funeral Service Licens			22. Na	ama and Addre	ss of Facility	Gonce Fu	neral Home more, Md. 2		P.A.	
		23a. Part1. Enter the disease, or complishock, or haert feilure. List only or								Md. 2	21225 Approximate Interval Between	
Physician /Medicate personnel /Medicate person	edical Examiner	Immediate Cause (Final disasse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that nitiated swents resulting in death) Last	For	Due to (or es	a consequen	lepe	illet	Sies	ete		Onset and Deeth	
ding ding	-	L (
0 0 2	Physician/N	Part II. Other significant conditions con	tributing to death bu	t not resulting	in the under	lying cause giv	en in Part I.	23b. Did to	bacco use co	entribute to	the cause of death 2.	
that the details details	by Phy	Hart to Assemble Andreas et al. (2000) and the German							6 2□ No		1	
ned upon	Completed	/						24a. Was ar perform		ave	ere autopsy findings silable prior to mpletion of cause death?	
The law ste has b page 2 s	dwo							4ETV6	1	*		
	Be C	25. Was case referred to medical			/		26 Place of Dea	1 C) Ye	4	10	Yes 2⊡ No	
	To B	examinar?	lospital: † [] Inpatier	N 2DER	Outpatient 3	DOA Oth	mer.	ome 5 Reside	Parlament.	er /Snanik	d	
		27. Manner of Death	28a. Date of Injury (Month, Day	286	. Time of Injury	28c. Injun		28d. Describe ho	and the second state of the second state of the second	With the section of the section of	,	
Attending ir death. ector: After by the fune	satic	2 ☐ Accident investigation		,			Yes 2□No					
after d Direct I in by	27. Nampert Death 27. Natural 28. Date of Injury (Month, Day Year) 28b. Time of Injury at Work? 1 Yes 2 No 28b. Describe how injury 2 Accident 3 Suicide 4 Homicide 28b. Date of Injury At home, farm, street, factory, office 28c. Injury at Work? 1 Yes 2 No 28b. Describe how injury At home, farm, street, factory, office 28c. Injury at Work? 1 Yes 2 No 28c. Injury at Work? 1 Yes 2 N							eet and Numt State)	ber or Rura	/ Route Number,		
To the Hospital within 24 hours a To the Funeral C completely filled	edical										ated. the cause(s)	
To the within: To the comple	Me	29b. Signature and title of cardifier	1112	wi	1	29e-License	-033	3 29	d. Date signe	22	Day, Young	
0		30. Name and address of person who co	mpleted cause of de	ath (Item 255	Trupe Pring	5-0	4	-	16	. /	100	
V		31. Date filed (Month, Day, Year)	MI	-/	158	Ur	eento	Re Ro	(P17	Kep	sille MA	



State of Maryland / Department of Health and Mental Hygiene

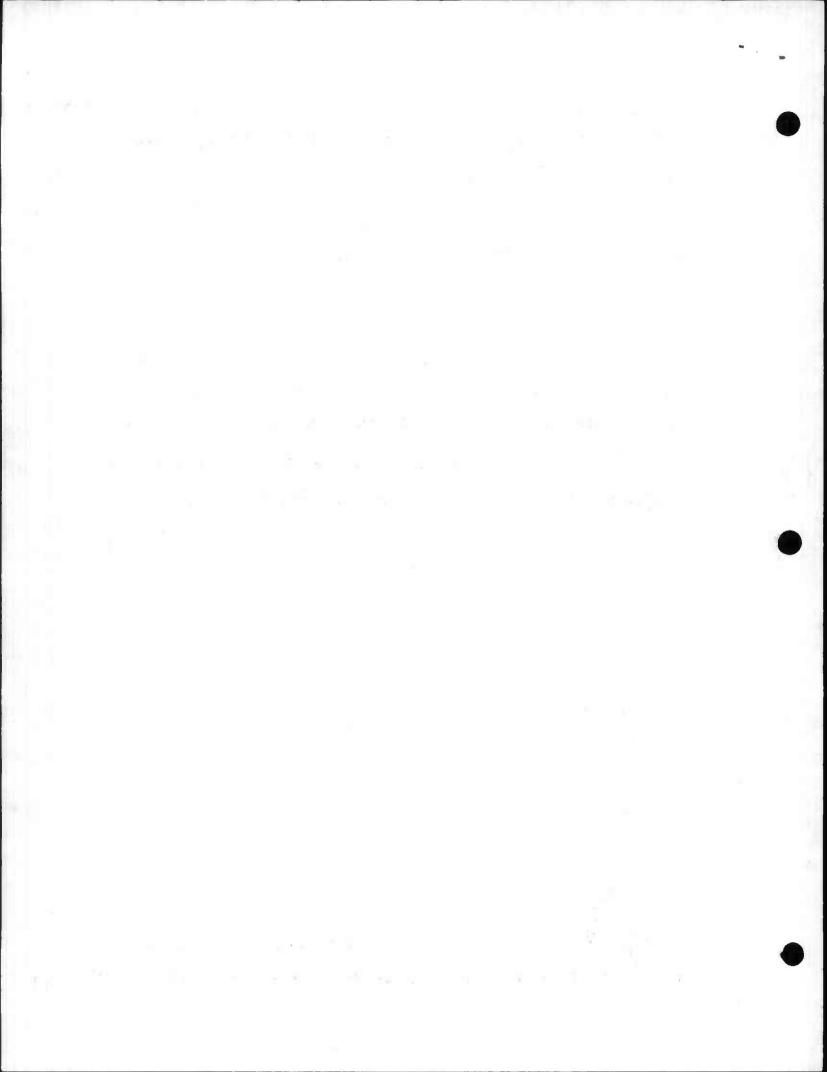
96 31963

					Cer	tificate of	Death		Reg. No.	00 0100
Physic	ian	1. Decedent's Neme (First, Middle,						2. Dete of D	eeth Dey	3. Time of Death
/Med		Charles W.							22, 199	
Exami	ner	4e. Fecility Neme (If not institution, Doctor's Ho)			•	or Location of Dec anham		ot Deeth Ce George
Funeral Director		5. Social Security Number 713-09-7393 Usuel Residence of Decedent	1 M 2 F	ge (In yrs. les	t birthday) Yrs.	If Under 1 Yea Months Deys		lin. (Month, L		9. Birthplece (State or Fore Country) New York
ith the Marylan or 28a-f show	ctor	MD 10b. County Prince	George	10c. City, 1 Bowi	fown or Loc	cetion				10d. Inside City Lim
th with th	al Director	10e. Street and Number 4901 Reston La	ne			10f. Zip Code 20715			10g. Citizen of USA	What Country?
Herne Herne	by Funeral	11. Maritel Stetus 1 □ Never Married 2√2 Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1	?	It	Ves Decedent of Yes, specify Cu	ban, Mexicen, Pu	(Specify Yes or Nerto Ricen, etc.)	o- 14. Re- Bla Specii	ca - American Indian, ck, White, etc. y: White
C - 6	Completed	15. Decedent's (Specify only highest) Elementary/Secondary (0-12)	Education grade completed) College (1-4or	5+)	(Give I life. D	OO NOT use retir	during most of	working		usiness/Industry
filed withi Hygiene. other than		12 17. Fether's Name (First, Middle, Le	st)	(clerk		18 Mother's N	Neme (First, Middl	Rail	
should be filed nd Mental Hygi marked other matic avent,	o Be	Charles Walter		n				an Dool		110)
d 2 should be f th and Mental I 7 Is marked of traumatic ave	5	19a. Intorment's Name/Relationship		19b. Melling Address (Str.		g Address (Stree				Stete, Zip Code)
		Annette Conwa	y Grovest					Bowie,		0715
0 0				cem	etery, crem			Dete 10/24		City or Town, State
permit. Pages 1 ar Department of Hea Important: If item 2 eny fnjury or other onts.		21. Signetura of Funeral Service Lic	1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removal from Stete							
Physician /Medical Examiner		23a. Part L. Enter the disease of a shock, or heart failure. List on Immediate Ceuse (Final disease or condition	/ 0	P	Do not ente	r the mode of dy	ing, such es card	fiec or respiretory	errest,	Approximete Interval Between Onset and Deeth
eath certificete be executed attending physician and for use es the buriel-transit	In/Medical Examiner	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Lest Due to (or as e consequence of): Due to (or as e consequence of): Due to (or as e consequence of): Due to (or as e consequence of):							years years	
death he atter	Physiciar	Pert II. Other significant conditions	contributing to death b	ut not resultin	g in the un	derlying cause g	iven in Part I.	23b. Die	I tobacco usa co	ntribute to the cause of deal
requires thet the death een signed by the atter hould be detached for t	by Phy	Long cancer,	Parkinson	n's du	ease.			16	Yes 2□ No	3 Probably 4 Unknow
S S S	Completed	Lung cancer, Parkinson's disease							s en autopsy ormed?	24b. Were autopsy tinding evaliable prior to completion of cause of deeth?
The ate h	Con							1 🗆	Yes 200 No	1 ☐ Yes 2 ☐ No
ysician: The	Be	25. Was case referred to medicel exeminer?						Deeth (Check only	one)	
5 00	2	1 Yes 2 No	Hospitet:		/Outpetlent	3LI DOA		Home 5□Res		
After fune	Certification:	27. Manner of Death 1 Natural 5 Pending (Month, Dey Year) 2 Accident investigation 3 Suicide 6 Could not be					ryet ork?]Yes 2 □ No			
tal or Attending Physician: The law requires the ster deeth. Is after deeth. In Director: After this certificate has been signed in by the funeral director, page 2 should be to	Certif	29a. Certifier (Check only one) 2 Medical Examiner: On the basis of exemination and/or investigation, in my opin and menner stated. 29b. Signature and title of certifier 29c. License r						City or To	(Street end Numb own, Stete)	per or Rural Route Number,
To the Hospital or Attend within 24 hours after deel! To the Funeral Director: completely filled in by the								ce, end due to the courred at the time	cause(s) and me dete and place,	anner es steted. and due to tha cause(s)
To t	Σ									d (Month, Day, Year)
1								D46992 vallant Fox La, Sute 11		22/46
3		30. Nema and address of person who	ascerich,	eeth (Item 23	e) (Type, P	rint) 00 Galla	nt Fox	La, Svite	118 Bu	wie MD 207
					on-par	rdell.				



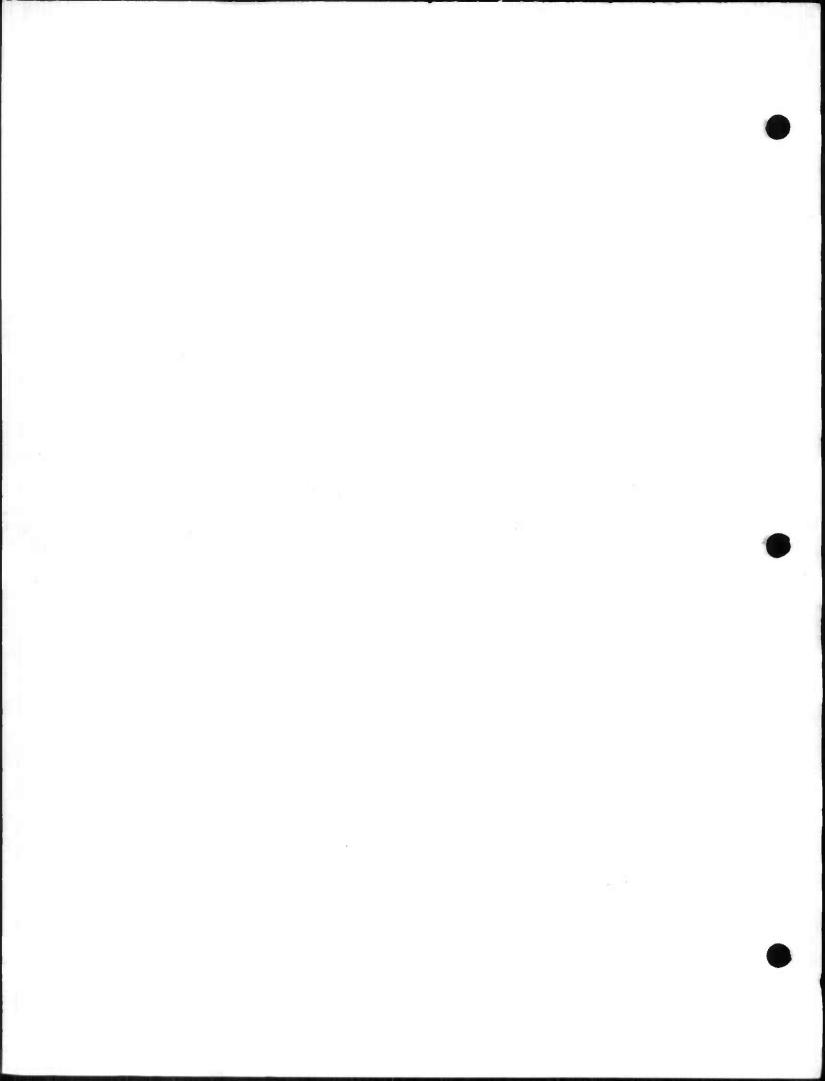
State of Maryland / Department of Health and Mental Hygiene

•					Otate of I	viaiyiaii	-	tificate of	Death	vieritai rij	Reg. No.	96	31964
	Dhysia	ion	1. Decedent's Nar	ma (First, Middla, Las	ot)					2. Date of D		Year	3. Time of Death
, A	Physic /Medi		WILLI		RT GR	RAUER	, SI	2				996	91,59 AM
	Exami	ner	4a. Facility Name	(If not institution, give	street and number	er)			4b. City, Town, or I	Location of Dea	-	ty of Death	,
H	Former		5. Social Security		and Co			If Undar 1 Yaar	Ellico If Under 24 Hrs.	12012)	o wa	√ 4
L	_o Funeral Director		110-10-89 Usuat Residence	989	GM 2□ F	77	Yrs.	Months Days	Hours Min.	8. Date of B (Month, D		P. Birth	place (Stata or Foreign ntry)
	yland how		10a. State	10b. County		10c. City	, Town or Loc	ation				1	10d. Inside City Limits
	ter death with the Marylar Ilsens 25s or 28s-f show Inst.(TNISt, be notified at	Director	MD.	Howard		Ell	icott	City					1 ☐ Yas 2 ☐ No
	04.23 De 130	Dire	10e. Street and Nu					10f. Zip Code			10g. Citizen of	What Cour	ntry?
	e 23a runt,	erai		wn & Coun				21043			USA		
21215-0020	H 5 E	by Funeral	11. Marital Stalus 1 ☐ Nevar Mar 3 ☐ Widowed	ried 2□ Marriad	12. Was Decedar Armed Force: 1 Yes 2 if Yes, Giva Year or Dates	□No		Vas Decedent of Yas, specify Cut	Hispanic Origin? (Span, Mexican, Puart Specify:	pecify Yas or N o Rican, etc.)	o- 14. Ra Bia Speci	ce - Americack, White,	ite
2-0	natural,	ted	/900	15. Decedant's Ed	ucation	30 30	16a. Deced	ent's Usuai Occu	pation	4.1	16b. Kind of E	Business/In	dustry
21	O Paris	Completed	Elementary/Sec		Coitege (1-4o	r 5+)	tife. D	O NOT use retire	pation during most of world ed)	king			
	hard w		17 5000000000000000000000000000000000000	2 (First, Middle, Last)	-		Chief	Petty (officer 18. Mother's Nam		U.S. I	Navy_	
and	fibe fi	Be										ma)	
Maryland	Phoul od Mo mark mark	To		Robert Gra			19h Mailing	Address (Stree	Jane A tand Number or Ru	. Mick		State Zie	Code
ž	nd 2 in hay 27 is r trau			R. Grauer					oral Ct.,				(000)
re,	Man office		20a. Method of Dis	sposition		- 00	ace of Dispos	ition (Name of atory or other pla		Date	20c. Location		own, State
T)	A THE			Cremation 3 □ 5 □ Other (Specify		a			cory Inc.	10/19/	96 BElts	sville	e.MD.
匾	Jana S		21. Signature of Fi	unarai Sarvice Licans	688	(0.10)		Name and Addr		10/15/	po Dure.		7.20
_	8 = 202		Non	la Z.	Lemn	w	W	ITZKE FU	NERAL HO	MES, IN	C.	MA.	21045
			23a. Part1. Enter t shock, or hee	the disease, or comp ert feiture. List only o	lications that caus	ed the death. line.	Do not ente	r the mode of dy	ing, such as cardiac	or respiratory	errest,	I'ICI .	21045 Approximate Interval Between
	Physician /Medical		Immediete Cause										Onset and Death
	Examiner		diseasa or condition resulting in death)	on	e. K			Failur	Ľ			1	10 9017
L		Jer			Δ		as e consequ	Pheum	citio				212945
	cuted	Examiner	Sequentially list co	anditions.	b	,	as a consequ	•					916113
90,	se exe		Sequantially list co if any, leading to in cause. Enter Undo Cause (Disease or that Initiated event	nmadiale artylng	E	uby.	4 seme					i	Sypari
68760,	ifficate be executed g physician and as the burial-transit	edical	that initiated event resulting in death)	s Last	C	Due to (or	as a consequ	ence of):					
	E 0 0				d								
Box	sattending	clar	Dort II. Other stank	flores and date of	- 1-1-1-1-1-1-1-1	h	ut 1 - 40 -					1	
P.0.	The law requires that the death cer ate has been signed by the attendir page 2 should be detached for use	Physician/M		ficant conditions co							Yes 2 No		the cause of death?
S, F	es that igned be del	by P	- Cas	tric lym	phona	1+10	rexia	Cache	cia. Symdi	za 7	100 2010	0_110	and a control of
ord	v require been si should I		Chron	iil arm	14					24a. Was	en eutopsy ormed?	ave	ere autopsy findings allable prior to
ec	law r	Completed											mpletion of cause death?
E		Cor								1 🗆	Yas 2 No	10	Yes 2 No
Z.	Physician: The law this certificate has trail director, page 2 s	Be	25. Was case reference examiner?		Hospital:				26. Place of Dea				
Division of Vital Records,	> 0 0	T. To	1 ☐ Yes 2 27. Menner of Deet	INO	1 ☐ Inpai		R/Outpatient 28b. Time of	3LI DUA	4 LI Nursing H		how injury occu		v)
on	Attending I or death. actor: After by the funer	ation	1 Natural 2 Accident	5 Pending investigation	(Month, D	lay Year)	Injury	28c. Inju Wo M 1	rk?]Yes 2□No		,,		
Vis	or Attendiafter death. Director: A	Iffice	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	28e. Place of Ir	njury - Al hon	ne, farm, stree	el, factory, offica				ber or Rura	i Route Number,
	tal or A al Direction bed in b	o o							City or 10	wn, State)			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier (Check only one)	1 Certifying Phy 2 Medical Exami	alcian: To the besiner: On the basis and menners	of examination	iedge, death on and/or inve	occurred at the li stigation, in my	me, date and placa, opinion, death occur	and due to the red at the time,	ceuse(s) and m dete and place,	anner as st and due to	ated. the causa(s)
	To t To t	Σ	29b. Signature and	title of deltifier		29c. Licens			29d. Date signe				
	16		PL	ali					30573		10-1	8-9(
	10		30. Name and addr	ress of person who co	mpleted cause of	death (Item 2	23e) (Type, P	rint) Pat	exent Pa	nleway	, (0) um	lia 1	MD 21044
	Sta	te	31. Date filed (Mon					111111			, 65 (57)		अ १६८१ व
	Registr		OCT 25	1996	32. Regis	-Randa	20						



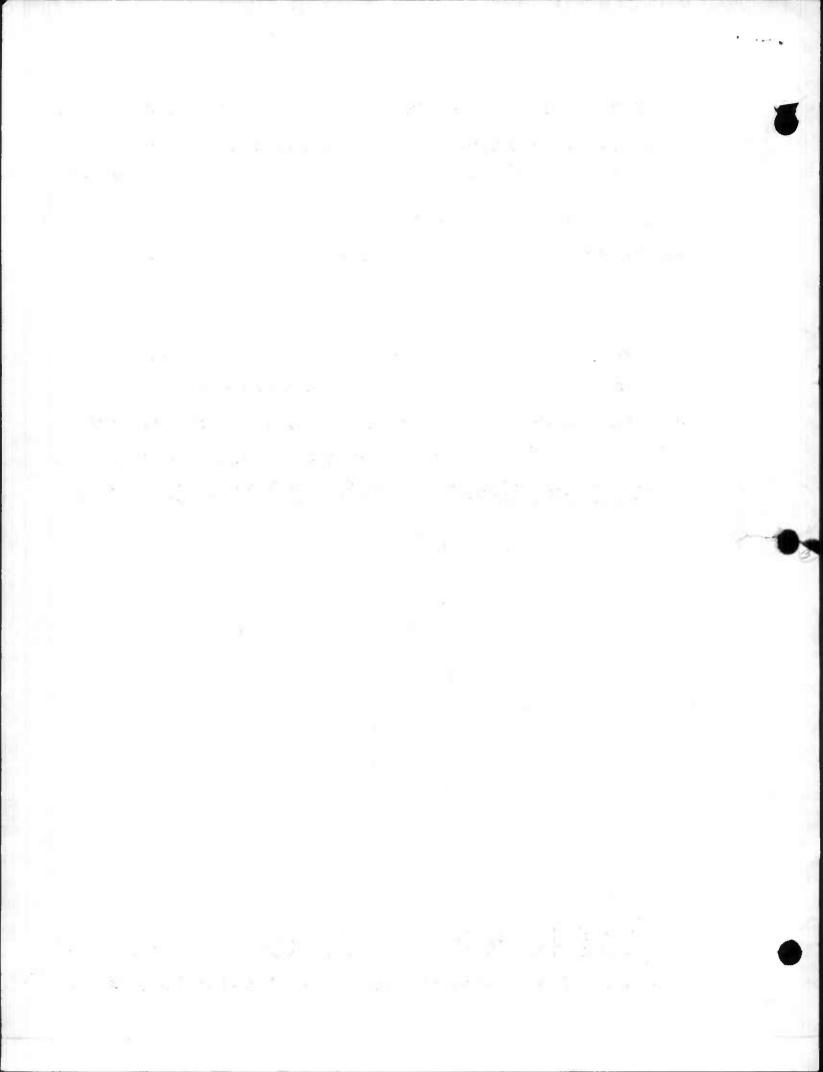
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be removed within a four financial or attending the pospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery hand in by the funeral director, page 5 should be detached for use as 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to hand, committee, or menoral	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
HOSPITAL OR ATTENDIN	-UNERAL DIRECTOR: Aff	ANT: If item 28 is n	
THE +	TO THE P	IMPORT	

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND	DEPAR	RTMENT	OF H	EALTH	AND I	MENTA		E	90	31965
	DECEDENT'S NAME (First, Middle, Lest) LAURA				HALLER			REG. NO. 2. DATE OF DEATH MONTH DAY OCTOBER 21 1996		YEAR	3. TIME OF DEATH		
DIRECTOR	4. SOCIAL SECURITY NUMBER 218-16-6112	5. SEX 1 M 2 F	6. AGE (In yrs. Ia 87	st birthday) YRS.	IF UNDER		IF UNDER	24 HRS.	T DATE	OF BIRTH		a Butter	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number) Catonsville Commons			9b. CITY, TOWN OR LOCATION OF DEATH Catonsville				9c. COUNTY OF DEATH Baltimore					
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 1aryland	. COUNTY 10c. C			ity, town on Location ltimore							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 903 Rockhill Avenue					101. ZIP CODE 100. CITIZEN OF WHAT 21229 United S					HAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ever Married 2 Married FORCES? 1 YES 2 XNO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yee, specify Cuben, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:				o or No- 14. RACE - American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5 +) homemaker 16e. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.) OWN home											
BE CON	17. FATHER'S NAME (First, Middle, Last) Frank West	HER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Me											
TO B	William Rober									er City or Town Fernd			21061 ryland
	20b. PLACE AND DATE Of DISPOSITION Point 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Cremation 2 Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State Cremation City or Town, State												
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) resulting in death) Due to (or as a consequence of): Church Ohstavchus Pulmousy Piscase Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
	PART II. Other algorificant conditions contributing to deeth but not resulting in the underly Service Denvery , Osteo porosis						PER 1 TYE			24a. WAS AN PERFOR 1 YES 2	2 No OF DEATH?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 125. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:												
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpetiant 2 ER/Outpetient 3 DOA 4 M. Nursing Nome 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 1 OTHER NOW INJURY OCC				CURED							
8	3 Sulcide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, tarm, building, atc. (Specify)				street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
TO BE COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.												
	296. SIGNATURE AND TITLE OF CENTRE!					29c, JICENSE NUMBER 29d, DATE 29d, DATE 29d, DATE			tobe	(Morith, Day, Year) or 22, 1996			
-	Creeting Layer MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) GEETHA RAJA, 4367 - HOLLINS FERRY ROAD, BALTIMORE MD 21227												
	CCT 2 5 1996												



State of Maryland / Department of Health and Mental Hygiene

	Certifica	ate of Death	Reg. No.	31961		
sician	1. Decedent's Name (First, Middle, Lest)		2. Dete of Deeth Month Dey Yee	3. Time of Deeth		
edical	REGINA E. HAINES		OCTOBER 24,1996	8:20 AM		
miner ral or	216-20-1510 1□ M 2∏ F 71 Yrs. Months	4b. City, Town, or Lo BALTIMORE er 1 Year If Under 24 Hrs. s Deys Hours Min.	CITY N/A 8. Date of Birth (Month, Dey, Year) 9. B	eeth lirthplece <i>(State or Forel</i> i Country) ARY LAND		
by Funeral Director	Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limit		
0	MARYLAND HARFORD FOREST HILL			1 ☐ Yes 2 ☑ N		
Director		Ip Code	10g. Citizen of Whet (Country?		
	2646 HOOPES ROAD	1050	U.S.A.			
by Funeral	Armed Forces? If Yes, sp 1 ☐ Never Married 2 🗓 Married 1 ☐ Yes 2 📆 No	edent of Hispanic Origin? (Sprecify Cuban, Mexican, Puerto 2 No Specify:	ecify Yes or No- 14. Race - An	nerican Indien, nite, etc.		
ted	15. Decedent's Education 16e. Decedent's Us (Specify only highest grade completed) (Give kind of w	uel Occupetion	16b. Kind of Busines	ss/Industry		
Completed	Elementery/Secondary (0-12) College (1-4or 5+)	vork done during most of work use ratired)	nig			
	12TH GRADE CLERK 17. Fether's Neme (First, Middle, Last)	19 Mathada Name	GROCERY S	TORE		
Be	EDGAR CROCKETT		e (First, Middle, Meiden Sumeme) UNKNOWN			
P_C			al Route Number, City or Town, State,	7/n Code		
				1050		
	20e. Method of Disposition 1 1 2 □ Cremetion 3 □ Removel from State 20b. Place of Disposition (No cametery, cremetory or	ame of	Dete 20c. Location - City of			
			HOME OF BEL AIR, AD, BEL AIR, MD.			
0	23a. Part1. Enter tha disease, or complications that causad the death. Do not enter the moshock, or heart failure. List only one cause on aach line.	or respiratory arrest,	Approximete Intervel Batween			
	Immediate Ceusa (Finel disease or condition resulting in deeth) e. HYPOXIA Due to (or es e consequence of		30 MINUT			
i Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury)	OF THE LUNG	4 DAYS			
ian/Medicai	thet initiated events resulting in deeth) Lest Due to (or es e consequence of) d.					
Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying	ceuse givan in Part I.	23b. Did tobecco use contribu	te to the cause of deat		
		41	1 Yes 2 No 3 □	Probably 4 Unkno		
Completed by			24e. Wes an autopsy performed?	were eutopsy finding aveilable prior to completion of cause of death?		
Be C	25. Wes cese referred to medical	28. Plece of Deeth		1 145 2 140		
ToB	examiner? 1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpetient 3 D	Other	me 5 Residenca 8 Other (Sp	pecify)		
	27. Menner of Death 1 Neturei 5 Pending 28a. Deta of Injury (Month, Day Year) 28b. Time of Injury		28d. Describe how Injury occurred			
Certification:	2 Accident Investigation M	M 1 Ves 2 No 28e. Place of Injury - At home, ferm, street, fectory, office 28f. Location (Street and Num				
edicai C	29a. Certifiar (Check only one) 1 Certifying Physician: To tha best of my knowledga, deeth occurred and manner steled.	d at tha time, dete end place, a n, in my opinion, daeth occurre	and dua to the cause(s) end manner a ed at the time, deta and place, and du	as steted. ue to the ceuse(s)		
M	1. 1-1 1 1	RES-000	29d. Dete signed (Mor			
State	30. Name and addrass of parson who complated cause of daeth (Itam 23e) (Type, Print) PATRICK HU TOHNS HOPKINS HOSPITAL 31. Determined (Month, Dey, Year) 32. Registrars Signature	600 NORTH V	OCTOBER 3	SALTIMORE, MA		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death October 23, Physician Dorothy Irene Howard 1996 1:45 F.M. /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death Ivy Hall Geriatric Center Baltimore Baltimore Months Days Hours Min. Sept. 1, 1906 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) Funeral 9. Birthplace (Stata or Foreign 1□ M 20 F 90 Yrs. Director 216-03-6260 Maryland Usual Residence of Decedent death with the Maryland 10a. State 10b. County Show 10c. City, Town or Location 10d. Inside City Limits the Medical Examiner must be notified at Maryland Baltimore Director 1 ☐ Yas 2 No Baltimore 28a-1 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 404 Danville Road 234 21206 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ YNo If Yes, Give Yeer or Dates: or items 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - Amaricen Indian, permit. Pagas 1 and 2 should be filed within 72 hours efter of Depertment of Haelth and Mental Hygiane. Important: If Item 27 is marked other than "natural", or Item any Injury or other traumatic event, the Medical Exemination. Black, Whita, etc. 1 Navar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White à 3 N Widowed 4 Divorcad Specify: Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th grade Homemaker Own Home 17. Father'a Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Malden Sumame) Samuel H. Dunkle Cora May Howard 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Maurice C. Howard (Step-Son) 5313 Forge Road, White Marsh, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 Cramation 3 ☐ Removal from State 4 Donation f □ Othar (Specify) Green Mount Crematory 10/25/96 Baltimore, Maryland 22. Name and Addrass of Facility
Schimunek Funeral Homes, Inc. 21. Sign Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or haard failure. List only one cause on each line. 21236 Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) ATherosclerotic Cardiovaxular Discono /Medical **Examiner** Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiate cause. Enter Undarlying Cause (Disease or Injury that Initiated events resulting in death) Last Box 68760, Physician/Medical Due to (or as a consequence of): Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably WUnknown g 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 22 No 1 Yes 2 No certificate or Attanding Physician: 25. Was cese referred to medical examiner? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After 5 Pending Investigation 1 Natural 2 Accident s after dean all Director: After 1 Yas 2 No 6 Could not be detarmined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide within 24 hours after To the Funeral Dis Hospital 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) end manner as steted.
2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only ŝ 29b. Signatura and title of certifias 0 29c. License number 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

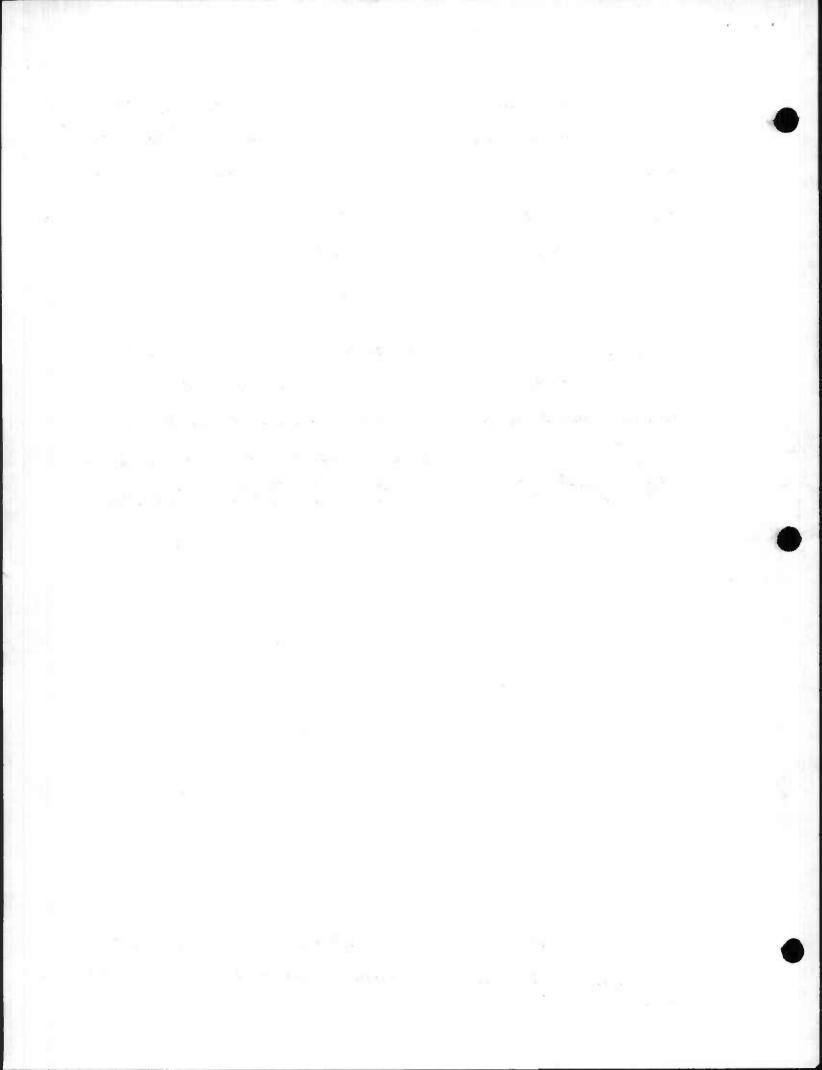
Ramen Sabapath: NO 3400 Endwar Are Ballinux MOY1/3

DHMH 16 Rav 6/95

State Registrar 31. Date filed (Month, Day, Year) OCT 2 5 1996

32 Registrar's Signature

DK



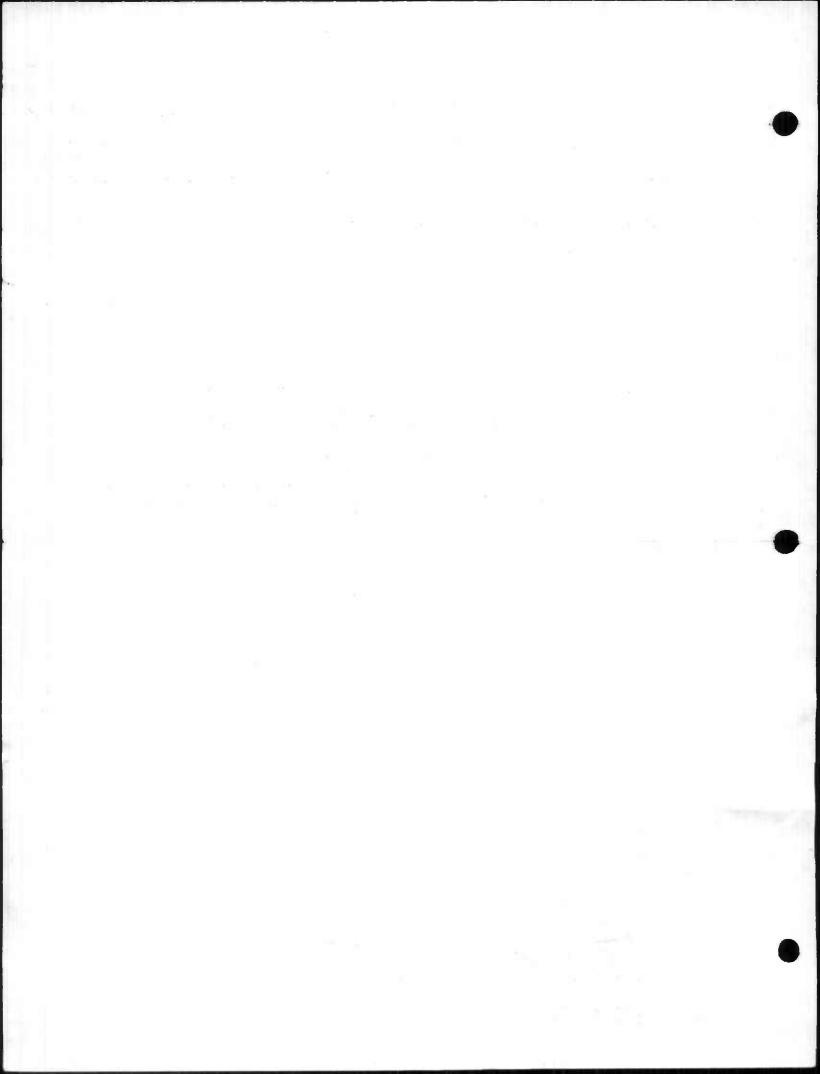
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** Month Yaar 10:4502 Charlotto Horwitz laine. 96 20/Medicai 10 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death Examiner 4c. County of Death Ansted Rd. 14413 Silver pring Montgomer 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 5. Social Sacurity Number 6. Sax Data of Birth (Month, Day, Year) Funerai 1□ M 200 F Months Days Hours Yrs. Director 152-30-0548 56 April 24, 1940 Pennsylvania Usuai Rasidanca of Dacadani with the Maryland Show 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f show tra Meolcal Examiner must be notified at Director 1 Yas 2 □ No Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 20905 U.S.A. 14413 Ansted Avenue death 11 Marital Status 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. filed within 72 hours efter ☐ Yas 2 No f Yes. Giva 1 ☐ Navar Married 287 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: White Be Completed Decedant's Usual Occupation
 (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decadant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Hygiene. Eiamantary/Secondary (0-12) Collega (1-4or 5+) 12 Years Housewife Own Home 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Pages 1 and 2 should be nent of Health end Mental other traumatic Sylvia Friedenberg Max Ginsberg of Health end Nitam 27 is man 19a. Informant's Name/Relationship (Type, Print) 19b. Majling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Jerome H. Horwitz, Husband Maryland Silver Spring, 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 10/22/1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata permit. Pages 1 Depertment of H Important: If its any injury or ot once. 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata Judean Memorial Gardens 4 ☐ Donation 5 ☐ Othar (Specify) Olney, Maryland 21. Signatura of Funarai Sarvice Licansee 22. Nama and Addrass of Facility STEIN HEBREW MEMORIAL FUNERAL HOME. INC. 232 CARROLL STREET, N.W., WASHINGTON, shock, or haart falliure. List only one cause on each line. D.C. 20012 Approximata Intarval Batwe Physician Immediata Causa (Final disaasa or condition rasulting in daath) /Medical metastatic 1 eromyosarcoma Comortths Examiner Dua to (or as a consaquanca of): Examiner if or Attending Physician: The law requires that the death certificate be executed efter death. Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or injury that initiated events rasulting in death) Last the burial-tran Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, physician Physician/Medical Dua to (or as a consequence of) for use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. deteched 23b. Did tobacco usa contributa to the causs of death? 1 Yss 2X No 3 ☐ Probably 4 ☐ Unknown þ 2 Completed 24b. Wara autopsy findings availabla prior to complation of causa of death? 24a. Was an autopsy performad? peeu has certificate 1 Yas 1 Yas 2 No NA 25. Was casa raterred to medical axaminar? Be 26. Placa of Death (Check only ona) Certification: To Hospital: 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred After 5 Panding invastigation 1 Matural 2 Accidant 1 ☐ Yes 2 ☐ No the Director: 6 ☐ Could not be datarmined 3 Suicida 3 Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) Location (Straat and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours e To the Funeral C completely filled 1 Certifying Physician: To the best of my knowledge, daath occurred at the tima, date and piaca, and dua to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and piace, and dua to the cause(s) and manner stated. 29a. Certifiar Medical 29b. Signature and hitle of outilies 29c. License number 29d. Data signed (Month, Day, Year) 30. Nama and address of person who complated cause of daath (itam 23a) (Type, Print) J. Steren, M.D. 10215 Fernwood rd. Suite 405, Bethesda, MD 31. Data filed (Month, Day, Yaar) Registrar's Signature State

DHMH 16 Rev 6/95

Registrar

OCT 2 5 1996



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 8 & 9 PER STATE ANATOMY
State of Manyland / Department of Health and Mantal Hydiana Of BOARD FILM G-740 10/25/96 t.t

State of Maryland / Department of Health and Mental Hygiene 96

					C	ertificate o	r Death		Reg. No.		
		77	1. Decedent's Neme (First, Middle, La	st)	0.0			2. Date of De			. Tima of Death
	Physic		Lofton	1 . H	Alter	mar)	Month	Day	Year 9910	10:55A
4	/Medi		4a. Facility Nama (Il not Institution, giv		112101		4b. City, Town, or I		th 4c. Count		W. 9.011
	Examii	ner	305 College Pa	The second secon							
			5. Social Sacurity Number 6. 5		In yrs. last birthda	/) If Under 1 Ya	Arnold ar If Undar 24 Hrs.	8. Data of Bi	Anne	Arund	
	Funeral Director	F		CXM 2□ F	81 Yrs.	Months Day		DEC. 23	1914	Country) W. VIRG	e (State or Foreign INIA
			Usuel Residance of Dacedant		01			1	•		
	/lan		10e. Stete 10b. County	1	0c. City, Town or	Location				10d.	tnside City Limits
	Man I	to	MD United	States	Pasade	na					1 ☐ Yes 2√ No
	the 28s	Director	10e. Street and Number			10f. Zlp Code	8		10g. Citizan of	What Country?	
	A S		210 Glen Roa	. d		21	122		U.S.		
	be filed within 72 hours after deeth with the Maryland tiel hygiene. Id other than "natural", or itema 23a or 28a-f show other than "natural", or itema 23a or 28a-f show event, the Medical Examiner must be notified at	Funeral	11. Marital Status	-	erin IIS 13		122 of Hispanic Origin? (S	necify Yas or N		e - Amarican t	ndlen
	Her d	5	1 Never Merried 2 Married	12. Wes Decedent Eve Armed Forcas? ↑ 1 ☐ Yes 2 ☐ No	inknown	It Yes, specify C	uban, Mexican, Puert	Ricen, etc.)		ck, White, atc.	
3	rs af	by F	3 Widowed 4 Divorced	It Yes, Give Yeer or Dates:		1 ☐ Yes 2 🕱 N	lo Specify:		Specif	y: White	е
5-0020	hou hou	B	15. Decedant's E		16a Doc	adante Heuel Oo	nunetion		16h Kind of B	usiness/Industr	
Š	n 72	Completed	(Specify only highast gra	ide complated)	(Giv	re kind of work do	cupation ne during most of wor ired)	king	TOD. KING OF D	Danie as inigual	Ty .
1212	than o	E	Elementery/Secondery (0-12) unknown	College (1-4or 5+) unknown		Machinis			unkno	T-717	
0	Hygin Hygin	Ö	17. Fether's Neme (First, Middle, Last			riaciiiiii	18. Mother's Nen	e (First Middle			
5	2 2 D 2	Be	unknown					known	, may on ourns	,	
5	s 1 and 2 should be filed within 72 hours f Health and Mentel Hygiene. Itam 27 is marked other than "natural", other traumetic evant, the Medical Exe	To			The state of						
20	le sho		19e. Informent's Name/Ralationship (rype, Pnnt)	190. Ma	lling Address (Stre	eet end Number or Ru	rei Houte Numb	oer, City or Town	, Steta, Zip Co	36)
d)	enc leaft m 27 her 1		unknown		cot Di e et Die	andrian (Atama at		known_			
0	of the second		20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐		cemetery, cr	position (Neme of emetory or other p	olece)	Dete	20c. Location	- City or Town,	Stete
ilmore,	Peg ant:		4 Donetion 5 ☐ Othar (Specif								
a	permit. Peges 1 end 2 Department of Health s Important: if Itam 27 is any injury or other tra once.		21. Signatura of Funeral Service Licer	Isee A		22. Name end Add	dress of Facility	J 655 T	Doled.	C+	maat
9	88 = 88		Ronald S	. Wade, Dir	ctor		atomy Boar		201-1559		reet
Ė			23e. Part . Enter the disease, or com shock, or haert fallura. List only	pficetions thet caused th	a daeth. Do not e	ntar tha mode of	re, Maryla: tylng, such es cerdiac			Ap	proximate
	Physician		shock, or haert fallura. List only	ona causa on aach line.						trite	erval Between set and Death
3	/Medical		Immedieta Causa (Final	(2100	X 4	6-1	1-1.1.10	ų.		1/0	Rich
	Examiner		diseesa or condition resulting in deeth)	e. Chylin	nue N	CONI	/ accord			(0	J
	-	e		Ct out	e to (or es e cons	, //	de Dou Line	4.0-16	Anut	- 12	1.100/11
	petr	Examiner		b. Darin	POSI	- Car	out out of	we of	100111.	101	weny
6	certificate be executed ding physician and se as the buriel-transit	Exa	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Undarlying	A. T.	e to (or es e cons		0/.	in note	el.	1 30	(Leeles
2	Sician		Ceuse (Diseasa or Injury thet Initieted avents	c. / V CCCC		43 Card	cof m	10700	(-)		
68/60,	phy s the	edical	resulting in deeth) Last	Du	e to (or as a cons	querce of):					
×	certificata be executed iding physician and ise as the bunel-transi	Z		d							
		clar									
5	es that the death igned by the atte be deteched for	Physician	Pert II. Other significant conditions of	ontributing to death but r	not rasulting in tha	undartying cause	given in Pert t.	23b. Dld	tobacco use co	intribute to the	cause of death
J.	hat to							1 🗆	Yas 2 No	3 Probabl	ly 4 Unknow
Hecords,	law requires that the death as been signed by the atter 2 should be deteched for	by						0.4-111-1	Secretary of	Odb Wass	sutana, findiana
5	v require been sig should b	Completed						24a. wes	an autopsy ormed?	availat	autopsy findings ola prior to etion ot causa
e	has b	pjdu								of dast	
E	0 - 0	0						1 🗆	Yes 2 DAO	1 0 Ye	es 2 No
VITA	iclan: The certificate rector, pay	Be (25. Wes cesa retarred to medicel				26. Placa of Dea	th (Check only	one)		
	Sop	0	exeminar?	Hospitel: 1 ☐ tnpatiant	2 ER/Outpet	ent 3 DOA	Other: 4 Norsing H	oma 5□Res	idence 6 Ott	nar (Specify)	
0	Ph er th	n: T	27. Menner of Deeth	28e. Dete of Injury (Month, Dey Y	28b. Tima	ot 28c. Ir	njury at Vork?		how Injury occur		
DIVISION OF	Attending For death. Sector: After by the funer	atio	1 ☐ Naturel 5 ☐ Panding 2 ☐ Accident investigation		<i>(ear)</i> Injury		Yas 2 No				
2	Attar dea ctor	flea	3 ☐ Suicide 6 ☐ Could not b	286. Piece of injury	- At homa, tarm,	straet, tactory, offic	CO CO		(Street end Num	ber or Rural Ro	outa Number,
5	Olin d	Certification:	4 Homicide	building, atc. (Specify)			City or To	wn, State)		
	ours ours fille		29e. Certifier 1 Certifying Ph	ysician: To the best of n	ny knowledge de	eth occurred et the	tima date end niece	end due to the	cause(s) and m	enner es state	d
	Fur etaly	edical	(Check only 2 Medicat Exar	ninar: On the basis of ex	aminetion end/or	investigetion, in m	y oplnion, deeth occu	rred et the tima.	date end place,	and due to the	ceuse(s)
	To the Hospital or Attandii within 24 hours effer death. To the Funeral Director: A completaly filled in by the fo	Me	29b. Signety and file of certifier	4		29c. Lice	ense number		29d. Data signe	ed (Month. Dav	(Year)
	⊢≯Fö		NA INTRA	My Alton	tup Do			P			
			- OUT TOUR	140000	1	, u,	521681 GLRNB4	1	10	" 10	
			30. Neme and eddrass of person who	complated cause of daet	h (Itam 23e) (Type	Print)	GLRN B4	RNIB	14020	061 .	

Registrar

State

31. Dete tiled (Month, Dey, Year)

OCT 25 1996 July Studion hardely

DHMH 16 Rsv 6/95

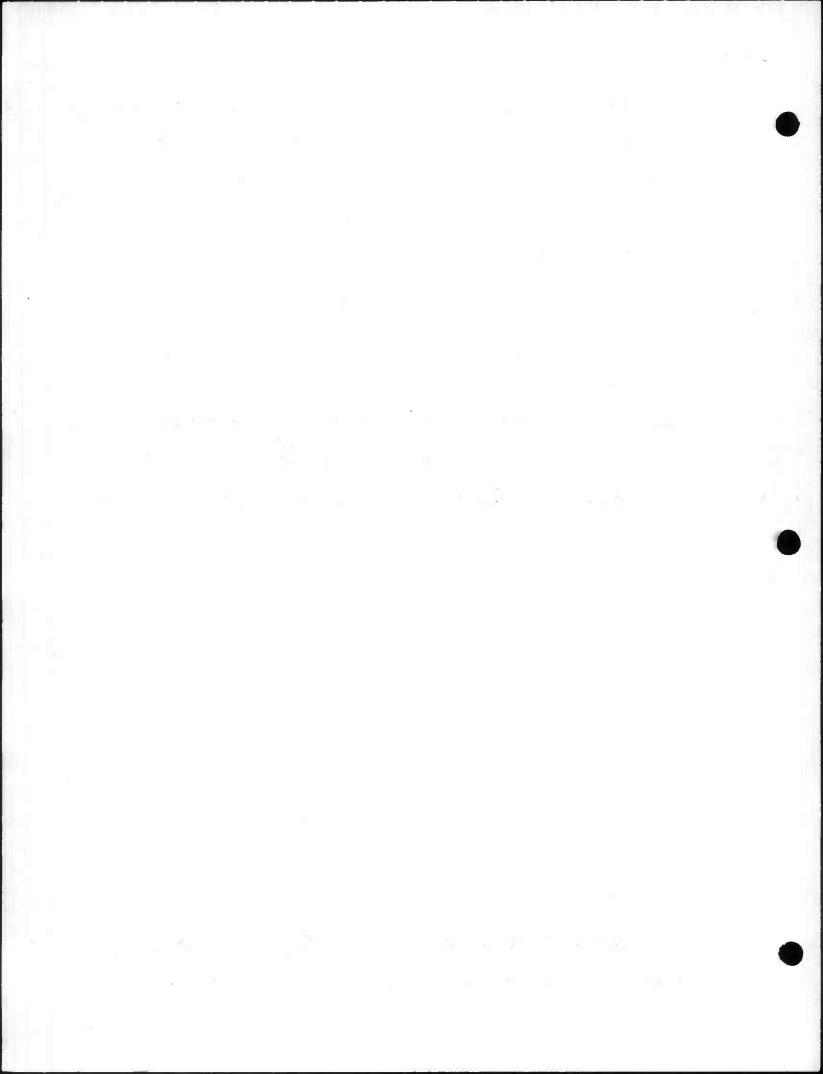
=1 0 0		*
307		
en 91		
	r	
	1.0	
175.7-		

State of Maryland / Department of Health and Mental Hygiene

31970

_					C	ertificate	of De	ath		Reg. No.		
sician	1. Decedent's Nen Elizabe	ne <i>(First, Middle,</i> eth Gayl							2. Dete of D	eeth Day 18	1996	3. Time of Deeth 6:00 AM
edicai miner	4e. Fecility Neme (4b. C	City, Town, or L	ocation of Dee		nty of Deeth	0.00 121
······································		Nursing						lumbia		How		
	5. Social Security I		3. Sex		n yrs. last birthde		eer If t	Under 24 Hrs.	8. Dete of B (Month, D			lece (State or Forei
4	174-14-0		1□ M 2\\ F		75 Yrs.	Months	ys n	Min.		2, 1921	Coun	USA
	Usuel Residence of 10a. Stete	10b. County		10	Oc. City, Town or	Location					1	0d. Inside City Limit
ō	MD	Howa	ırd			tt City						1 ☐ Yes 2X N
rec	10e. Street and Nu	mber				10f. Zip Co	de			10g. Citizen o	f Whet Coun	itry?
Funeral Director	4041 Wh:	ite Star	Way			21	042			USA		
Iner	11. Maritei Status		12. Was De	ecedent Eve Forces?	er in U,S. 13	. Was Decedent If Yes, specify	of Hispan	nic Origin? (Sp	ecity Yea or N		ece - Americ ack, White,	
by	1 ☐ Never Merr	ied 2 Married 4 Divorced	d 1 Yes	s 2 📉 No Give Dates:		1 ☐ Yes 2 🔀		oecify:		Spec		nite
Completed	(Spec	15. Decedent's cify only highest		d)	16e. Dec (Giv	edent's Usuel Or e kind of work d DO NOT use re	cupetion	g most of work	ing	16b. Kind of	Business/Ind	dustry
dmo	Elementary/Second 12	ondary (0-12)		(1-4or 5+)		oo not use re emaker	tired)	Own Home				
	17. Fethar's Neme	(First, Middle, La	None	2	TION	CHARCI	18.	Mother's Nam	a (First, Middle	. Maidan Sumi		
To Be	Floyd 1	Edgett						aude Os				
_	19e. Informent's N	eme/Ralationship	o (Type, Print)		19b. Me	ling Addresa (St	reet end f	Number or Rur	ral Routa Numi	per, City or Tow	n, Stata, Zip	Code)
	Cathy E	. Hanks	(Daugh	ter)	4041	White	Star	Way, E	Ellicot	t City,	MD 2	21042
	20a. Mathod of Dis	position Cremetion 3	□ TRemovel from		20b. Pleca of Disp cemetery, cr	position (Neme of ematory or other	f plece)	Oct.	Dete	20c. Location		
		5 ☐ Other (Spe		Z	Arlington	n Nat. C	em.	23, 1	996	Arling	con, VA	4
	21. Signeture of Fu	inerel Service Llo	cansee	1		22. Name end A Witzke			es. In	G.		
	Pycolin	* Jugar	× 1 Su	hom		5555 Tw.	in Kr	nolls R	d. Col	umbia,	MD 21	1045
	23a. Pert1. Enter t shock, or hee	he diseese, of an ort failure. List on	plicationa thet y one ceuse on	t ceused the n each line.	deeth. Do not e	nter the mode of	dylng, su	ich es cardiec	or respiretory	errest,		Approximate Interval Between
	Immedieta Cause	(Finel	10	la bar	'n 1	DINDAN	0,					Onset end Deeth
	diseese or condition resulting in deeth)	'n	ө	1	mers (Jufec.						13 you
ner				Due.	e to (or es e cons	equence on:					1	
Examiner	Sequentially list co	nditions,	b	Due	to (or as a conse	equance of):						
	if eny, laeding to Im ceuse. Enter Unde Cause (Disaese or	orlying Injury	c								1	
dic	that Initietad avants resulting in deeth) I			Due	to (or es e conse	quence of):						
n/Medical			d								j	
iciai	Port II. Other elenif	loant conditions	contributing to	dooth hut no	nt requiting in the	undadular acua	ahian la	Deat	00h Bld	Ashassa sasa		
Physicia	Pert II. Other signif	icani conditiona	contributing to			underlying ceuse	given in	Pert I.		Yes 2 No		the cause of death
by P				NOI	ve				, ,	108 2140	3 FIOL	ALDIY 4 OTKINO
										en eutopsy	24b. We	re autopsy findings bilable prior to
pie									pon	onnog i	cor	npletion of cause daeth?
Completed									10	Yes 20 No	10	Yea 2 No
Be	25. Wes case reference exeminar?	red to medical					26.	Plece of Daat	h (Check only	one)		
T ₀	1 □ Yes 25			Inpatient	2 ER/Outpetie			7		denca 8 🗆 O)
Certification:	Z E AGOIGNI							2 🗆 No	28d. Describe	how Injury ooci	irred	
THE PLANT	3 ☐ Suicida 4 ☐ Homicida	6 Could not determine	286. Piec	ce of Injury - ding, etc. (S	At homa, farm, s pecify)	treet, fectory, off	ce		28f. Location (City or To		ber or Rure	Route Number,
	29a. Certifier (Check only	Certifying F	Physician: To the	na bast of my	y kn <i>o</i> wledga, daa	th occurred et th	a time, de	eta end place,	and due to the	ceusa(s) and n	nanner as at	eted.
ledicai	0.107		end mer	nner stated.	minetion end/or la	ivestigation, in n	y opinion	n, deeth occurr	ed et the time,	dete end plece	, end due to	the ceusa(s)
Σ	29b. Signature and	title of certifier	Ru	. ~	440		ense num	-		29d. Date sign		
	M	inces	Bru	no	IVIU	Do	93	26		10-2	1-96	
	30. Nama and addre	S BRUN	o complated ceu		(Item 23e) (Typa Nedica	Print) ART	5	Colu	mbia	MP	2104	4
ate	31. Date filed (Mont	h, Day, Year)	32.1	Registrer's S	Signatura			Q = 1 =1				
ar	OCT 25	1996	whia David	Con-Ray	ndelle							

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene 31971

-					Ce	ertifica	ate of	Death	R	eg. No.	20	0191	
Physic /Medi		1. Decedent's Neme (First, Middle,	JA H	1. 1	HEC	K	J	R.	2. Dete of Dee Month		1996	3. Time of Deeth 04/2	
Exami		4e. Fecility Neme (If not institution, St. Agnes Hosp		ber)				4b. City, Town, or I Baltimor			y of Deeth		
Funeral Director	Г	5. Social Security Number 166-12-8918	5. Sex 7 1 1 M 2 □ F	'. Age (In yrs	. last birthdey 75 Yrs.	Month	der 1 Year S Deys	If Under 24 Hrs. Hours Min.	8. Date of Birth OCL . 19,	1921	Coun	ece (Stete or Foreign lry) Sylvania	
9		Usuel Residence of Decedent										, - , - , - , - , - , - , - , - , - , -	
Marylar a-f show iffed at	tor	Maryland Baltim	ore	10c. C	ity, Town or I Cato		le.				10	od. Inside City Limits 1 ☐ Yes 2 🖒 No	
or death with the Marylar Herrs 23s or 28s-f show net must be notified at	Funeral Director	10e. Street end Number 202 Newburg Ave	nue			10f. 2	Zip Code	1228	1	0g. Citizen of	Whet Coun	*	
death free 2	nera	11. Maritei Status	12. Wes Deced	lent Ever In U	J,S. 13	. Was Dec	cedent of H	Hispenic Origin? (Spen, Mexican, Puert	pecify Yes or No-	14. Ra	ce - America		
hours after turns, or the al Examine	þ	1 Never Merried 2 Merrie 3 Widowed 4 Divorced	Armed Ford 1 Types 2 if Yes, Give Year or Det	No			2€CXNo		o Rican, etc.)	Specif	ock, White, e		
72 ho	e d	15. Decedent's	Education		16e. Dec	edent's U	suei Occup	pation	(4)	16b. Kind ot B	usiness/Ind	ustry	
d within 72 hours all giene. Ir then "natural", or the Medical Exam.	Completed	(Specify only highest Elementary/Secondery (0-12) 12	College (1-	4or 5+)	Forer		vork done use retire	duning most of world)	King	Baltimo & Elec		as Company	
uld be file Aental Hy rked othe tic event	To Be	17. Fether's Neme (First, Middle, La Joshua H. Heck,							ne (First, Middle, I Matlack		ne)		
and A	Ι.	19e. intorment's Neme/Reletionshi	(Type, Print)		19b. Mei	ling Addre	ss (Street	end Number or Ru	ral Route Number	, City or Town	, State, Zip	Code)	
and and a		Mercedes Heck (Wife)		202 1	Vewbu	rg Av	venue Ca	tonsvill	e, Mar	yland	21228	
Pages 1 nant of He nst: If then ny or oth		20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Spe	☐Removal trom Si	1010	Plece of Disponentery, chi					20c. Location		m, Stete Maryland	
Depart Imports any inje		21. Signeture of Fonerel Service Lie	censee AL	1		22. Neme	end Addre	es of Fecility				c. yland 21	
Physician		23e. Pert1. Enter the disease, or conshock, or heart feilure. List or	omplications that ca ily one cause on ea	the dee	th. Do not e	nter the m	ode ot dyli	ng, such es cardiec	or respiretory error	est,		Approximete Intervei Between Onset end Deeth	
/Medical Examiner		immediate Cause (Final disease or condition resulting in deeth)	. Rig		heo Y			ure,				2 weeks	
cuted	Examiner	6 Chronic Obs					.,	poluno	anory DIDEOX 10100				
ertificete be executed Jing physician end te as the burial-transit	Medical Ex	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest	· Ca	Due to (d	tive or es e conse	duence of):	faile	280	-4		J 450 D	
ath c			d										
that the led by th detache	y Physician	Pert ii. Other signiffcant conditions	contributing to dea	in but not res	suiting in the	underrying	cause gr	en in Peπ i.				the cause of death' ably 4 Unknow	
e law requires has been sign je 2 should be	E P P P P P P P P P P P P P P P P P P P						24e. Wes a		eva	re eutopsy tindings iieble prior to spletion of ceuse eath?			
E seg	Cor								1 □ Ye	s 200 No	10	Yes 2□ No	
Physician: The	Be	25. Wes case reterred to medical exeminer?	11 11						th (Check only on	e)			
Physic this o	2	1 ☐ Yes 2 No	Hospitel: 1 King		ER/Outpetie			4 LI Nursing H	ome 5 Reside	ence 6 Oth	nar (Specify)	
Jing After fune	Certification:	27. Menner of Deeth 1 ☑Netural 5 ☐ Pending 2 ☐ Accident investigal	ion	Injury Dey Year)	28b. Time injury	of M	28c. injur Wor 1 🗆	y et k? Yes 2 □ No	28d. Describe ho	ow injury occur	red		
al or Attends s after deat of Director: ed in by the	Certific	3 Suicide 6 Could no determine	200. Piece of	injury - At h , etc. (Specil	ome, farm, s	treet, facto	ory, offica		28f. Location (St City or Town		ber or Rural	Route Number,	
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai (29a. Certifier (Check only one) 1 Certifying 2 Medical Ex	Physician: To the be aminer: On the bas and menne	s or exemina	wledge, dee tl <i>on</i> end/or in	th occurre nvestigetion	d et the tir on, in my o	ne, date end piece, pinlon, deeth occur	end due to the ce red et the time, de	ouse(s) end mo ate end piece,	enner as sta and due to	nted. the ceuse(s)	
within 24 To the Fu	Me	29b. Signeture and title of certified	100			2	9c. Licens	e number	2	9d. Dete signe	d (Month, C	ey, Year)	

D0050833.

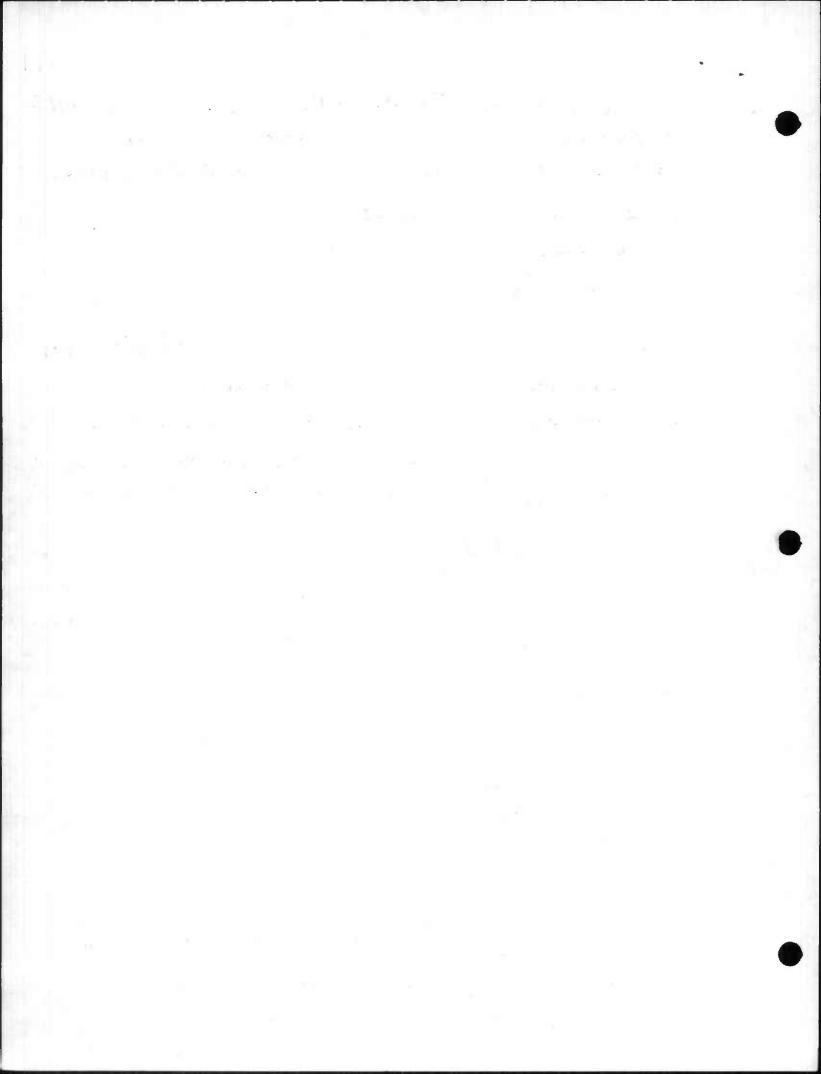
Oct. 23.90.

Registrar

DR.K. VENKATARAM 31. Dete tiled (Month, Day, Year) OCT 2 5 1996

KAN St-Agnes Hosp. Caton Are. Baldinosa 32. Registrer's Signeture

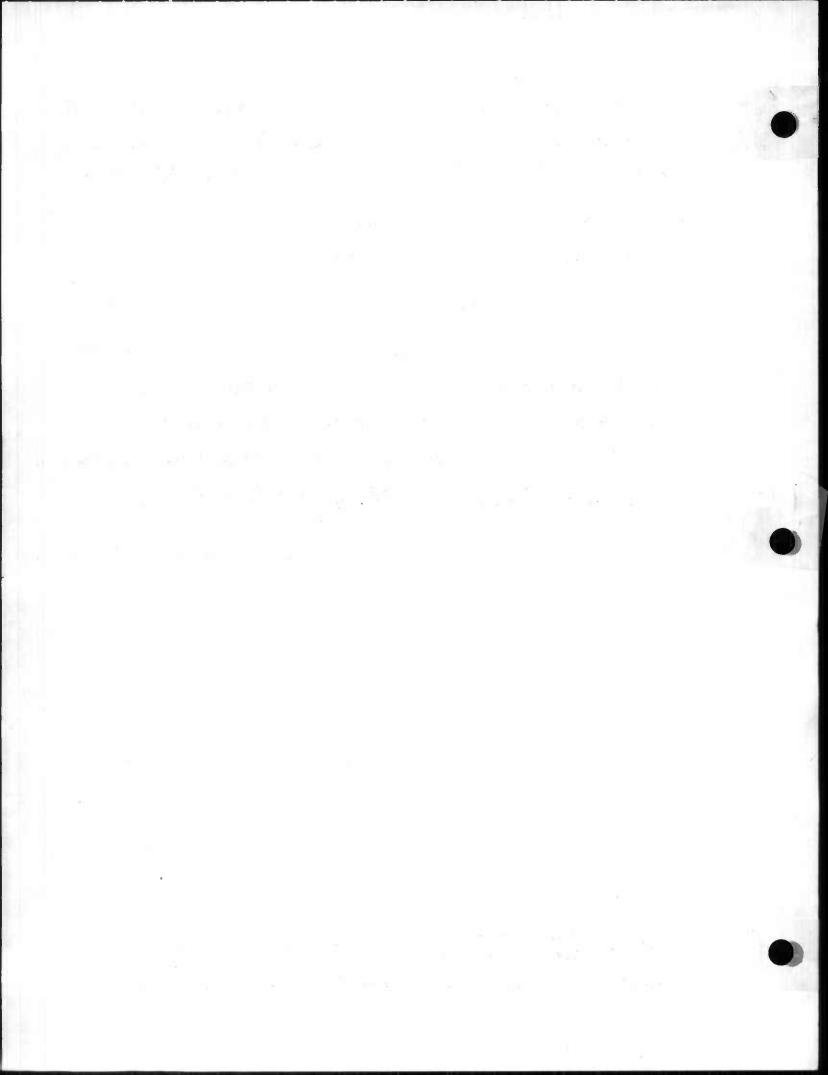
30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 3 | 972

Dhusisis		1. Decedent's Name (First, Middle, Las	st)		Cei	tificate	011	Jealli		ate of Death	g. No.		3. Time of Death	
Physicia (-	Karl Heinz Jen	itzsch, Sr	L.					Oc	tober	23, 19	Year	3:00 P.N	
/Medica Examine		4a. Facility Name (If not institution, give	street and number))			4	b. City, Town,		of Death	4c. County			
LAGITITIC	"	324 Worton Road						Baltimo	re		Bal	etimo)	7.0.	
uneral irector		218-18-1109	9x 7. Ag	ge (In yrs. las 71	st birthday) Yrs.	If Under 1 Months	Vear Days	If Under 24 H Hours M	Irs. 8. D. In. Ja	ete of Birth fonth, Day, N. 15,			ace (State or Forei	
*	1	Usual Residence of Decedent 10a. State 10b. County		10c. City,	Town or Lo	cation						10	Od. Inside City Limi	
notified at	Į	Maryland Baltimo	re		Ва	ltimor	1.0.						1 □ Yes 2 ☑ N	
or 28e	Director	10e. Street and Number				10f. Zip (10	g. Citizen of V	What Coun	try?	
		324 Worton Road	1			2	122	1			u.s.	A.		
	F	11. Marital Status 1 □ Never Married 2 🛱 Married	12. Was Decedent Armed Forces? 1 X Yes 2 H	7		Vas Decede Yes, specif		spanic Origin? n, Mexican, Pu Specify:	(Specify) erto Rican	es or No- , elc.)		e - America ck, White, e	etc.	
	d by	3 Widowed 4 Divorced	Year or Dates:											
nati	Be Completed	15. Decedent's Ed (Specify only highest grad	ucetion de completed)		16a. Deced (Give	lent's Usual kind of work	Occupi done o	ation fu <i>ri</i> ng most of ()	working 16b. Kind of Business/Industry					
then the M	E O	Elementery/Secondery (0-12)	College (1-4or	5+)		litter		,	Coast Guard Yard					
other ont,	9	17. Father's Name (First, Middle, Last)				, , , , , , , , , , , , , , , , , , , ,		18. Mother's I	Neme (First, Middle, Meiden Surneme)					
	0	Robert Wilhelm Jentzsch 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Information of Information Infor							re Ge					
7 is marke traumatic					19b. Mailir	g Address ((Street	and Number or	Rural Rou	rte Number,	City or Town,	State, Zip	Code)	
tem 27 other tr			. (wife)											
= 5		Robert Wilhelm Jentzsch 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Riv 19b. Mailing Address (Street and Number or Riv 324 Worton Road, Balt 20b. Place of Disposition (Name of cametery, crematory or other place)									Oc. Location -			
jury		4 □ Donation 5 □ Other (Specify)	Gree					10/	28/96	Baltin	iore,	Maryland	
Important: any injury o		21. Signature of Funeral Solvice Licen-			0	. 1 .	. 1	s of Fecility Funeral	Home Part	es, In	ic.	102/		
	Ħ	23a Part Inter the disease, or companied, or heart failure. List only of	olications that ceuse	d the death.	Do not ent	er the mode	of dyin	g, such as cere	diac or resp	oratory arre	st,	1236	Approximate interval Between	
rsician ledical aminer		tmmediate Cause (Final disease or condition resulting in death)						mou					Onset end Death	
				D								1	1	
-	= 1			Due to (or e	s a consec									
ransit	camine	Sequentietly list conditions.	b. ————	Due to (or a		uence of):								
	Examine	Sequentielty list conditions, if any, leading to immediate ceuse. Enter Underlying	b. —————			uence of):								
as the bur	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b		is e conseq	uence of):								
ng physicia as the bur	Medical	that inflated events	b	Due to (or a	is e conseq	uence of):								
by the attending physicia ached for use as the bur	rnysician/Medical	that inflated events		Due to (or a	s a conseq	uence of): uence of):							the cause of deat	
igned by the attending physicial be detached for use as the bur	by Physician/Medical	that initiated events resulting in death) Last		Due to (or a	s a conseq	uence of): uence of):					pacco use co s 2□ No sutopsy	3 □ Prote	100 100 100 100 100 100 100 100 100 100	
has been signed by the attending physicia gs 2 should be detached for use as the bur	by Physician/Medical	that initiated events resulting in death) Last		Due to (or a	s a conseq	uence of): uence of):				23b. Did tob	pacco usa con successive successi	3 □ Prote	ably 4 Unknown autopsy findings bilable prior to mpletion of cause	
has been signed by the attending physicia gs 2 should be detached for use as the bur	Completed by Physician/Medical	Part ii. Other significant conditions on		Due to (or a	s a conseq	uence of): uence of):				23b. Did tob	eutopsy ed?	3 □ Prote	ore autopsy findings eliable prior to impletion of cause death?	
certificate has been signed by the attending physicia rector, page 2 should be detached for use as the but	by Physician/Medical	Part ii. Other significant conditions of any manual conditions of any m	ontributing to death b	Due to (or a	s a conseq	uence of): uence of): uence of): nderlying ce	use giv	en in Part I. 26. Place of I er: 4 □ Nursin	Death (Chi	23b. Did tob 12 Ys 24e. Wes en perform 1 Yes	eutopsy ed?	3 Prob	pebly 4 Unknown under autopsy findings of the prior to mpletion of cause death?	
his certificate has been signed by the attanding physicia si director, page 2 should be detached for use as the but	To be Completed by Physician/Medical	25. Wes case referred to medicet examiner? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending investigation	Hospital: 1 inpation (Month, Da	Due to (or a pul not resulting	s a consequing in the unit of the second sec	uence of): uence of): uence of): uence of): uence of): addriving ce	A Oth	en in Part I. 26. Place of I er: 4 □ Nursin	Death (Ch. g Home 28d. I	23b. Did tot 24e. Wes en perform 1 Yes eck only one 5 Resider Describe hor	eutopsy ed? Solve 6 Other winjury occurrence	3 Prot	are autopsy finding: sillable prior to mpletion of cause death? Yes ∠∀No	
Director: Atlantins certificate has been signed by the atlanding physicial in by the funeral director, page 2 should be detached for use as the but	To be completed by Physician/Medical	25. Wes case referred to medicet examiner? 1 Yes 2 No 27. Manner of Deeth Natural 5 Pending	Hospital: 1 inpation (Month, Da	Due to (or a pul not resulting	s a consequing in the unit of the second sec	uence of): uence of): uence of): uence of): uence of): addriving ce	A Oth	26. Place of large 4 □ Nursin	Death (Ch.) g Home 28d. I	23b. Did tot 24e. Wes en perform 1 Yes eck only one 5 Resider Describe hor	eet and Number	3 Prot	pebly 4 Unknown under autopsy findings of the prior to mpletion of cause death?	
he Funeral Director. After this certificate has been signed by the attending physical pletaly filled in by the funeral director, page 2 should be detached for use as the burst.	edical Certification; To be Completed by Physician/Medical	25. Wes case referred to medicet examiner? 1 Yes 2 No 27. Manner of Deeth Natural Suicide Gould not be determined 29a. Certifier Certifying Physical Investigation 29a. Certifying Physical Investigation 29a. Certifying Physical Investigation 29a. Certifying Physical Investigat	Hospital: 1 inpation (Month, Da	Due to (or a Due t	s a consequence of the second	uence of): uence of): uence of): uence of): derlying ce t 3 DOA 28 M eet, factory,	A Oth	26. Place of lar: 4 □ Nursin ret (?) Yes 2 □ No	Death (Che g Home 28d. I	23b. Did tot 1 Yes 24e. Wes en perform 1 Yes 25 Resider Describe how ocation (Str.) ity or Town,	eutopsy ed? s 2 No eutopsy ed? s 2 No hoce 6 Oth w injury occur stete)	3 Prot 24b. We ave cor of a series (Specify red anner as st	pebly 4 Unknown under autopsy findings sileable prior to mpletion of cause death? Yes 22 No	
he Funeral Director: After this certificate has been signed by the attanding physicia pletaly litted in by the funeral director, page 2 should be detached for use as the bur	redical Certification; To be completed by Physician/Medical	25. Wes case referred to medicet examiner? 1 Yes 2 No 27. Manner of Deeth 2 Natural investigation 3 Sulcide determined 29a. Certifier (Check only 2 Madical Exam	Hospital: 1 inpation 28a. Date of injuice 28e. Place of the building, etc. 28e. Place of the building. 28e. Place of the building. 28e. Place	Due to (or a Due t	s a consequence of the second	uence of): uence	Oth Doc. Injum Word 1 office	26. Place of last and place of	Death (Cho g Home 28d. I	23b. Did tot 1 Yes 24e. Wes en perform 1 Yes 25c. Resider Describe how ocation (Strn int) or Town, ue to the ca	eutopsy ed? s 2 No eutopsy ed? s 2 No nce 6 Oth w injury occur eet end Numb Stete) use(s) end ma te and place, d. Dele signe	3 Protein 24b. We ave con of a series of the control of the contro	pebly 4 Unknown under autopsy findings shall be prior to moletion of cause death? Yes 2 No I Route Number, eted. the cause(s)	
he Funeral Director: After this certificate has been signed by the attanding physicia pletaly litted in by the funeral director, page 2 should be detached for use as the bur	redical Certification; To be completed by Physician/Medical	25. Wes case referred to medicet examiner? 1 Yes No 27. Manner of Deeth Natural investigation 3 Sulcide 4 Homicide Homicide 29a. Certifier (Check only one) Certifying Phyone)	Hospital: 1 inpation 28a. Date of injuice 28e. Place of the building, etc. 28e. Place of the building. 28e. Place of the building. 28e. Place	Due to (or a Due t	s a consequence of the second	uence of): uence	Oth Doc. Injum Word 1 office	26. Place of last and place of	Death (Cho g Home 28d. I	23b. Did tot 1 Yes 24e. Wes en perform 1 Yes 25c. Resider Describe how ocation (Strn int) or Town, ue to the ca	eutopsy ed? s 2 No eutopsy ed? s 2 No nce 6 Oth w injury occur eet end Numb Stete) use(s) end ma te and place, d. Dele signe	3 Protein 24b. We ave con of a series of the control of the contro	pebly 4 Unknown under autopsy findings shall be prior to mpletion of cause death? Yes 2 No I Route Number, eted. the cause(s)	

DHMH 16 Rev 6/95



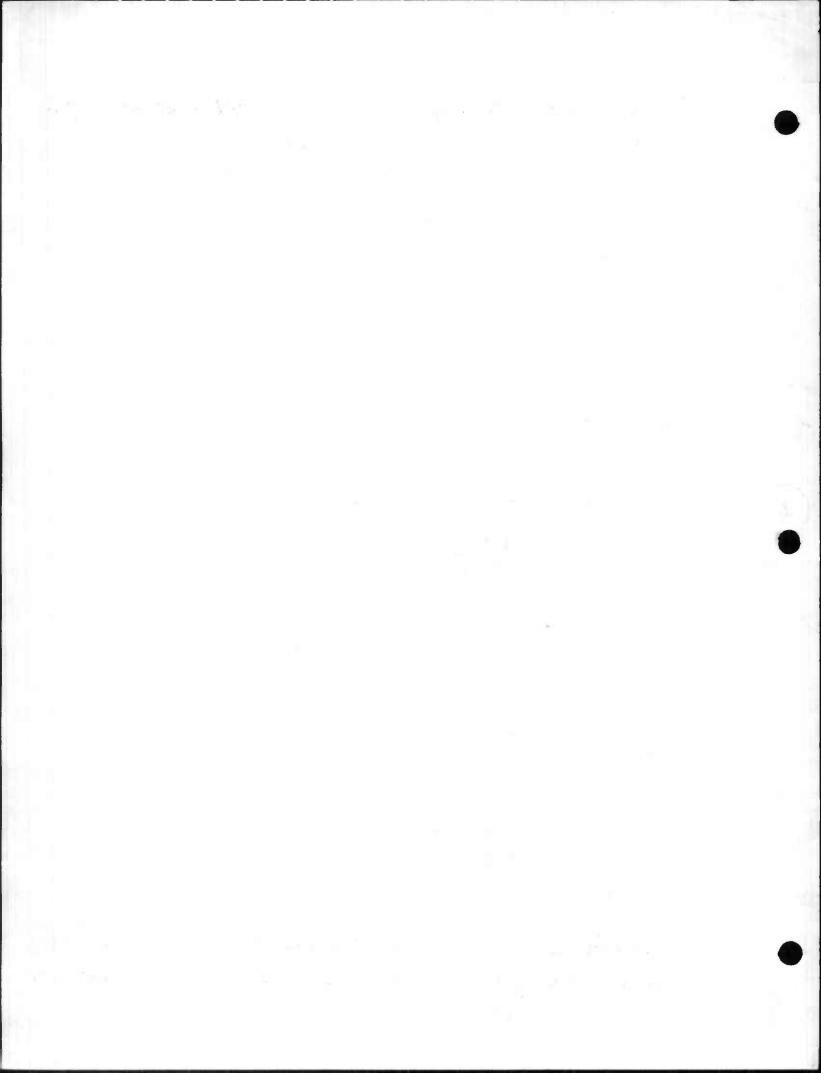
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.6

				otate of Marylar		ate of Death		Reg. No.	319/3
	Physici /Medic	al	Decedent's Name (First, Middle, Last) Report Formula (If not institution, gives)	ARKER	John	\500 4b. Cjty, Town, or	2. Data of Dea	23, 199	3. Time of Death
	Funeral Director	ler	4015 CRA 5. Sócial Security Number 6. Sec	nston H	last birthdey) If Und Month	ler 1 Yaar If Undar 24 Hr s Days Hours Min		NI+	Birthplace (State or Foreign Country)
020	hours after death with the Minyland unal; or Nems 23s or 28s-f show al Examiner must be notified at	by Funeral Director	10e. Stata 10b. County. ARY And NAT 10e. Skreet and Number RANS	12. Was Decedent Ever in U Armed Forcas? 1 Yes, Give Year or Dates:	S. 13. Was Dao	Proceedings of Hispanic Origin? (pecify Cuben, Mexican, Pue 2 Pro Specify:	Specify Yas or No-	10g. Citizen of Wha	10d. Inside City Limits 10d es 2 No It Country? American Indian, Whita, etc.
nd 21215-0020	be filed within 72 hou lai Hygiene. I other than "neture event, the Medical E	Be Completed	15. Decedent's Educing Specify only highest grade Elementery/Secondary (0-12) 17. Father's Name (First, Middla, Last)	cefion	16a. Decedent's Us (Giva kind of v life. DO NOT	work dona during most of wish retired) Social	Services ame (First, Middle,	16b. Kind of Busin STAT Meiden Sumema)	ess/Industry
Maryland	nd 2 should talk and Ment 27 is marked r traumatic a	To	19a. informant's Name/Relationship (7)	pe, Print)	19b. Melling Addre	Street end Number or F		ewell or, City or Town, Ste	ite, Zip Code)
Baltiplore,	mit. Pages 1 an partment of Heat portant: if Iham 2 y Injury or other 28.		20a. Method of Disposition 1 Buriai 2 Cremation 3 S 4 Donation 5 Other (Specify) 21. Signature of Funeral Service License	emoval from State	Place of Disposition (A pemetery, cremetory of LA LAS (A) 22. Name	leme of rother plece) RMORIALP and Address of Facility	Date 10 D8	20c. Location - City	y or Town, State A l'Home P.A
ار •	22 E 2 S		23a. Part1. Enter the diseasa, or complishock, or heart failure. List only or	cations that ceused the deat	th. Do not enter the m	Edmondson oda of dying, such as cardio	Ave.	BAHO, M	Approximate interval Between
	Physician /Medical Examiner	J.	immediate Cause (Final disease or condition resulting in death)	METAST		REAST C			Onset and Death
x 68760,	ordificate be executed and ording physician end use as the burial-transit	VMedical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enfer Undarlying Cause (Disease or injury that initiated events rasulting in death) Last	Due to (c	or es e consequence o				
.O. Box	the death y the atte	Physician/M	Part II. Other eignificant conditions con	tributing to death but not res	ulting in the underlying	ceuse given in Part I.	23b. Did I	11	bute to the cause of death? Probably 4 Unknown
Vital Records, P.	e law requires (hes been sign ge 2 should be	Completed by P					24a, Was	en eutopsy 2 med?	4b. Were autopsy findings available prior to completion of cause of death?
ot	ysiclan: is certific director,	To Be	25. Was cese referred to medicei examiner? 1	lospitai: 1 ☐ Inpatient 2 ☐ 28a. Dete of Injury (Month, Dey Year)	ER/Outpatient 3 1 1 28b. Time of Injury M	Other	T	ne) dence 6 Other (Specify)
Division	2 4 4 5	Certification:	3 Suicide 4 Homlcide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Specif	ome, farm, street, factory)	ory, office	28f. Location (S City or Tov	Street end Number o m, Stete)	or Rurel Route Number,
	in 24 hours the Funeral tipletely filled	edicai	29a. Certifier (Check only one) 1 Cartifying Phys	vician: To the best of my kno ner: On the basis of examina and manner stated.	wledge, death occurre tion and/or investigation	d at the time, date and place on, in my opinion, death occ	ce, and due to the curred at the time,	cause(s) and manne date and piece, and	er as stated. I due to the ceuse(s)
	To the To the Complete	Σ	29b. Signature and title of certifier	Mouen		D 36146	6	29d. Date signed (A	10nth, Day, Year) -96 reMD21701
	Sta	te	30. Name and address of person who co VATHERINE T 31. Date filed (Month, Dey, Year)	mpleted ceuse of death (iten VYCZUK - 32. Registrar's Signa	n 23a) (Type, Print) V.D. 223d ature	outh Green	e ST Bo	altimo	reMD21701
	Registr		DCT 9 5 1996	" Rand	0.02				

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

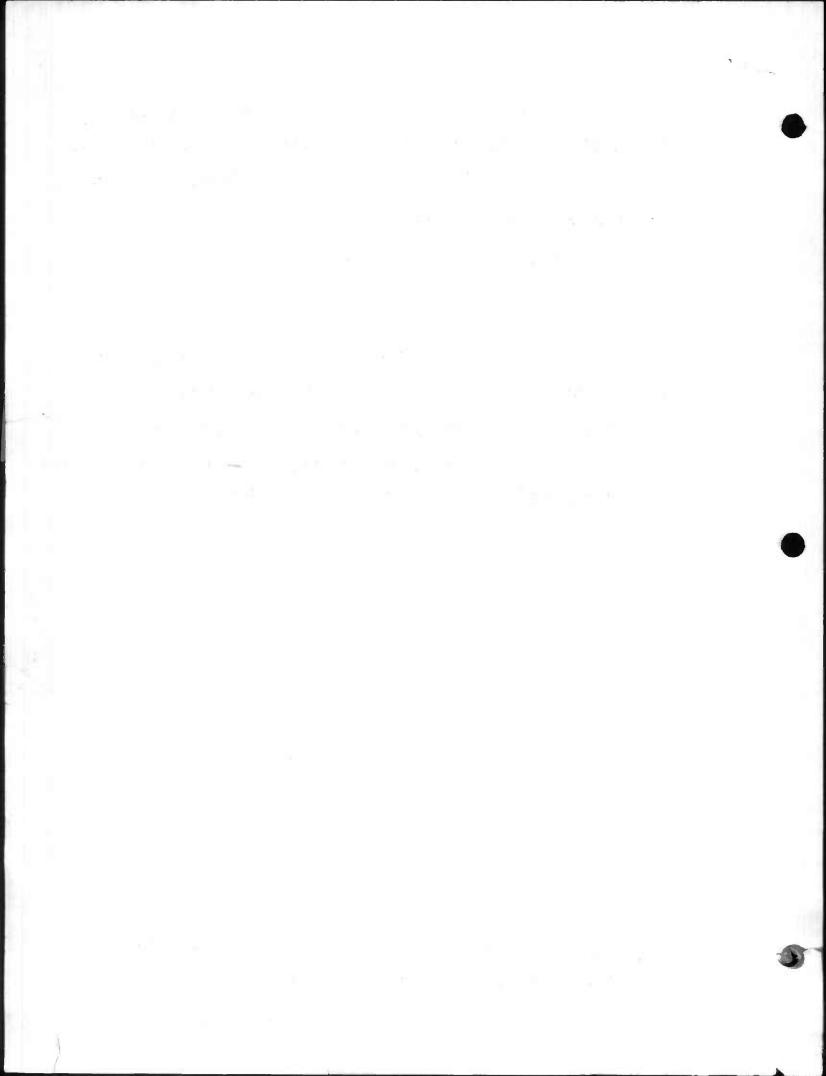
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day 23 **Physician** 750 ORINE Ctober /Medical 4e. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Hospital 6. sex Saltmore If Under 24 Hrs. Hours Min. Hanes 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months Days 1□ M 200 F 75 216-16-3534 Yrs. Director Usuel Residence of Decadant 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits items 23a or 28a-f show ner must be notified at Md Director Baltimore Yes 2 No NA 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21216 203 U. S.A Street Completed by Funeral 12. Was Decedent Ever In U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Race - American Indian, traumatic event, the Medical Examiner Black, White, etc. filed within 72 hours efter 1 Never Married 2 Merried 1 Yes 2 Who
If Yas, Give
Year or Dates: 21215-0020 6 1 ☐ Yes 2 X No 3 Widowed 4 Widoword Black "natural", 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 end 2 should be filed within nent of Health and Mental Hygiene. int: If Itam 27 is marked other than Elamantary/Secondery (0-12) College (1-4or 5+) Father's Nama (First, Middle, Last) Dry Cleaning Self Employed Baltimore, Maryland 18. Mothar's Name (First, Middle, Maiden Sumama) Be KOU Brudie Beathice 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sister or other train Peachtree Creedmoor, N.C. 108 Jenking Street land 27522 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cramatory or other pleca) 20c. Location - City or Town, State Dete 1 Burlel 2 Cremetion 3 Removal from Stata Department of Important: If any Injury or once. Cemetery 4 Donetion 5 Other (Specify) edar 10-28-96 Apre Arundel 21. Signature of Funeral Service Licansee 22. Name end Address of Fecility H.U Wabash 23a. Pert1. Enter the disease, or complications that caused the daeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one causa on each lina. 4300 Arenue **Physician** /Medical Immediata Cause (Final Inforction -Myocardial four hours diseasa or condition rasulting in deeth) Examiner Due to (or as a consequenca of) Hospital or Attanding Physician: The law requires thet the death certificete be executed the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in deeth) Last and Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, effending physician Physician/Medicai Due to (or es a consequence of) signed by the ette Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown uy per tension Completed by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? 1□ Yes 2 No After this certificate 1 Yes 2 No Be 25. Was casa raferred to medical 28. Placa of Death (Check only ona) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Mannar of Deeth 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 28b. Time of 1 Neturel 5 Pending 1 Yes 2 No deeth. investigation 2 Accident after deeth Director: in by the 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 ☐ Homicide To the Hospital within 24 hours a To the Funeral Completely filled edical 29a. Certifier 1 💢 Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as steted. 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) PO 8125A October 23, 1996 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) agnes Mospital Baltimore MD Kraszewska St. 32 Registrar's Signatura
Day Ason Randess 31. Date filed (Month, Day, Year) State OCT 251996 Registrar



FILM g-740 10/25/96 t.t

ITEM: 20b, PER F. A. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate of	Death		Reg. No).	0,0,0
- E.		1. Decedent'a Nama (First, Middle, L.	est)					2. Data of	Deeth		3. Tima of Death
Physici		SR. M. ANAS	TASTA KEAN	JE MH	SH			Month	Da or 10	9. 1996	
/Medid Examir		4a. Facility Nama (If not institution, gi			• 17 • 11		4b. City, Tow	m, or Location of De	-	County of De	
LAUITI		THE VILLA-JOINT	PETIDEMEN	TT CONT	FNT		Balti	moro	De	1+imor	o Country
Funeral				a (In yrs. last b		If Undar 1 Year	If Undar 2	4 Hrs. 8. Date of	Birth	g. B	e County inthplace (State or Foreign Sountry)
Director		214-74-3981	1□M 2\F	88	Yrs.	Months Days	Hours				
		Usual Rasidance of Decedant						Feb.	10,15	108 1 1	reland
show dat		10a. State 10b. County		10c. City, To	wn or Loc	ation					10d. Inside City Limits
a or 28a-f show be notified at	ţ	Maryland Baltimor	e County	В	altin	nore					1 □ Yas 2 No
발	Director	10e. Street and Numbar				10f. Zlp Code			10g. Cit	tizen of What C	Country?
90		6806 Bellona A	Wenlie			212	12			USA	
items 23a Dec musit 3	Funeral	11. Marital Status	12. Was Decedent	Evar In U.S.	13. W	1	_	in? (Specify Yes or	No-	14. Race - Arr	natican Indian.
	F	1 X Never Married 2 Married	Armed Forcas? 1 ☐ Yes 2 ☒		li li	Yas, specify Cubi	an, Mexican,	Puerto Rican, etc.)		Black, Wh	ite, etc.
	Ď	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Year or Datas:		1	☐ Yas 2 No	Specify:			Specify: W	Mhite
뷺		15. Decedant's E	ducation	16	a. Deceda	ant's Usual Occup	ation		16b. K	(Ind of Businas	
de de	Completed	(Specify only highest gr	ade completed)		(Give k	and of work done O NOT use retired	during most	of working			,
1	mo	Elemantary/Secondary (0-12)	Collega (1-4or	5+)	Nt				Re1	ligious	Order
ř,		17. Fathar's Nema (First, Middle, Las	")		710	AT I	18. Mothar	's Name (First, Mide			Order
9 0	To Be	Murtagh Keane					More	T Anna Va	nn a de		
	F	19a. Informant's Name/Ralationship		10	h Meilin	Address (Street		y Anne Ke or Rural Route Nur			Zin Code)
ì											
į.		Mission Helpers of 20a. Mathod of Disposition	I Sacred F	ieart 20b. Place	of Dispos	W. JODDa	a_Road	, Towson,	Mary	ocation - City o	1204
5		1 ☐ Burial 2 ☐ Cremation 3		cemet	ery, crem	ition (Name of atory or other place	00)	24			A STATE OF THE STA
Į,		4 □ Donation 5 □ Other (Speci		New (edral Cer	-	$10/\frac{23}{23}/9$	96 Ba	ltimore	, Maryland
8 4		21. Signature of Funeral Service Bigs	dan m			Name and Addre					
a 0		Martin D. La	wson		M	tchell-	viedei	eld Home	- M-	المدم المست	21212
-		23a. Part1. Enter tha diseasa, or con shock, or haart failure. List only	plications that causad	d tha death. Do	not anta	r tha moda of dyir	ng, such as c	ardiac or respirator	arrest,	iryiand	Approximate
cian		stroom, of maare failure. List only	One deday on each	1		/	1	1			Onset and Death
ical		fmmediate Cause (Final disease or condition	CON	sente	R	Mais	in	ume			Month
ner		rasulting in daath)	a	Due to (or as	0000000	indon of):	_/_		1	1	remore
	Jer		all	016/1/	0 0	ar) CA	11111	MARRIE	las	Moll	serumt.
	Examiner	Service tieth, that are divisors	b	Dua to (or es a	2000000	1	70000	100000			0- 40010-0
The co	Exe	Sequentially list conditions, if any, leeding to immadiata causa. Entar Undarlying Cause (Disease or injury		D 4 10 (01 40 1	a oorraade	141100 017.					
o ure Dunal-trainen	cal	that initiated events	C	Dua to (or as a	CODERGU	enon of):					+
	/Medical	rasulting In daath) Last		Dua to (or as a	Consequ	6106 01).					Ag
80			d								
1	Physician	David Out and the same and									
Cetached for C	1ys	Part II. Other significant conditions	contributing to death b	ut not rasulting	in tha un	dertying cause giv	an in Part I.			/	te to the cause of death?
		priemaker						1	Yes 2	2 ☑ No 3 □	Probably 4 Unknown
should be del	d by	1			71					241	Ware autonou findings
	ete								as an auto rformed?	psy 240	available prior to completion of cause
	du										of death?
2000	Completed	/						11	JYea 2	No	1 ☐ Yas 2 ☐ No
director	Be	25. Was casa refarred to medical					26. Plece	Deeth (Check on	y one)		
	To	axaminer? 1 ☐ Yas 2 ☐ Mo	Hospital: 1 ☐ Inpatia	ant 2 ER/C	Outpatient	3□ DOA Oth	ar: 4 Nur	sing Home 5 Re	sidence	8 Other (Sc	pecify)
the runeral		27. Manner of Death	28a. Dete of Inju (Month, De	ry 28b	Tima of Injury	28c. Injur Wor	-	28d. Dascrit			
	atio	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investigation		y / 6a//	Hijury		Yas 2□N	lo			
by th	Iffe	3 ☐ Sulcide 6 ☐ Could not be datarmined	28a. Place of Inj	ury - At home,	farm, stra	at, factory, office					Rural Route Number,
5	Certification:	4 Horricide	building, af	с. (Бреспу)				City or	Town, Stete	9)	
		29e. Certifler 1 Certifying Pi	nysician: To the best	of my knowledg	a, daath	occurred et the tir	ne, dete end	plece, and dua to ti	ne cause(s	and mannar	as stated.
etel	edical	(Check only 2 ☐ Madical Example one)	niner: On the basis of and manner sta	f axamination a	nd/or Inva	astigation, in my o	plnion, deeth	occurred at tha tim	e, data an	d place, and di	ua to tha causa(s)
completely filled in	Me	29b. Signature and titla of certifier	^			29c. Licens	e number		29d. Da	ate signed (Mor	nth, Day, Year)
)		MALLA A	HAI Man			177	957	7	1/1	1226	6
		The g	MARAS			102	11/		10/	11/10	
L		30. Nama and address of person who	complated cause of d	leath (Item 23e	(Type, P	nint)	(10			(
		2012/ Jan	- luce	Jul (1-10	V. Ol	XUL				
Sta		31. Data filed (Month, Dey, Year)	32. Phylistr	ar's Signatura	30.	6.00.					
Registr	ar	OCT 25	1330	0.1000N	- Mask	MI GOLD					



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Deeth Robert Lance, Junior **Physician** Leslie 5 AM October 1996 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Baltimore City Horbon Hospital Center If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month), Days | Hours | Min. | (Month), Day, Year) | April 26,1928 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign **Funeral** 150M 2□F Pennsylvania 220 22 4708 68 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 23a or 28a-f show treumatic event, the Medical Examiner must be notified at 1 No Yes 2 No N/A Directo Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 905 E. Patapsco Avenue U.S. 21225 Funeral **Herna** 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indian, permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If frem 27 is marked other than "natural," or item sodies. Bleck, White, etc. 1 MYes 2□No Korean If Yes, Give Year or Dates: Conflict 1 Never Married 2 Married 1 Yes 2 XNo þ Specify: White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Painter Painting 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Beaulah Cooper Leslie R. Lance Sr. 2 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 313 West 10th Avenue Baltimore, Maryland 21225 Robin McQuade 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 10/24/96 Crownsville, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Md. State Veteran Cem. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 numerau 21 23a. Part 1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart last results only one cause on each line. Approximate tnterval Between Onset and Death Physician 12 days . immediate Cause (Final disease or condition resulting in death) /Medical neumonia Examiner Due to (or as a consequenca of) Examiner t or Attending Physician: The lew requires that the deeth certificate be executed after death.

Director: After this certificate has been signed by the attending physician and d in by the funeral director, page 2 should be detached for use es the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or es e consequença of) Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Dtd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Vunknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 Yes 20 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: 1□ Yes 2□ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours a 10 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) To the within 2 29c. License number 29b. Signature and title of cartifier 29d. Date signed (Month, Day, Year) Resident Physician 244-1614-41 October 22, 1996 30. Neme and address of person who completed cause of deeth (item 23a) (Type, Print)

HOSPITAL CENTER

State

Registrar

HARBOR SYED N ZAFAR 32. Registrar's Signature 31. Date filed (Month, Day, Year) OCT 2 5 **1996**

with the Maryland

death

Baltimore, Maryland 21215-0020

Box 68760,

Division of Vital Records, P.O.

to the state of th

or Attending Physician: The law requires that the death certificate be executed After s efter dea... sai Director: After tv the fv Certificati To the Hospital o within 24 hours of To the Funeral Di completely filled is

3 ☐ Sulcide 4 ☐ Homicide

(Check only

29b. Signeture and title of certifian

Medical

6 Could not be detarmined

	Immediate Ceuse (Finel disease or condition resulting in deeth)	e. Mumilie gunsitor wounds Due to (or es e consequence of):	
i Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	b. — Due to (or es e consequence of):	
Physician/Medical	Cause (Disease or injury that initiated events resulting in deeth) Lest	cDue to (or es e consequance of):	
by Physici	Pert II. Other algnificant conditions	contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did tobacco uea contribute to the cause of deat 1 Yee 2 No 3 Probably 4 Unknown
Completed			24e. Wes en eutopsy performed? 24b. Were eutopsy finding eveilable prior to completion of cause of death? 1
o De	25. Wes case referred to medical exeminer? 1 ∑Yes 2 □ No	Hospitel: 1 Inpatient 2 ER/Outpetlent 3 DOA Other: 4 Nursing Hom.	(Check only one) e 5□ Residenca 8 Dother (Specify) SCENE
ation:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work?	Bid. Describe how injury occurred SWMJ SU S WOT.

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and pleca, and due to the cause(s) and menner as stated.

XIX Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and pleca, and due to the cause(s) and menner stated.

29c. Licanse number

O.C.M.E.

3. Time of Deeth

10d. Inside City Limits Yes 2□ No

Approximete Interval Between Onset and Deeth

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)
2800 EDHOUD SON AUS IS DUNDAS

29d. Data signed (Month, Day, Yeer) OCT. 13, 1996

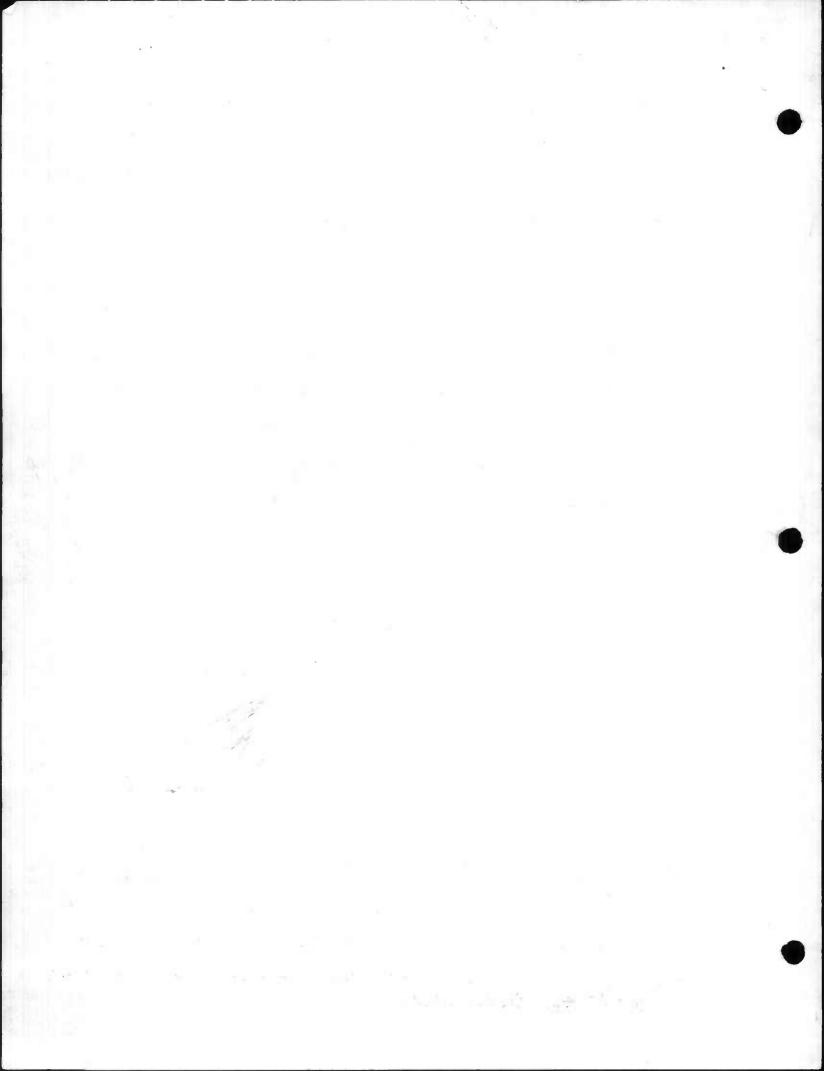
9:39 PM.

Cowulli Penn Street, Baltimore, Maryland 21201 State Registrar

ause of deeth (Item 23a) (Type, Print)

28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Smeet

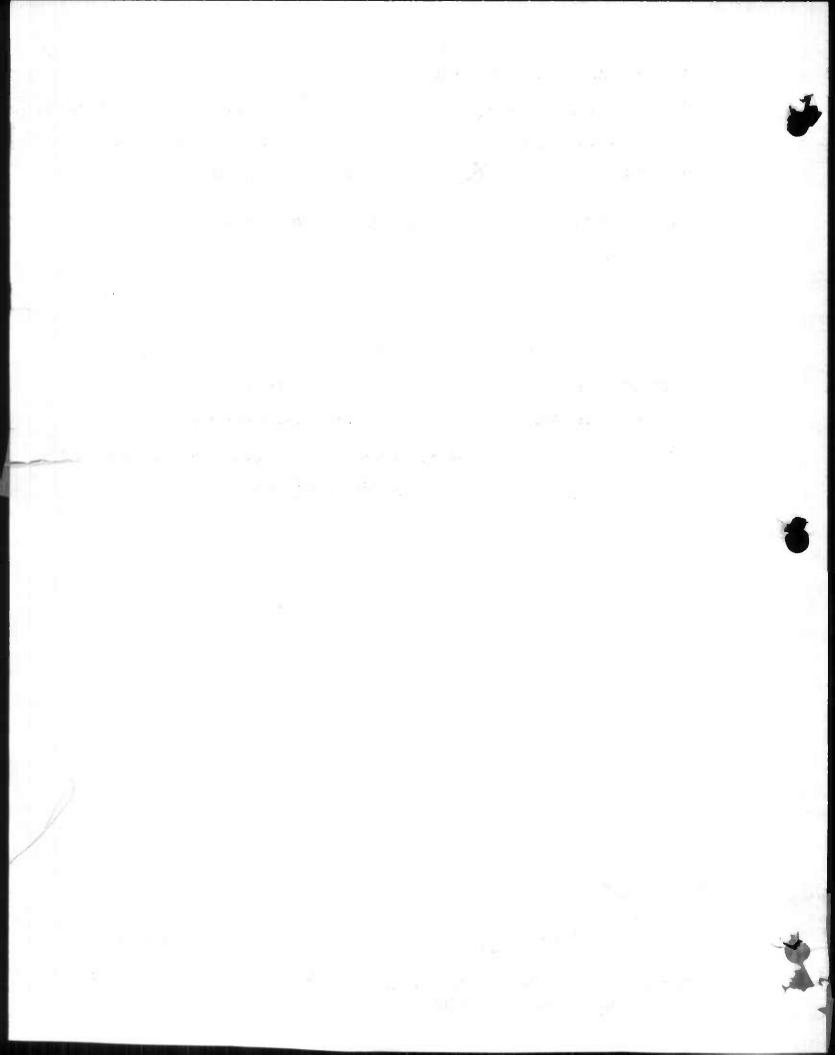


State of Maryland / Department of Health and Mental Hygiene 96

31978

		ITEM:5 thru 22 G-7		er F.H eoh	Certifi	cate of	Death	2. Date of D	Reg. No.		3. Time of Death
Physic		BARON FRE		_				Month	Day	-Q6	1111
/Medi		4a. Facility Name (If not institutio					4b. City, Town, or I	ocation of Dea		ty of Death	11cd 2 LA
Examir	ner		(0000	61)			ntesu			10001	
Funeral		5. Social Security Number		Age (In yrs. last bi	irthday) If I	Under 1 Year				-	place (State or Foreign
Funeral Director		217-47-2452 Usual Residence of Decedent	1⊠M 2□F	Q	Yrs. Mo	nths Days	Hours Min.	JULY 17		M.	place (State or Foreign htry) D
/land		10a. State 10b. County		10c. City, Tov	vn or Locatio	n				1	IOd. Inside City Limits
ath with the Marylar 23a or 28a-f show	to	M.D CARROL	L	371	DORAL	CT WES	STMINSTER	21158			1√ Yes 2 No
or 284	Funeral Director	10e. Streat and Number		0.1		of. Zlp Code	711121131 EK	21130	10g. Citizen o	What Cour	ntry?
h wit	a D	371 DORAL CT.				21158	3			USA	
Rema S	ner	11. Maritel Stetus	12. Wes Decede Armed Force	ent Ever in U,S.	13. Was I	Decedent of I	Hispanic Origin? (S een, Mexican, Puert	pecify Yes or N	lo- 14. R	ece - Americ	
a 9 3	þ	1 ☑ Never Married 2 ☐ Mer 3 ☐ Widowed 4 ☐ Divorced	ried 1 Yes 2	No No		es 2 No		o nicell, etc.)	Spec	ack, White, ify: WH	ITE
72 hours	Completed	15. Deceder	t's Education st grada complatad)	16a	Decedent's	Usuel Occup	petion during most of world)	kina	16b. Kind of	Business/In-	dustry
- 10	ple	Elementery/Secondary (0-12)	College (1-4	or 5+)	life. DO N	OT use retire	nd)	Kiriy		10	
Marie M	Son	0	0		INF	ANT-NONE			N	ONE	
of Hy	Be (17. Father's Name (First, Middle,	Last)				18. Mother's Nar	ne (First, Middl	le, Maiden Sumi	ime)	
Ment Ment	2	WALLACE W. LEE					DIA	NA WETSEL			
2 sho and and le m		19a. Informant's Name/Relations		190	b. Mailing Ad		t and Number or Ru				Code)
end n 27		WALLACE W. LEE	FATHER				REL CT. WES	TMINSTER	1		
Peges 1 end 2 should be filed within tent of Health and Mentel Hygiene. nt: If item 27 is marked other than 'it or other treumatic event, tra Me		20a. Method of Disposition 1 □ Buriel 2 □ Cremation 4 □ Donation 5 □ Other (S		110	of Disposition ery, cremator SHIMPS	y or other pla		Date 9-22-96	MERCERSBU		ANKLIN CO.PA
permit. Peges Department of Important: If It eny Injury or once.	<u> </u>	21. Signature of Funeral Service	Licensea	1	LINI	NGER-FRI	ess of Facility LES FURERAL		7026		
		F.M LIN		sed the death. Do			/E MERCERSB			-	Annrovimete
Dhiminian		23a. Part1. Enter the disease, or shock, or haart failure. List	only one cause on eac	h Ilna.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Approximate Interval Between Onset and Death
Physician /Medical Examiner		Immediata Cause (Final disease or condition resulting in deeth)	a Hype	Due to (or as a							48 hes
	<u>,</u>	resoluting in Goodily				e of):					
be is	alue		b. Stell	2 370							19462
be executician and burief-tran	Examiner	Sequentially list conditions, if any, leading to immediate		Dua to (or as a	consequand	e of):					
icete be executed physician and s the buriel-transit	E E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c. CONG		HED		158414 8	2		i	50m6
og physics the t	edical	resulting in death) Last		Due to (or as a		e of):				1	_
ding se as	100		a Teris	SI YMOS	_						30002
death cer e attendir ed for use	clar			`							
the ched	Physician/N	Part II. Other significant condition	one contributing to deat	h but not resulting	in the underly	ying cause gi	ven in Part I.		V		o the cause of death?
net the death certific ed by the attending p detached for use as	y Pt							1[Yea 20 No	3 Pro	bably 4 Unknown
8 5 8	d by							24a. Wa	is an autopsy		ere autopsy findings
	Completed							per	formed?	av	allable prior to empletion of cause
S S CA	윤								. L		death?
								1L	Yes 2/200	11.	☐ Yas 2☐ No
ysician: The i	Be	25. Was cese referred to medice examinar?	Hospital:		Charles and	Ott	26. Place of Dea	V			
Physician: r this certific and director,	- To	1 ☐ Yes 2 ☐ ◀¶o	1 □ Inp		utpetient 3 Time of	LAOA	4 🗆 Nuising n		sidence 6 DC e how injury occ		(y)
After fune	tlon	1 Natural 5 ☐ Pendi		Day Year)	Injury	28c. Inju Wo	rk?]Yes 2□No				
Attending ir death. ector: After by the fune	Ilca	3 Suicide 6 □ Could	not be	Injury - At home, f				28f. Location	(Street and Nur	nber or Run	al Route Number,
Direct	erti	4 ☐ Homicide determ	building,	atc. (Specify)	aiii, stieet, i	actory, onice		City or T	own, State)		
To the Hospital or Attending Physicial Republic Physicial Physicia	Medical Certification:	29a. Cartifier Certifyin	g Physician: To the be	est of my knowledg	a, daath occ	urred at tha ti	ime, data and place	, and dua to th	a causa(s) and	mannar as s	stated.
he Ho he Fu plete	Pe	one) 2 Medical	Examiner: On the basis and manner	s of examination at stated.	nd/or investig	ation, in my o	opinion, death occu	rred at the time	e, date and plac	e, and dua to	o tha cause(s)
To the To the comple	2	29b. Signature and title of certifie	5			29c. Licens	se number		29d. Date sig	ned (Month,	Day, Year)
		1 most	M M	0		Other	659		9/1	7196	
		30. Name and eddress of person	who completed ceuse of	of death (Item 23a)	(Type, Print)			,	1	
		I AMES FORAGE	n.m At3	90511 .	ties	9 25M	Slud, Sui	te (,1	intesce	23tzu	TRUE OUM
Sta	ate	OCT 25 1996	/ AS2. Reg	istran signature							
Regist		001251996		Stank and March							

Registrar

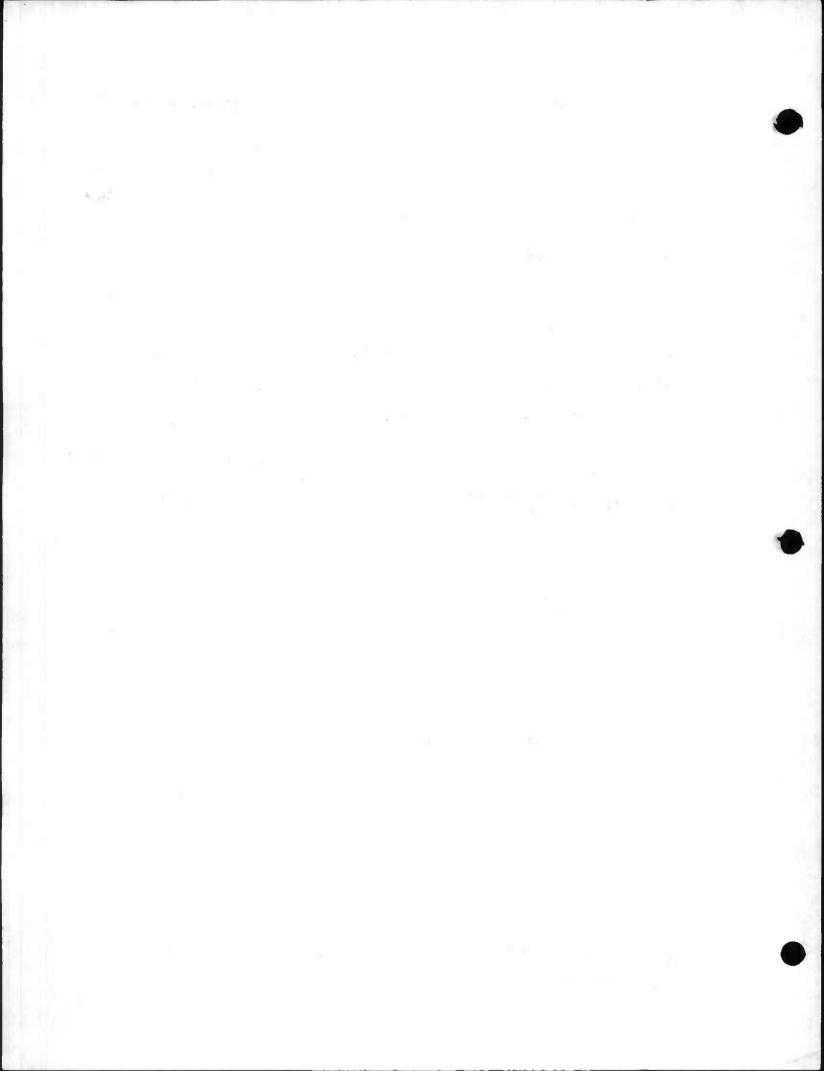


State

e of Maryland / Department of Health and Mental Hygiene Certificate of Death	1	-	0	1	0	7	C
Certificate of Death	9	U	3		7	1	9

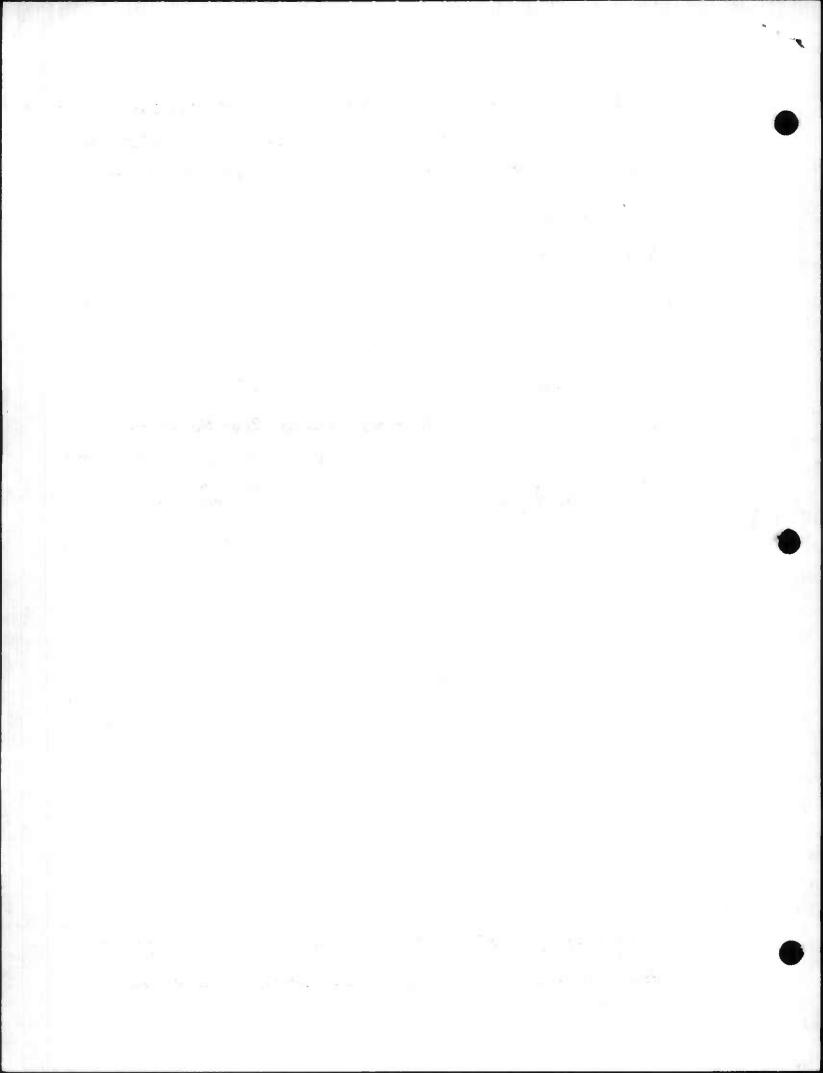
			C	ertificate of	Death		Reg. No.	0 0 1 2 1 2
cian	1. Decedent's Name (First, Middle, L					2. Date of De		3. Time of Death
lical		MILLA LEE				0CT0B1		996 12:15 P.N
iner	4a. Facility Name (If not institution, g				4b. City, Town, or L	ocation of Deet		ty of Deeth
	4800 YELLOWWO		and the sale to the sale) If Under 1 Year	BALTIMORE If Under 24 Hrs.		CIT	-
î r	217-22-2606 Usual Residence of Decedent	1 M 2 K F 74	yrs. last birthda Yrs.	Months Days		8. Date of Bi	1922	9. Birthplace (State or Foreign RANDALL STOWN, N
1	10a. Stata 10b. County	100	c. City, Town or	Location				10d. Inside City Limit
ctor	MARYLAND	BA	ALTIMORE					1 Ves 2 N
Oire	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Country?
rai	4800 YELLOWWOOD	AVE, APT 217	7	21209			USA	
by Funeral Director	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever Armed Forces? 1. ☐ Yes 2 ☐ No if Yes, Give Yeer or Dates:	in U,S. 13	I. Was Decedent of I if Yes, specify Cub 1 1 Yes 2 □ No		pecify Yes or No Pican, etc.)		ca - American Indian, ack, White, etc. fy: BLACK
Completed	15. Decedent's (Specify only highest g	Education	16a. Dec	edent's Usuai Occu	pation during most of work	cina	16b. Kind of E	Business/Industry
mpigu	Elementary/Secondary (0-12)	Coilege (1-4or 5+)		re kind of work done DO NOT use retire	d)	w.g		
	17. Father's Name (First, Middle, Las	U	טט	MESTIC			HOUSEW	
Be					18. Mother's Nam			me)
To	HOWARD W. SAI 19a. informant's Name/Relationship	NDS (Type Print)	10b Ma	iling Address (Street			SANDS	Clata Tie Cadal
	VINCENT P. LEE	HUSBAND						ORE, MD. 21209
	20a. Method of Disposition	2	0b. Piace of Dis	position (Name of ematory or other ple	OD AVE, P	Date Date		- City or Town, State
	1 Burial 2 Cremation 3 4 Donation 5 Other (Spec	hity)	MT. CAL	VARY CEME	TERY 10		BROOKLY	N,MARYLAND
	Pl // W	20		STEP BROT				
	23a Part Fotor To disease or m	(self)		300 EUTAW				Τ
	23a Part1. Enter the disease, or co- shock, or head failure. List on	y one cause on each line.	deeth. Do not e	nter the mode of dyl	ng, such as cardiec	or respiratory a	irrest,	Approximate Interval Between Onset end Death
	immediate Cause (Finai	0-1	,					
			/		,	0		1. 1.
	disease or condition resulting in death)	a. Mherose	levoti	Carliol	resculer	07,		7/0/11
Je.	disease or condition resulting in death)	a. 17/1/27032	to (or as a cons	equenca of):	rescriber	07,	щ	7/0/11
aminer	resulting in death)	a. Mherose Due b. Fhd M	to (or as a cons	equence of:	rescular i	Dj.		Tofis
Examiner	resulting in death)	a. Atherose Due Due	to (or as a consider of the state of the sta	equence of): Ag(Nise, equence of):	resculer i	0;		TIOTIS
	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c	to (or as a conse		resculen	Oj,		Tofis
Medical	resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	c			resculen	ŊŢı		TIOYIS
Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C	to (or as e conse	equenca of):			tobacco use co	ontribute to the cause of death
Physician/Medical	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	C	to (or as e conse	equenca of):		23b, Dld	tobacco use co Yes 30 No	ontribute to the causs of death
by Physician/Medical	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	C	to (or as e conse	equenca of):		23b, Did 1	,	
by Physician/Medical	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	C	to (or as e conse	equenca of):		23b, Did 1	Yes 20 No an autopsy ormed?	3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause
Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Pert II. Other significant conditions 25. Wes case referred to medicai	C	to (or as e conse	equenca of):		23b, Did 1	Yes 20 No an autopsy ormed? Yes 20 No	3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death?
Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Pert II. Other significant conditions 25. Wes case referred to medical examiner? 1 Yes 25 No	c	to (or as e conset t resulting In the	equenca of): underlying cause gh	ven in Part I.	23b, Did 1 □ 24a. Was perio	Yes 20 No an autopsy ormed? Yes 20 No	3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? 1 Yas 2 No
To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Pert II. Other significant conditions 25. Wes case referred to medical examiner? 1 Yes 27 No 27. Manner of Deeth 14 Natural 5 Pending investigation	C. Due of d. Contributing to death but not the contributing to death but not the contributing to death but not the contributing to death but not the contribution to death but not death but n	to (or as e conset t resulting In the	equenca of): underlying cause givent 3 DOA Otto	ven in Part I. 26. Place of Deel	23b, Did 1 □ 24a. Was perfo	Yes 20 No an autopsy primed? Yes 20 No one)	3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? 1 Yas 2 No
To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to Immediate cause. Enter Underfying Cause (Disease or injury that initiated events resulting in deeth) Last Pert II. Other significant conditions 25. Wes case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending	C. Due to death but not death	to (or as e conset t resulting In the	equenca of): underlying cause given to a second cause	26. Place of Deel	23b, Did 1	Yes 2 No an autopsyommed? Yes 2 No one) denca 6 □Ott how injury occu	3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? 1 Yas 2 No
Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Pert II. Other significant conditions 25. Wes case referred to medical examiner? 1	c. Due to death but not death	to (or as e conset t resulting in the conset tresulting of): underlying cause given to the first sequence of the course of the first sequence of the course of th	ze. Place of Deel 26. Place of Deel ier: 4 □ Nursing Hr y et k? Yes 2 □ No	23b, Did 1 □ 24a. Was performent of the control o	Yes 2 No an autopsy primed? Yes 2 No one) denca 6 Ott how injury occu Street and Num wm, State) cause(s) end m	3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? 1 Yas 2 No her (Specify) med ber or Rural Route Number,	
To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Pert II. Other significant conditions 25. Wes case referred to medical examiner? 1 Yes 22 No 27. Manner of Deeth 14 Natural 5 Pending investigated investigated Pending inv	C. Due to death but not death	to (or as e conset t resulting in the conset tresulting of): underlying cause given to the first sequence of the course of the first sequence of the course of th	26. Place of Deel 26. Place of Deel er: 4 □ Nursing Ho y et k? Yes 2 □ No me, dete and placa, pinion, death occur	23b, Did 1 □ 24a. Was performent of the control o	Yes 2 No an autopsyomed? Yes 2 No one) denca 6 Ott how injury occu Street and Num wn, State) cause(s) end m date and place,	3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? 1 Yas 2 No ther (Specify) med ber or Rural Route Number, anner as stated, and due to the cause(s)	
edical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Pert II. Other significant conditions 25. Wes case referred to medical examiner? 1	c. Due to death but not death	to (or as e conset t resulting in the conset tresulting of): underlying cause given to the time occurred at the time oc	26. Place of Deel ier: 4 Nursing Hr y et k? Yes 2 No	23b, Did 1 □ 24a. Was performent of the control o	Yes 2 No an autopsyomed? Yes 2 No one) denca 6 Ott how injury occu Street and Num wn, State) cause(s) end m date and place,	3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? 1 Yas 2 No her (Specify) med ber or Rural Route Number,	
edical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Pert II. Other significant conditions 25. Wes case referred to medical examiner? 1	Hospitei: 1 inpatient 28a. Date of injury (Month, Dey Yea 28e. Pleca of Injury building, etc. (Sp hysician: To the best of my miner: On the basis of exan and mannar stated.	to (or as e conset to cons	equenca of): underlying cause ghounderlying treet, factory, office with occurred at the time course of the course	26. Place of Deel 26. Place of Deel er: 4 □ Nursing Ho y et k? Yes 2 □ No me, dete and placa, pinion, death occur	23b, Did 1 □ 24a. Was performent of the control o	Yes 2 No an autopsyomed? Yes 2 No one) denca 6 Ott how injury occu Street and Num wn, State) cause(s) end m date and place,	3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? 1 Yas 2 No ther (Specify) med ber or Rural Route Number, anner as stated, and due to the cause(s)

State Registrar DHMH 16 Rev 6/95



				State of M	arylar		epartme Certifica			id Menta		ene g. No.	6	31980
	ysicia Medic		Decedent's Neme (First, Middle, Las BEULAH	IRE			LEM	MON		2. Determined OC.		9, 19	Yeer 96	3. Time of Death 8:25 AN
Ex	amin	er	4a. Fecility Neme (If not institution, give SAINT JOSEPH M.			III D			4b. City, Town,		of Death	4c. County		
	_		5. Sociel Sacurity Number 6. Se		a (in yrs.		dout) # Lin	der 1 Year	TOV	WSON	of Dist		LTIM	
Fun Direc				_M 2,21 F		79 Y	Month			Min. Octo	of Birth oth, Dey, Y	(98r) 1917	9. Birthp Coun	leca (Steta or Foreig try) YlAnd
yland	=		10e. Stete 10b. County		10c. Cit	ty, Town	or Location						1	Od. Inside City Limits
Man	Tied	to	Maryland Baltim	970			Parky	1//6						1 ☐ Yes 2 Ø No
or 28	e no	Director	10e. Street end Number				10f.	Zip Code			100	g. Citizen of V	Whet Coun	try?
eth w	H I	le l	3021 Texas A	VP.				21	234			l	JSA	
Nore, Maryland 21215-0020 ges 1 end 2 should be filed within 72 hours after deeth with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show	Stammern	by Funeral	11. Marital Stetus 1 Nevar Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Detas:		,S.	If Yas, s	cedent of F pecify Cubi	lispanic Orlgin' an, Mexican, Pi Specify:	? (Specify Ya luerto Rican, e	s or No- etc.)		e - Americ ck, White, o	etc.
5-0 72 ho	Scal	ted	15. Decedent's Ed (Specify only highest grad	ucation		16e. D	ecedent's U	suei Occup	ation during most of	working	16	6b. Kind of Bu	usinass/ind	lustry
Maryland 21215-0020 Id 2 should be filed within 72 hours aff the and Mental Hygiene. It is marked other than "natural", or	Ne Med	Completed	Elementery/Secondary (0-12)	College (1-4or	5+)	1	ifa. DO NO	use ratire	d)	WOIKING		He		
e filed a other	ent,	ပို	17. Father's Neme (First, Middle, Last)				Hom	eni-Act		Nema (First.	Middle, Me	Homt		
arylan should be and Mental	Hc ev	To Be	George T. Ad	lams						1 ,		Robin		
2 short and he is man	sums		19e. informant's Name/Relationship (T	ype, Print)		19b. N	Aeiling Addr	ess (Street	end Number o	r Rural Routa	Number, 0	City or Town,	State, Zip	Code)
1 end Health Health	10.0		Joyce Lemmon			990	0M 8(40 Bro	OOK Rd.	Belto	.Md.	2123	4	
Peges 1	or ot	1	20e. Mathod of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ I	Removel from Stete	20b. P	Plece of D semetery,	isposition (f cremetory o	Verne of or other plea	ca)	Octobe	20	c. Location -	City or To	
Baltimore, bemit. Peges 1 e Depertment of Hea	Jury	-	4 □ Donation 5 □ Other (Specify,		138	Air	Memoria			23 19	94	Bel A	in t	naryland
Baltimo pemit. Peges Depertment of Important: If it	any ir		21. Signeture of Funerel Service Licens	500			22. Name	end Addra	ss of Facility	EVAMS C	rapel	of men	mones	12.24
		-	23e. Pert1. Enter the disease, or comp	lications thet caused	tha deat	h. Do no	t entar tha m	ode of dyir	ig, such as car	diac or respire	tord k	t, DATE	more,	MD 21234 Approximate
Physic	ian		shock, or heert feilure. List only o	one ceuse on aach ii	ne.								1	Intervel Between Onset and Death
/Medi Exami	_		Immedieta Cause (Finel diseese or condition	ACUTE N	AYOC.	ARD]	IAL I	NFAR	CTION				3	HOURS
LAGIIII		_	resulting In daeth)	0.	Due to (o	or as a co	nsequenca o	of):						
bet	usit.			b. —			1							
od fou, cete be executed physician end	e Fra	Examiner	Sequentielly list conditions, if eny, leeding to immediata cause. Enter Underlying		Due to (o	r es e co	nsequence o	of):					i	
58/50, licete be ex	e pr	dicai	Ceusa (Diseese or Injury that initiated evants	C	Due to (o	ras e cor	sequance o	f):						
	-03	w I	resulting in deeth) Last					,						
BOX certification attending	or us	Physician/M		d										
thet the de	ched:	ysic	Pert II. Other significant conditions co							231	b. Did toba	acco uae cor	tribute to	the cause of death
law requires thet the death certificate been signed by the attending	dete	Dy Pa	ABDOMINAL AORT	IC ANEUR	RYSM	REP	AIR :	10/10)/96		1X) Yes	2 □ No	3 Prob	ably 4 Unknow
he law requires the has been signed										246	. Was an	autopsy		re autopsy findings
aw requ	2 should	Completed									performe	9d7	con	llable prior to apletion of causa leath?
E 9 6	page	E									1 ☐ Yes	2X No	1□	Yes 25 No
VICAL The certificate			25. Wes casa referred to medical exeminar?						26. Pleca of I	Deeth (Check	only one)			41
hysic this c	- I	0	1 ☐ Yes 2 🕱 No	Hospitel: 1 Inpatie		ER/Outpe			4 U NUISIN	ng Home 5)
Attending Physician: Tredeath. refeath. retor: After this certificat	Jane	Certification:	27. Menner of Death 1 Netural 5 □ Pending investigation	28a. Dete of Inju (Month, De	Year)	28b. Tim Inju		28c. Injur Wor	y et k? Yes 2 □ No	28d. Des	scribe how	Injury occurr	ed	
Attendation ctor:	oy me	Ca	3 Sulcide 6 Could not be	28e. Plece of Inju	urv - At ho	me, ferm			165 2 140	28f. Loca	ation (Stree	et and Numb	er or Rural	Route Number,
0		6	4 Homicide	building, etc	. (Specify	1)		,			or Town, s			
JA .			29a. Certifier (Check only one) 1 Certifying Physical Exami	sician: To the best of ner: On the basis of end manner ste	exeminet	wledga, d	eeth occurre	ed at the tin	na, data and pla plnion, deeth o	ace, and due	to the caus	sa(s) and me e end place, a	nnar es sta and due to	ated. tha cause(s)
title title		-	29b. Signeture end title of certifier				2	9c. Licens	a number		29d	. Date signed	(Month, E	Day, Year)
			Mode	mi	> .			D	30749			10/	19/9	6
1			30. Name and address of person who co	ompleted causa of d	eeth (Item	23e) (Ty	pe, Print)							
			JAMES J. DOYLE				RK RC	AD,	TOWSO	N, MAI	RYLAI	ND 2	1204	
Roc	State	-	31. Deta filed (Month, Day, Year) OCT 2 5 1996	932. Registra			02							

DHMH 16 Rev 6/95



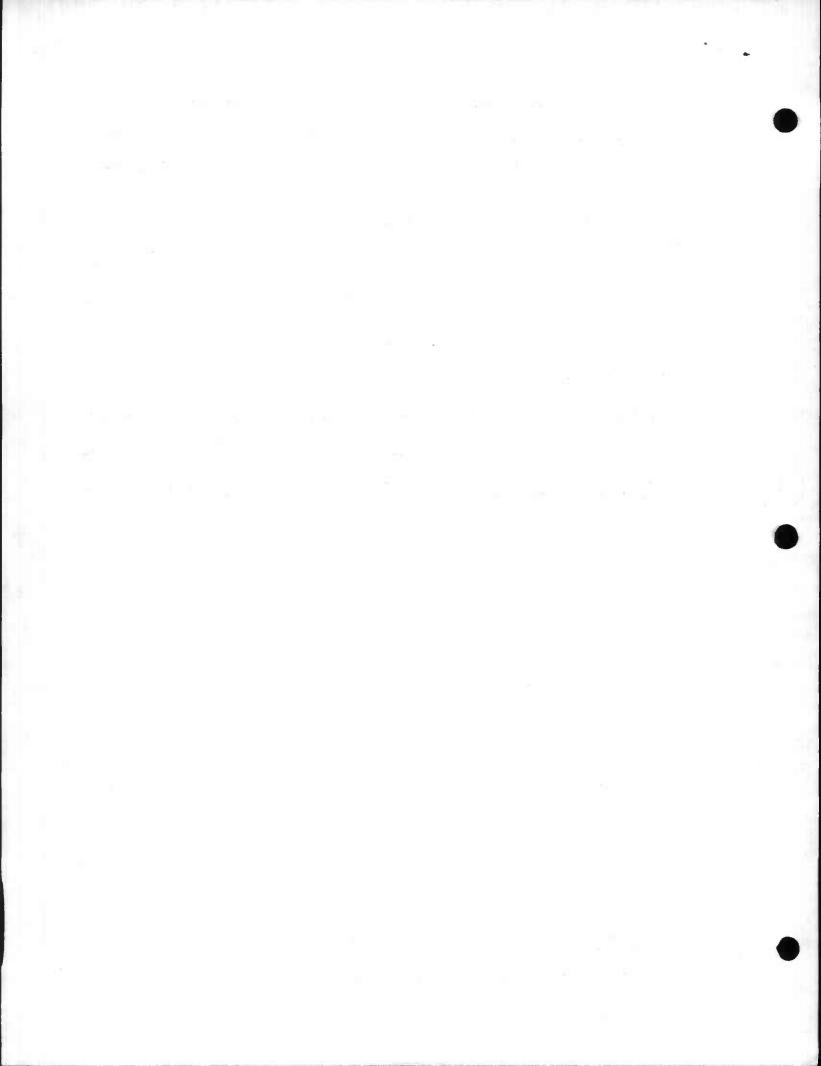
State of Maryland / Department of Health and Mental Hygiene 96 3 | 98

					Certi	ficate of	Death		Reg. No.) (7 7 0 1	
Physiciar		1. Decedent'a Name (First, Middle, Las	fdle, Last)				2. Data of De Month	Death Day Yea		3. Time of Death	n.	
/Medica		James Ash	by	Lowery	/			Oct.		1996	3:30 pm	
Examine		4a. Facility Nama (If not institution, give	a street and number)				4b. City, Town, or	Location of Deat	4c. Count	of Death		
		2119 BOLTON STRE					BALTIMOR	ECITY	N/	Α		
Funeral		Social Security Number 6. S	8X M 2□ F 7. Ag	e (In yrs. last bi	A	If Under 1 Yaa Jonths Days		6. Date of Bir (Month, Da Mar. 2	th ly Year)	9. Birthr	place (State or Foreign	
Director	-	246-30-4810 Usual Residance of Decedent		70	Yrs.			Mar. 2	5 1926	NOR	TH' CAROLINA	
with the Maryland a or 28a-f show Lbe notified at	-	10a. State 10b. County		10c. City, Tow	n or Local	lion					10d. Inside City Limits	
4 5	ō	MADVI AND N/A) A I T T	MODE CI	TV				1 XX es 2 □ No	
280	Director	MARYLAND N/A			DALII	MORE C]	111		10g. Citizen of	What Cou	ator?	-
atural", or thams 23e or 28e-f show cal Examiner must be notified at	ā						1 7			What Coul	only r	
2 2	Funeral	2119 BOLTON STRE	12. Was Decedant I	Evar in U.S.	13. Wa	212 s Decedent of		Specify Yes or No	U.S.A.	ca - Amaric	can Indian.	
r Har	E	1 Never Married 2 (Married	Armed Forces?				Hispanic Origin? (S ban, Mexican, Puer	to Rican, etc.)	Bia	ck, White,		
lural', o	Ď	3 ☐ Widowed 4 ☐ Divorced	1 M Yas 2 □ N If Yes, Give Yaar or Datas: 1	1945/49	1	Yes 2	Specify:		Specif	y: BLA	ACK	
atura [Sal.]	P	15. Decedent's Ed	lucation		. Deceden	t's Usual Occu	ipation		16b. Kind of B			
Medica	Completed	(Specify only highast gra Elementary/Secondary (0-12)	da completed) College (1-4or 5	(4)	(Giva kin	d of work done NOT use retin	ed) during most of wo	rking				
glene.	Ö	12th grade	College (1-401 3	, , , , , , , , , , , , , , , , , , ,	TRUC	K DRIVE	ER		ACME	PAPER	3	ı
t de H	Be	17. Father'a Name (First, Middle, Last)					16. Mothar's Na	me (First, Middle,	Maiden Sumai	na)		-
nd Mental Hyglene. marked other than martic event, me M	10	ROBERT LOWERY					AMANDA	WHITAKE	R			ı
n and Mental Hyglene.		19a. informant's Name/Raiationship (7					et and Number or Re					I
# 127 # 17		Marva J. Lowery	/Wife	21	119 B	olton S	Street, B	altimore	Maryla	nd 2.	1217	ı
if them 27 or other t	ł	20a. Mathod of Disposition	Daniel from Chair	20b. Place o cemete	f Dispositi ry, cremat	on (Name of ory or other pla	ace)	Date	20c. Location	- City or To	own, State	ı
5 # 5		↑ Burial 2 Cremation 3 ☐ 4 Donation 5 Other (Specify	namoval from State	GARR I	SON	FOREST	VETERANS	10/28	OWINGS	MILL	S, MARYLAND	
Departmen Important: any injury 2008	1	21. Signature at Fundral Service Koom	see .							-	JNITY F/H	
Dep amy gang		1/1/10kg	pelly					06 W. NC			J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ı
Physician /Medical	\neg	23a Partition the disease, or complete hock, or heart failure. List only		the death. Do	not enter t	he mode of dy				1	Approximate	
	1	milocx, or neart failure. List only	ona causa on each iir	10.			. 0				Interval Between Onset and Death	l
	1	Immediate Cause (Final disease or condition	Moto	applic	KI	refre	to (no	MON			Course	
xaminer		resulting in death)	a. 100	Due to (or as a	conaeque	nce of):	w Gr				Chest	
e attending physician and od for use as the burial-transit	e l	_										
physician and s the burial-transit	Examiner	Sequentially list conditions, Due to (or as a consequence of):										l
		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury										ı
the tr	Medical	that initiated events rasulting in death) Last Dua to (or as a consequence of):										
Du a										!		
attendir for use	Physician/		d									
the a	/sic	Part It. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i.						23b. Did	23b. Did tobacco use contribute to the cause of death?			
ed by the detached			1 Ves 2 No 3 Probabl			babiy 4 Unknown						
8.8	þ											
peen si should	Completed							24a. Was perfo	an autopsy emed?	av	are autopsy findings allable prior to	
has b	du										empletion of cause death?	ı
	5							10	Yea 2XNo	1[□Yea 2 No	
		25. Was casa referred to medical examiner?					26. Place of De	ath (Check only o	one)			ĺ
90	ရှ	1 ☐ Yas 2 ☑ No	Hospital: 1 ☐ Inpatie	nt 2 ER/O	utpatient	3 DOA	ther: 4 Nursing H	ursing Homa 5 Rasidence 6 Other (Specify)				
thending death. ctor: After y the fune		27. Manner of Death 1 Natural 5 ☐ Pending	28a. Data of injur (Month, Day		Tima of njury	28c. inju	ury at ork?	26d. Dascribe	how injury occur	red		
		2 ☐ Accident Investigation				M 1[Yea 2 No					
		3 Suicida 6 Could not be detarmined 28e. Place of tnjury - At home, farm, street, factory, office building, etc. (Specify)						26f. Location (Street and Number or Rural Route Number, City or Town, State)				
led in												
the Hospital or In 24 hours after the Funeral Dire hipletely filled in E. Aedical Certi		29a. Certifier 1 Certifying Phy (Check only 2 Medical Exam	vsician: To the best of	of my knowledge	death od	courred at the t	ime, date and place	, and due to the	cause(s) and m	anner as a	stated.	
plete		one)	lical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, date and place, and due to the cause and mannar stated.							U 118 Cause(3)		
000	2	29b. Signature and title of certifier	00 []			29c. Licen	ise number		29d. Date signe	d (Month,	Day, Year)	
A J		Puller (X	UDOPHT	11/		DI.	5546		Oct 25	: 19	96	
10		30. Name and address of person who	ompleted dause of de	eath (Item 23a)	(Type, Pri	(tr)	DI. O	D	000	0	10.00	
Y		Cuaries Padae	THE, 5	01 L	och	Pava	1 Blue	, 5a	Utimo	0	(0)	
State	~	31. Date filed (Month, Day, Year)	32. Registre	ar's Signature	.00							
Registra		III I y h luuh	JUNE WHO	Many - Mand	2.1060							

State of Maryland / Department of Health and Mental Hygiene 96

				Cei	tificate of	Death		Reg. No.			
Physician /Medical	1. Decedent's Name (First, Middle, Last) Catherine Fern Lansinger						2. Deta of De Month Octobe	ath Day	9 ^{Year}	3. Time of Death 8:28 A.M.	
Examiner 4a. Facility Neme (If not institution, give street an 3506 Back Pointe Cour						4b. City, Town, or Abingdon					
neral ector	5. Social Security Number 212-18-4123	6. Sex 1 □ M 2 元 F	7. Age (In yrs. 75	Months Davs		r If Undar 24 Hrs Hours Min	8. Data of Bird Month, De Decembe	r 9,192	9. Birthp Coun Mar	olace (State or Foreign stry) yland	
Ped at	Usual Rasidence of Decadant 10a. State 10b. County Maryland Harfo		10c. Ci	ty, Town or Lo					10d. Inside Cit 1 ☐ Yes		
iner must be notified.	10e. Street end Number 3805 B Memory I				10f. Zip Coda 21009			10g. Citizen of Whet Country? U.S.A.			
by		rried Armed Fo	2XXNo	'	Was Decedent of Hispanic Origin? (Specify Yes or If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Yes Z☐No Specify:			No- 14. Race - American Indian, Black, White, etc. Specify: White			
Completed	15. Decedar (Specify only highe Elamantery/Secondary (0-12)	nt's Educetion est grede complated) Collaga ((Give	lent's Usual Occu kind of work done DO NOT use retin emaker	ipation a during most of wo ed)	rking	16b. Kind of B		Justry	
To Be (17. Father's Name (First, Middla, William Weaver	•					me <i>(First, Middl</i> e, ne Picke		ne)		
	19e. Informent's Name/Ralation: Catherine Catal 20e. Method of Disposition 1□ Burial 2□ Cramation 4□ Donation 5□ Other (5	ana (Daug	ana (Daughter)		19b. Mailing Address (Straet and Number or Ru 3506 Back Pointe Ct. A Place of Disposition (Neme of Destrober 24 esapeake Crematory Inc		Abingdon	, Maryl 20c. Location			
SOCO	21. Signature of Funeral Service)	22. Name end Address of Fecility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Ave Catonsville, Maryla								
ian ical ner	Immediata Cause (Final disaese or condition resulting in deeth)		Lung		ance				4	Amonth	
use as the burlet-transit	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b	Due to (c	or es a conseq	uence of):			v	4	month:	
	that initiated events resulting in death) Last	d	Due to (o	r as e consequ	uence of):						
d by Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.						6.7	23b. Did tobacco usa contribute to the cause of death? 12 Yes 2 No 3 Probably 4 Unknow			
2 shou							24e. Was perfo	en autopsy rmed?	ava	ere autopsy findings allabla prior to mpletion of cause death?	
Be Com	25. Was case referred to medica examine?	Hospitel:			0	har	1□ Y	na)		Yas 20 No	
Certification: To	1 Yes						Home 5 A Residence 6 □ Other (Specify) 28d. Describe how Injury occurred				
	28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 29a. Cartifier Certifying Physician: To tha best of my knowledge, death occurred at the time, data and plece, and dua to the ceuse(s) end mennar as										
Medical	(Check only one) 2 Medical 29b. Signature and title of cartifia	and men	asis of examinal ner stated.	wieuge, death tion and/or Inv	astigation, in my	opinion, deeth occu	urred et the time, o	date end pleca, 29d. Date signe	and due to	the cause(s)	
	> M Charle	2			D	2090	7	10-	22	01	
State	30. Name and address of person address of person and address of person	orporation completed ceus	legistrar's Signal	570 c	212, 1	Marie	D. C.	ia tha	m,	M.D	
State Registrar	OCT 2 5 1996	Julia David	son-Rand	.02				•		100	

DHMH 16 Rev 6/95



			Certificate of	Death	Re	eg. No.						
Physician /Medical	1. Decedent's Name (First, Middle, Last)	COCITRAN	٤		2. Date of Death Month	h Day Ye	3. Time of Death					
Examiner	4a. Facility Name (If not institution, give street (600) JAMAKITAN			BALTIM		4c. County of E	Death					
Funeral Director	5. Sociel Security Number 8. Sex 216-20-4871 Usuel Residence of Decedent	7. Age (In yrs. last birth	dey) If Under 1 Year Montha Deys		8. Date of Birth (Month, Day, 9/2/25	Year) 9.	Birthplace (State or Foreign Country) IARYLAND					
72 hours effer death with the Maryland natural; or items 23a or 28a4 show pical Examiner must be notified at each by Funeral Director	10a. Stete 10b. County	10c. City, Town	or Location				10d. Inside City Limits					
and and and and and and and and and and	MARYLAND N/A	BALTIM	ORE				MXYes 2 □ No					
23a or 28a-f show ust be notified at rai Director	10e. Street and Number 1424 MERIDENE DRIVE		10f. Zip Code	21239	10g. Citizen of What Country? USA							
Examination of the Fundamental	1 Never Married 2 Merried 1	as Decedent Ever in U,S. med Forces?] Yes 2 ANo Yes, Give aer or Dates:	13. Wes Decedent of I If Yes, specify Cub 1 ☐ Yes 2 X No		ecify Yes or No- Rican, etc.)		Vinerican Indian, Vinite, etc. WHITE					
r, tre Medical Ex.		oleted) (Decedent's Usual Occu Give kind of work done life. DO NOT use retire	during most of work	ing	16b. Kind of Busine						
5 0	12th GRADE 17. Father'a Neme (First, Middle, Last)	TR	OBLE SHOOTI	ER 18. Mother's Name			ONAL BANK					
To Be Co	WILLIAM JOSEPH HOLSE	Y			McKELDIN							
T T	19e. Informent'a Name/Relationship (Type, Pri	<i>int)</i> 19b.	Meiling Address (Stree				te, Zip Code)					
4 4	DOUGLAS W. COCHRANE		424 MERIDE	NE DR. BA	LTIMORE	, MD 212	239					
to se	20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Remove	com oton	Disposition (Neme of cremetory or other ple	ice)	Date 2	20c. Location - City	or Town, Steta					
liury	4 □ Donetion 5 □ Other (Specify)	GARDEN	S OF FAITH		10/23/96	5 PARKVII	LLE, MD					
any ir	21. Signeture of Funerei Service Licansee 22. Name and Address of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD.											
ician	23a. Part 1. Enter the disease, or complications abook, or heart failure. List only one cause	s that caused the deuty. Do no se on each line.	TOWSON, MI of enter the mode of dyi	D 21286 ing, auch as cardlac	or respiratory erre	est,	Approximate Interval Between Onset and Death					
dical niner	Immediate Cause (Final disease or condition resulting in death) a	ARI) I OPULM Due to (or as a co	ONA15	ALLUT			(MMS 21 ATE					
sit line	a b. A	WIE REA	MAL JLA	ILUMI			10 2441					
Medical Examiner	Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a co	nsequence of): NOIDMO	OPATITY	, END	17461	6yran					
Physician/	Part II. Other significant conditions contributing	ven in Pert I.	23b. Did tobacco use contribute to the cause of death?									
					1 🗆 Ye	3 3 No 3	Probably 4 Unknown					
page 2 should be completed by					24a. Was ar perform		4b. Wera autopay findings available prior to completion of cause of death?					
Com					1 ☐ Ye	s 2 No	1 □ Yas 2 ☑ No					
director, pag	25. Was case referred to medical axaminer?			26. Plece of Deati	(Check only one	B)						
0 E	1 Yea 2 No Hospita 27. Manner of Death 1 Netural 5 Pending	Date of Injury 28b. Ti	me of 28c. Inju		me 5 Resider 28d. Describe ho	nce 8 Other (S w injury occurred	Specify)					
led in by the funeral Certification:	3 Suicide 6 Could not be				281. Location (Street and Number or Rural Route Number, City or Town, State)							
To the Funeral Director: After thi completely filled in by the funeral Medical Certification: 1	(Check only 2 Madical Examiner: Or	To the best of my knowledge, not the basis of examination end/	death occurred at the ti or investigation, in my o	me, dete end place, opinion, death occurr	and due to the ca ed et the time, da	use(s) and manne ite and piaca, and	or as stated. due to the cause(s)					
Ne Ne	29b. Signature and title of certifier		29c. Licens		29	d. Date aigned (M	fonth, Dey, Year)					
6	Trum Ni (to	my rem	134	046	0	CT. 24	, 1996					
7	30. Name and address of person who complete											
	5601 Locat RAN	IEN BLUD, B	ALTIMON	(E, M)) . 2	1239						

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Deeth Day 1996 **Physician** Oct. 24. Rosalie Ottavia Lorenzet 8:15 a;m. /Medical 4e. Facility Name (if not institution, giva street end number) 4b. City, Town, or Location of Daath 4c. County of Deeth Examiner 811 Ivydale Ave. Reisterstown Baltimore If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) 1937 5. Social Sacurity Number If Under 1 Yaar 7. Aga (In yrs. lest birthday) 9. Birthplace (Steta or Foreign **Funeral** 1 □ M 2 □ F 216-26-7671 59 Yrs. Maryland Director Usual Rasidence of Dacedani permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If flam 27 is marked other than "natural", or flams 23a or 28a-f show any injury or other traumatic event, tra Medical Examiner must be notified as 10e Steta 10b County 10c. City. Town or Location 10d. Inside City Limits Md. Baltimore Director Reisterstown 1 ☐ Yes 2 ☐(No 10e. Street end Number 10a. Citizen of What Country? 10f. Zip Coda 811 Ivydale Ave. 21136 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Marital Status 14. Raca - Amarican Indian, Black, Whita, etc. 1 Never Marriad 2 ☐ Married 1 ☐ Yas 2 No Specify: Completed by Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highast grada compiated) 16e. Decedant's Usual Occupetion 16b. Kind of Business/Industry (Giva kind of work dona during most of working life. DO NOT usa retired) Collaga (1-4or 5+) Elamentery/Secondary (0-12) Certification Specialist State of Maryland 17. Fathar's Nama (First, Middle Last) 18. Mothar's Name (First, Middla, Maidan Surname) Be Ottavio Lorenzet Rosalie Frances Vance 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Ottavio Lorenzet 811 Ivydale Ave., Reisterstown, Md. 21136 20b. Placa of Disposition (Name of cemetary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Surial 2 Cramation 3 Removel from State New Cathedral Cemetery 10/26/96 Baltimore, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatura of Fuperal Sarvice Licensea 22. Nama and Addrass of Facility Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owings Mills, Md. 21117 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Batween Onsat end Death **Physician** /Medical Immediata Cause (Final metastatic Breat concer 6403 disaasa or condition resulting in death) Examiner Dua to (or as e consequance of): Examiner Sequantially list conditions, if eny, laading to Immediata causa. Entar Undarlying Cause (Diseasa or injury that Initiated avants rasulting In daath) Last Dua to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Donknown Hyperlyridan p 24b. Were eutopsy findings available prior to completion of cause of daeth? Completed 24a. Was en eutopsy performed? 1 Yas 2 No 1 Yas 2 No Be 25. Wes casa refarred to medical axaminar? 26. Placa of Daath (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28e. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Naturel
2 Accident 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 6 Could not ba datarmined 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homloida edicai Certifying Physician: To the best of my knowledge, death occurred et the time, date and piece, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. (Check only one) 29b. Signatura end titla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) 10 74. Age 1)25062 A

Registrar

31. Dete filed (Month, Day, Year). 0CT 2 5 1996



30. Nama and addrass of person who completed ceusa of daath (Item 23a) (Type, Print)

21215-0020

altimore, Maryland

The law requires that the death certificete be executed

P.O. Box 68760,

Division of Vital Records,

or Attending Physician:

deeth.

To the Hospital or Attendi within 24 hours after death. To the Funeral Director; A completely filled in by the fi

the buriel-tran

signed by the attending physician dbe deteched for use and the deteched

certificate hes

this funeral

After

n beafan well , it well 10/5-1-7 THE STOREST LET year in the same of the same o Mark of Partyletical and English at Street as the second rate of the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 8. PER F'.H. F'ILN g-740 State of Maryland / Department of Health and Mental Hygiene 11/1/96 t.t Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Day 24 0925 DOJOBER 11996 /Medical 4b. City, Town, or Location of Death Facility Name (It not institution, give straet and number, 4c. County of Death Examiner 7. Agel (In yrs. last birthday) Baltimore If Undar 24 Hrs. 8. Date of Bid! 5. Social Security Number 6. Sex If Under 1 Yaar 1926 North Carolin **Funeral** 239-30-2668 Usual Residence of Decedent Months 10 M 2 F Days Hours Yrs. Director Carolina 10a. State 10b. County 10c. City, Town or Location show 10d. Inside City Limits r than "natural", or frams 23a or 28a-f show the Medical Examiner must be notified at Maryland Funeral Director 1 Yes 2 □ No altimore 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 2 1119 death 12. Was Decedent Ever in U,S. Armed Forces? 1 N Yes 2 □ No Vas, Give 11. Marital Status Was Dacedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Maxicen, Puerto Ricen, etc.) 14. Race - Amaricen Indian. Black, White, atc. 72 hours after 1 Navar Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 Widowed 4 □ Divorced Year or Dates: WWII egro Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working life. DO NOT use retired) permit. Pages 1 and 2 should be filed within . Department of Health and Mentel Hygiene. Important: if tem 27 is marked other than ** any Injury or other traumatic event, if a Use pince. Elementary (0-12) College (1-4or 5+) 10 Maryland Father's Neme (First, Middle, Last) (First, Middle, Maiden Su Be 0 25 19b. Mailing Address (Street and No 20b. Place of Disposition (Name of cematery, crematory or others Baltimore, 20c. Location - City or Town, State 20a. Method of Disposition Pate 1 ⊠ Burial 2 ☐ Gremation 3 □Re 4 ☐ Donation 5 ☐ Other (Specify) ge of Funeral Service Licens 22. Name and Address of Facility 21. Signa Josep que. North 23e. Parti. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, auch as cerdiac or raspiratory arrest, should, or heart failure. List only one ceuse on each lina. Approximate interval Between Onset and Death Physician /Medical Immediate Cause (Final neu droma Week disaasa or condition resulting in death) **Examiner** Due to (or as a consequence of): The lew requires that the death certificate be axecuted Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last pue Due to (or as a consequence of): been signed by the ettending physician should be deteched for use as the buria Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco usa contribute to the cause of death? dryclome 1 Yes 2 No 3 Probably 4 Unknown þ in fection 24b. Were autopsy findings available prior to complation of ceuse of death? Completed 24a. Was an autopsy performed? After this certificate has 1 Yas 2 No 1 ☐ Yes 2 000 Be 25. Was cese referred to medical 26. Plece of Death (Check only one) axaminer? Hospital: 1 Inpatient 1 Yes 2 No Other: 4 Nursing Home 5 Realdance 6 Other (Specify) 2 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Netural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 3 Sulcide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homleide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Data signed (Month, Day, Year)

BALTIMORE KARYLAND &1231

October 24, 1996

P.O. Box 68760, Division of Vital Records, To the Hospital or Attending Physi-within 24 hours after death.

To the Funerel Director: After this c completely filled in by the funeral dir

> State Registrar

edical

29a. Certifier (Check only

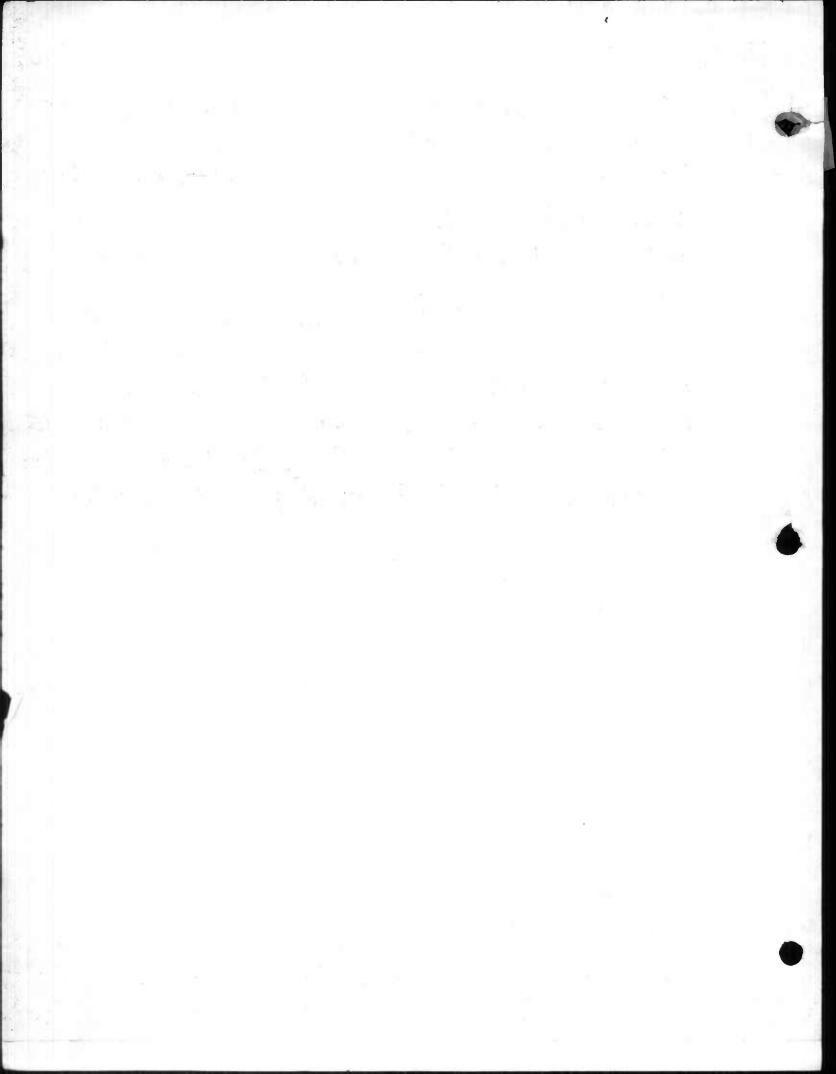
29b. Signature and titla of certifiar

I Dague Tu

N. BROADWAY N. NAVARRO 31. Date filed (Month, Day, Year) 32. Registars Signatur 251996

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

died . periolist



Please Type or Print in Black Indelible Ink.

State

of Frint in black indelible ink. Assure All	Copies Are Legible,				
of Maryland / Department of Health and Me	ental Hygiene 96	31	98	36	
Certificate of Death	Don No.				

V٥

Physician /Medical **Examiner**

Reg. No. 1. Decadant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month MATTIE MCENTIRE OCTOBER 20,1996 06:00 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY

Months

Funeral

Itams 23a

permit. Pages 1 and 2 should be filed within 72 hours after death \text{Depertment of Health and Mental Hygiene.} Important: if item 27 is merked other than "natural", or items 23 any fujury or other traumetic event, the Medical Examiner must applicate.

Physician /Medical

Examiner

for usa as the burial-tran

detached signed by the

9

pege 2 should Completed

Deen

cartificata hes

this

eral Director: After thi filled in by the funaral

or Attending Physician:

death.

aftar

Hospital To the Hospital within 24 hours a To the Funeral Complataly filled

attending

Physician/Medical

þ

Be

Certification: To

edicai

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760.

Baltimore, Maryland 21215-0020

Funeral

Completed by

Be

5. Social Security Number 431-50-9166 Usuai Rasidanca of Dacadant 1□M 20 F Director with the Maryland 10a. Stata 10b. County 28a-f ahow Examiner must be notified at Arkansas Director Soone 10e Street and Number ŏ

noute

11. Marital Status

10c. City, Town or Location ar Sor 10f. Zip Coda OOX

12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No if Yas, Giva Yaar or Daias:

College (1-4or 5+)

7. Aga (In yrs. last birthday)

Yrs

7260 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1□ Yas 2 No Specify

If Under 1 Year If Under 24 Hrs.
Months Days Hours Min.

14. Race -Race - Amarican Indian, Black, Whita, atc. Specify: White

10g. Citizan of What Country?

9. Pirthplaca (Stata or Foreign Country)

rkansas

10d. fnside City Limits

2/2/6

1 Yas 2 No

15. Decedant's Education (Specify only highast grada completed) Elamantary/Secondary (0-12) 0

1 Navar Married 2 Married

3 Widowad 4 Divorced

16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired)

18. Mothar's Nama (First, Middla, Maidan Sumama)

16b. Kind of Businass/Industry

17. Fathar's Nama (First, Middla, Last) =10

19a. Informant's Name/Ralationship (Type, Pnint) Whee

19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) Koute 20b. Placa of Disposition (Nama of comatary, gramatory or other place Date

rkansas 1260 1150n 20c. Location - City or Town, Stata

20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata

4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Vicensee

Wood Cemeter 22. Nama and Addrass of Facility
Joseph L. Ku Josep North

ea, or complications that causad tha death. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, List only one cause on each line.

10

4ue

immediata Causa (Final

Examiner

disaasa or condition rasulting in death)

Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last

Dua to (or as a consequence of):

Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

25. Was cesa rafarred to medical axaminar?

28. Placa of Death (Check only ona)

2 No

1 Yas 2 No 27. Mannar of Death

Minpatiant 2□ ER/Outpatiant 3□ DOA 28a. Data of Injury (Month, Day Year)

28c. Injury at Work? 28b. Tima of injury 1 ☐ Yas 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how Injury occurred

1 Natural 2 Accident 3 Suicida 4 ☐ Homicida

5 Panding Invastigation 6 Could not ba

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

2 No

29a. Cartifian (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

29c. License number

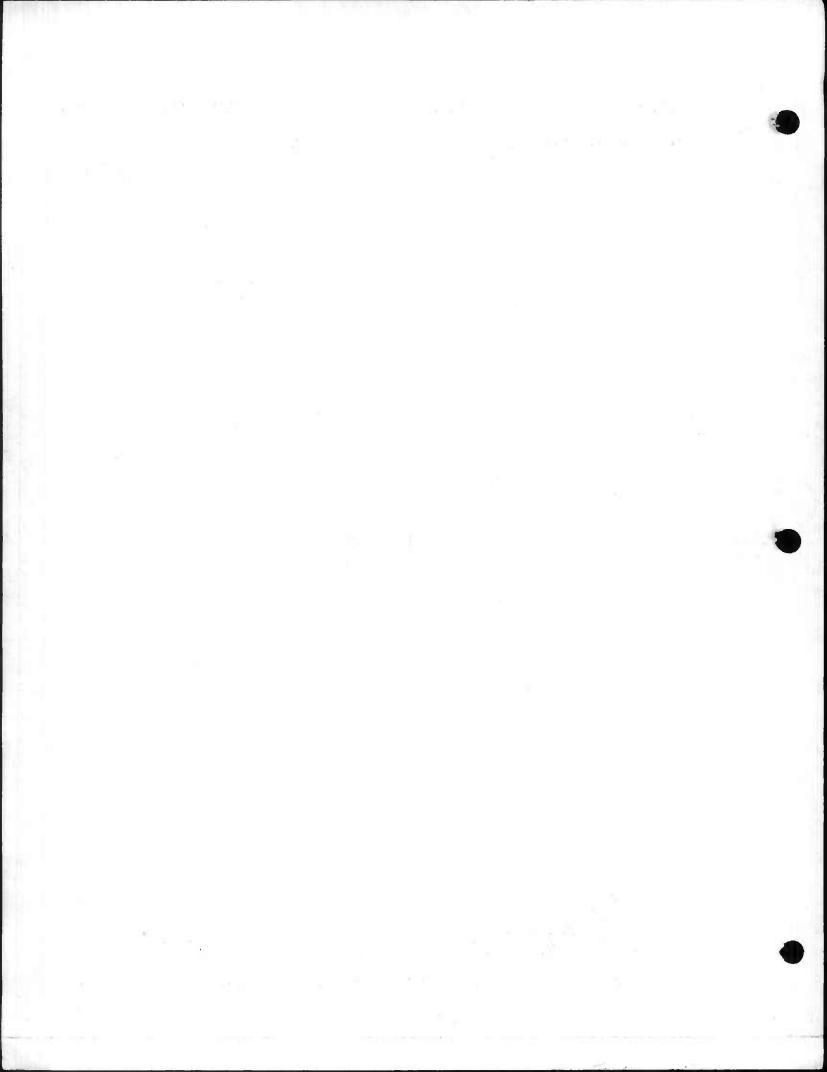
29b. Signature and title of certifie

29d. Date signed (Month, Day, Year)

30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) 200 M

32. Ragistrar's Signatura

State Registrar 31. Data filed (Month, Day, Year) 251996 wa on



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

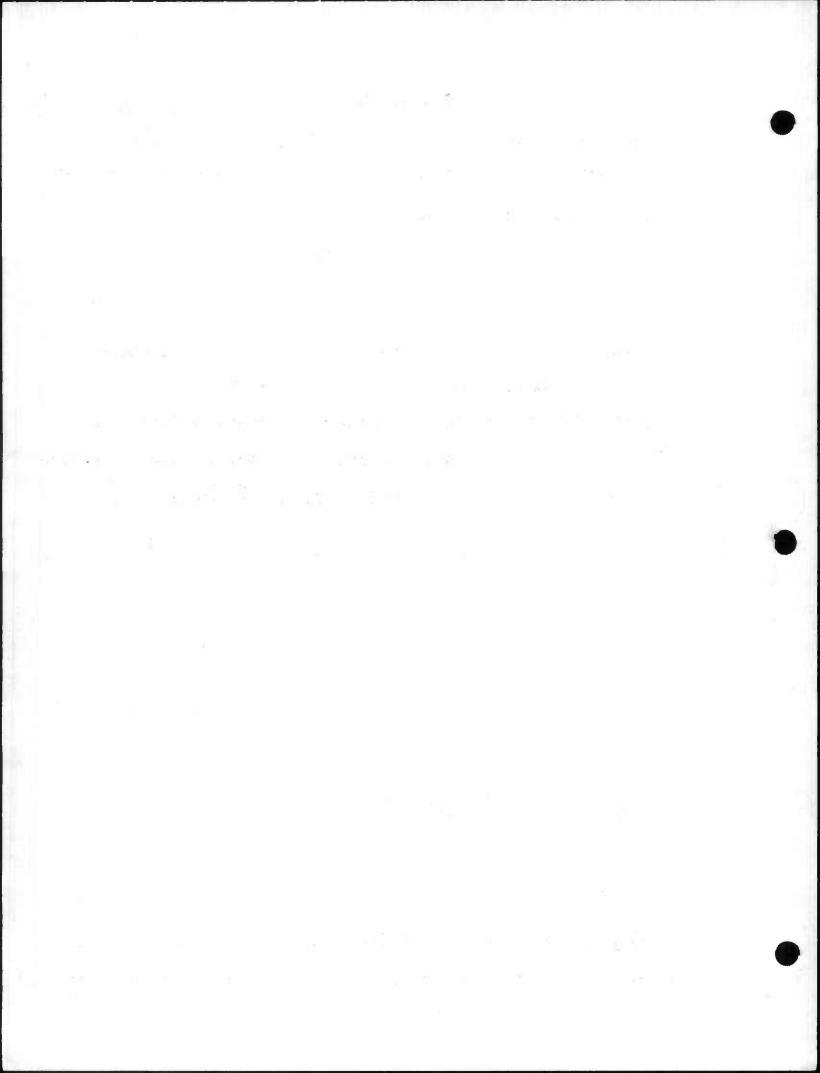
1, D	Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death											
	Julia		Last)	M	ROCKO	wski		2. Data of I	Death Day	Yaar 96	3. Tima of Death	
					100			The second second		y of Death		
-	-			u Ceni	ter				Ann	e A	runde/	
	215 18	7138	Sex 1□ M 2XF					in. (Month, L	Day, Year)		place (Stata or Ford htry) cyland	
				10c. C	ity. Town or Lo	cation					10d. Insida City Lim	
Ma	aryland	Anne A	rundel								1 ☐ Yas 2 🔀	
10e.	Streat and Num	nber					a		10g. Citizan of	What Cou	ntry?	
1:	242 Dale	e Road							11.00-0		,	
11.1			12. Was Dac	edanf Ever in I	J,S. 13.			(Specify Yas or N		ca - Ameri	can Indian,	
1 3			1 ☐ Yes If Yas, Gi	2 ☑ No va				arto Rican, atc.)	Specify: White			
	/Sneci	15. Dacedent's	Education		16a. Dece	dant's Usual Occ	cupation	and in a	16b. Kind of B	usiness/în	ndustry	
E				1-4or 5+)				vorking				
-	10th				Hon	e Maker						
	athar's Name (/			0								
				Goetz								
				aptor		-					,	
Mary Mrockowski / daughter 242 Dale Road Pasadena, Maryland 21 20a. Mathod of Disposition 20b. Place of Disposition (Name of Data 20c. Location - City or												
	1⊠ Burial 2□	Cramation 3		Stata	camatary, crar	natory or other p	olace)					
				HO				10/23/90	Baltimo	re,	Maryland	
21.	Signatura or Fun	Servica Lic	ansea	91								
	(. /	Cufe	and	Hon						Md.	21225	
23a	shock, or heart	a disaase, or co failura. List on	mplications that o ly ona cause on e	eusad tha daa ach lina.	th. Do not an	ar the mode of d	lying, such as card	liec or raspiratory	arrast,	1	Approximata intarval Between	
Imm	ediata Cause /F	Inal								1	Onsat and Death	
dise	ase or condition	H I I	a				IA			- 1	minutes	
disease or condition rasuiting in death) a. Carolac Arrythmia Due to (or as a consequence of):												
Sequif an	uantially list con-	ditions, mediata		CORP.								
Cau	sa. Entar Under sa (Diseasa or in	lying njury	c				litus				years	
(F) (E)	miniated evants			4.1						į	0	
4			d	type	rtens	ion					years	
0.4											0	
Part				eath but not ras	sulting In fha u	ndarlying causa	givan in Part I.				1.	
_	Breas	t Car	icer						188 2LINO	3 Pro	Dably 4 Unkn	
										24b. W	era autopsy finding	
								per	formed?	CO	eliabla prior fo emplation of cause death?	
								40	Yes alx		Yas 2□ No	
		d to medicel					26 Place of C		- /	110	_ 160 20 140	
а	xaminar?		Hospital:	npatienf 2	ER/Outpatien	t 3D DOA	Ithor			er (Specil	(v)	
Hospital: 1 ☐ Inpatienf 2 ☐ ER/Outpatient 3 ☐ 27. Mannar of Death						28c. In	jury at /ork?	1				
2 Accident and Suicide Could not be determined 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Spacify) 28b. Location (Street and Number or Run City or Town, State)								per or Run	al Route Number,			
29e. Cartiflar (Check only Cartifying Physician: To the best of my knowledge, daath occurred at tha tima, data and place, and dua to tha ceuse(s) and mannar as Check only Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the tima, data and place, and dua to the ceuse(s) and mannar as										annar as s and dua to	teted. o tha cause(s)	
and all all all all all all all all all al									Dav. Year)			
296. Signeture and file of certifier 29d. Data signed (Month, C. 10/22/9) 29c. License number 29d. Data signed (Month, C. 10/22/9)												
	L11560	ALINE 1.		01/1		7 0	11/70		10/0	4/	10	
	5. Si Usu 10e. Ma 10e. Ma 11. I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. Sociel Sacurity No. 215 18 Usual Rasidance of 10e. Steta Maryland 10e. Streat and Num 242 Dale 11. Maritel Stetus 1 Navar Marrie 320 Widowad (Special Sacurity/Sacor 10th 17. Fathar's Name (Special Sacurity/Sacor 10th 17. Fathar's Name (Special Sacurity/Sacor 10th 17. Fathar's Name (Special Sacurity/Sacor 10th 18. Burial 2 4 Donetlon 21. Signatura of Fur 23a. Part 1. Entar the shock, or heart shock, or heart shock, or heart shock, or heart shock, or heart shock, or heart shock in the shock or heart shock or he	Anne Arundel 5. Social Sacurity Number 215 18 7138 Usual Rasidance of Dacadent 10e. Steta 10b. County Maryland Anne A 10e. Streat and Number 242 Dale Road 11. Maritel Stetus 1 Navar Married 2 Married 380 Widowad 4 Divorced 15. Dacedent's (Specify only highast of Specify only in Specify only highast of Specify only in Specify only in Specify on Specify only highast of Specify only in Specify on Specify on Specify only in Specify on Speci	## Scoolest Sacurity Number 215 18 7138 Sex 215 18 7138 Sex 215 18 7138 Sex 215 18 7138 Sex 215 18 7138 Sex 215 18 7138 Sex 215 18 7138 Sex 215 18 7138 Sex 215 18 7138 Sex 215 18 7138 Sex 215 18 7138 Sex 215 19 Sex 215 1	S. Sociel Sacurity Number 215 18 7138 1	## Anne Arundel Madual Center S. Social Sacurity Number 215 18 7138 1	Social Sacurity Number 2.5 Social Sacurity Number 2.15 18 71.38 1	Anne Arunde1 Moducal Center 3. Social Sacurity Number 215 18 7138 1	46. City, Town, or Location of De Anne	A. C. C. C. C. C. C. C. C. C. C. C. C. C.	46. CBy, Town, or Location of Death Anne Annobel Annobel Anne Annobel Anne Annobel Anne Annobel Anne Annobel Anne Annobel Anne Annobel Anne Annobel Anne Annobel Anne Annobel Anne Annobel Anne Annobel Anne Annobel Anne Annobel Anne Annobel Annobel Annobel Anne Annobel	

Registrar DHMH 16 Rev 6/95

ELIZABETH P. MAXWELL -SCHMIDT MD

State

ANNE ARUNDEL MED. CENTER



Please Type or Print in Black Indelibie Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 | 988

							Cer	tificate	of	Death			Reg. No.			
	Discol		1. Decedant's Nama (First, Middla, La	st)	-							2. Data of Da	ath	Vari	3. Tima of Death	
	Physici /Medi		Elaine Bazemore	Morgan								Month Octobe	r 19,	1996	2:45 P.M.	
je.	Examir		4a. Facility Nama (If not institution, giv		ber)					4b. City, Tow	n, or Loc	cation of Death		unty of Death		
16			ST. AGNES HOSP 5. Social Security Number 6. S		Ann In	um lant him	eth doug	if Undar 1 \	/aar	BALT:						
	Funeral Director			M 2∏F	77	yrs. last bir	Yrs.		ays		Min.	8. Data of Bird (Month, Da MAY 31	, 1919	NOR NOR	placa (State or Foreign H CAROLINA	
	fand		10a. Stata 10b. County		100	c. City, Tow	n or Loc	ation						1.	10d Inside City Limits	
	Man	tor	MARYLAND			BALTI	MORE	-							1√ Yas 2 No	
	r 284	Director	10e. Street and Number			011212		10f. Zip Co	da				10g. Citizan	of What Cou	ntry?	
	th with	alD	728 LINNARD STRE	ΕT				212	29			ļ	USA			
Maryland 21215-0020	within 72 hours after death with the Maryland ens. than "natural", or items 23s or 28s-f show he Medical Examiner court be notified at	by Funeral	11. Maritai Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Deced Armed Forc 1 Tas 2 If Yas, Giva Yaar or Date	as? No	in U,S.		Vas Decedani Yas, specify			n? (Spe Puarto F	cify Yas or No lican, atc.)		Race - Amari Black, Whita, ecify: BLA	atc.	
0	n 72 hours	ted	15. Decedant's Ed			16a.	Deced	ent's Usual C	ccup	pation			16b. Kind o	of Businass/In	idustry	
21	d within 72 ho piena. r than *natur	Completed	(Specify only highast gra Elemantary/Secondary (0-12)	da completed) Collaga (1-4	lor 5+)	-	lifa. D	ONOT usa r	ona atire	during most o d)	if workin	9				
21	77 70 10 10	Con	12	0			LEE) LAUI	NDF				WORK			
pu	0 = 0 5	Be	17. Fathar's Nama (First, Middla, Last,							18. Mothar's	s Name	(First, Middla,	Meidan Sur	nama)		
yla		10	WILLIAM TURNER	BAZEMO	RE						7	STON				
Mai	2 0 0 0		19a. informant's Name/Raiationship (BARBARA J. PURN									Route Number				
	Heal Heal Heal ther		20a. Mathod of Disposition	CLL	2			LINNA!		SIKEE	, B	Data		On - City or To	21229	
nor	Pages nent of I int: if its		1 X Buriai 2 ☐ Cramation 3 ☐		ata	cemata	ry, cram	atory or otha	r plac	ce)						
Baltimore,	III. P	9	4 Donation 5 Other (Specif			MF21F				os of Espility	10	/25/96	BALTI	MORE,	MARYLAND	
Ba	permit. Page: Department of Important: If it any Injury or otice.		1. Signature of Funeral Service Licensee 22. Nama and Address of Facility ESTEP BROTHERS FUNERAL HOME, P. A.													
L	2	_	ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217													
	Dhusisian															
	Physician /Medical		immediata Causa (Finai											1		
П	Examiner		disaasa or condition rasulting in death)	a. SEPTICEMIA									Hours			
Ц		rasulting in death) Dua to (or as a consequence of):										1				
	cuted	Examiner	Sequentially list conditions,	b	Dua	to (or as a	consequ	ance of):								
0,	e axe		Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disease or Injury													
68760,	ertificate be axecut ling physician and se as the buriel-tran	edical	that initiated evants rasulting in death) Last	C	Dua	to (or as a	consequ	enca of):								
9 x	entific ding p	Me		d												
Bo	0 2 2	lan		u												
0	res that the death signed by the atter be datached for u	Physician	Part ii. Other significant conditions of	ontributing to deat	th but no	t recuiting in	n tha un	darlying caus	a giv	en in Pert I.		23b. Did 1	tobacco uee	contribute t	o the cause of death?	
Q	that the detail		Gastrointestina	1 Hemorr	hage	2						10	Yee 2√ N	lo 3□ Pro	bebly 4 Unknown	
Records,	w requires that been signed b should be date	ed by	Pulmonary Thron	boomboli	Cm	Domot							an autopsy med?		/ara autopsy findings /ailable prior to	
900	× 20 €	Completed	Turmonary Infon	ibociiibo I x	, SIII,	Kemot						pono		00	ompiation of cause death?	
Ř	0 - 5	EO.										152	ras 2□N	0 11	¥Yas 2□ No	
Vital	ysician: The s cartificata director, pag	Be	25. Was case rafarrad to medicai axaminar?							28. Piaca o	f Death	(Check only o	na)			
of V	5 00	10	1 ☐ Yas 2 ☑ No	Hospitai:	atiant	2 ER/00	itpatient	3□ DOA	Oth	ar: 4 🗆 Nurs	ing Horr	a 5 🗆 Rasio	dance 6 🗆	Othar (Specia	(y)	
ח	Afing Ph. Aftar thi funarai	:00	27. Mannar of Death 1 X Netural 5 ☐ Panding	28a. Data of (Month,	Injury Day Yea		Tima of njury	28c.	injur Wor	y at k?	2	8d. Dascribe I	now injury oc	ccurred		
Sio	Attending er death. rector: After by the fune	cati	2 Accidant Invastigation 3 Suicida 6 Could not be					М	10	Yes 2 □ No						
Division	0	Certification:	4 Homicida datermined	Zoa. Placa of	tnjury - , etc. (S)	At homa, fa	ım, stra	at, factory, of	ffice		2	8f. Location (S City or Tox		um <i>ber or R</i> un	al Routa Number,	
(To the Hospitat or within 24 hours after to the Funeral Discompletely filled in	edical C	29a. Certiflar (Check only one) 29a. Certifying Ph 2 Medical Exam	yetcian: To the be niner: On the basi and manna	s of axa	knowledga mination an	, daath d/or inve	occurred at the estigetion, in	he tin	ne, dete and p pinion, daath	place, a	nd dua to tha d at tha tima,	cause(s) end data and pla	i mannar es s ce, end due t	itated. o tha cause(s)	
	ompl	Me	29b. Signature and title of certifier	/				29c. Li	cans	a number			29d. Data si	gned (Month,	Day, Year)	
	FSEO		Cll	0	_		_		D	48054						
			30. Name and addrass of person who	compiated cause	of death	(item 23a)	Type P	Print)	יע	70034		U	ccoper	21,	1770	
	V	,	Dr. J. Ross Slem						C	aton A	veni	e Balt	imore	MD 21	1229	
		_			0		E		-				-more c	, 2		

Registrar

OCT 251996

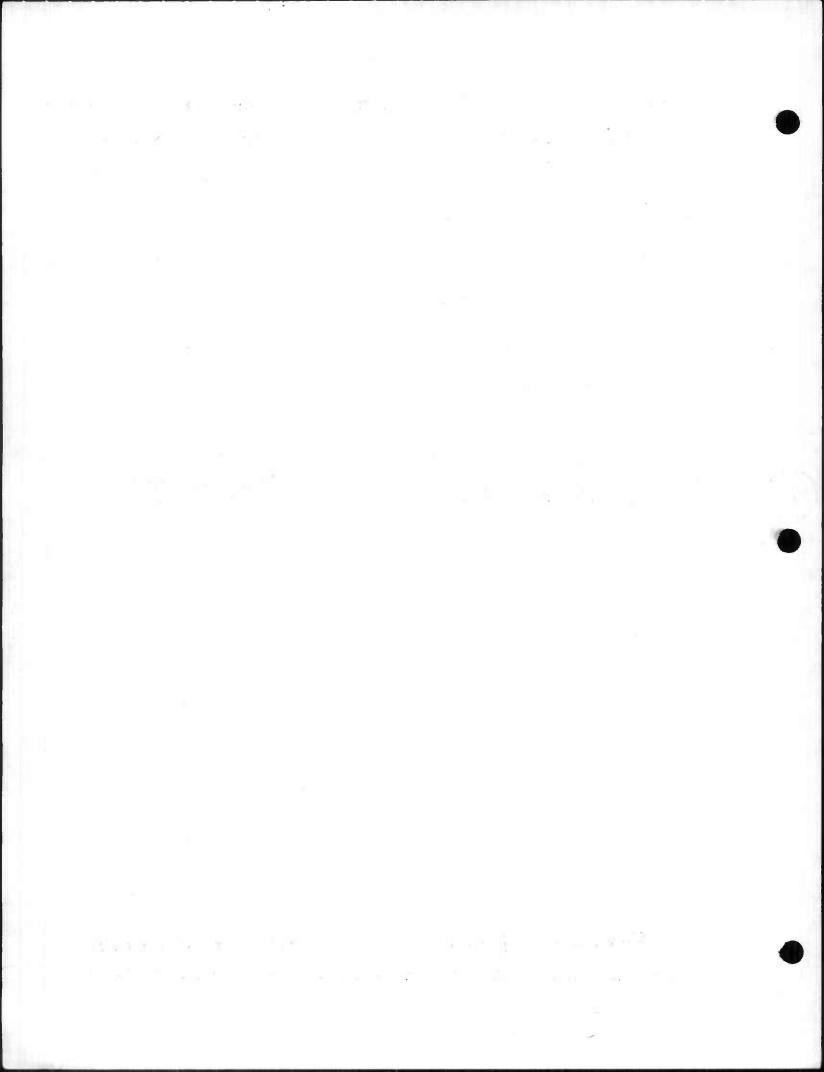
Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 31989

				Certificate	of Death		Reg. No.				
ysician	1. Decedant's Nama (First, Middla					2. Data of De		3. Tima	of Death		
Vedical	WILLIAM	ROSS		MACE	Jr.			9:3	0 AM		
aminer	4a. Facility Nama (If not Institution,	-				Location of Daat	T	nty of Death	7		
الالباك	SAINT JOSEPI	H MEDICAL	CENTER		TOWS		BA	LTIMORE			
eral ctor	5. Social Security Number 216–16–6366	8. Sax 7. Ag	ga (In yrs. last birth 73 y	Months E	Yaar If Undar 24 Hr. Days Hours Min		rth ay, Year) 1923	9. Birthplaca (State Country) Maryland	a or Foreigi		
	Usual Rasidance of Dacedant 10a. Stata 10b. County		100 Oh Tana					-			
- L	,		10c. City, Town					10d. Insida	City Limits		
Director	Maryland Baltimon	æ	Baltimor	T				1 1 46	s ZNZINO		
吉	10e. Street and Number			10f. Zip Co	oda		10g. Citizen o	f What Country?			
i i	6315 LAGRANGE Lane	15		21	212		U.S	U.S.A.			
Funeral	11. Marital Status	12. Was Decedant Armed Forcas		Was Deceden If Yas, specify	t of Hispanic Origin? (Cuban, Maxican, Pua	Specify Yas or No rto Rican, atc.)	14. Ra	ace - Amarican Indian, ack, Whita, atc.			
by	1 ☐ Navar Married 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	MXYas 2☐ If Yes, Giva Yaar or Datas:		1□ Yas 💥			Spec				
Completed	15. Decedant's (Specify only highast	s Education	16a. D	Decedant's Usuei C	ccupation	-delean	16b. Kind of	Businass/Industry			
a de	Elamantary/Secondary (0-12)	Coilega (1-4or	5+)	lifa. DO NOT use i	fona during most of wo atired)	orking					
Con	Theresis a seculation in	4		Owner/Prop	rietor		Lumber	mber Co.			
Be C	17. Fathar's Name (First, Middla, L	ast)			18. Mothar's Na	ma (First, Middla	, Maidan Suma	ıma)			
10	William Ross 1	Yace Sr.			Mary			Walkl	ing		
5	19a. Informant's Name/Ralationsh	ip (Type, Print)			traat and Number or F						
	Ruth Mace Wife		63	B15 LAGRAN	GE La. Baltir	more, Maryl	and 21212	2			
other traumatic	20a. Mathod of Disposition	_		Disposition (Nama cramatory or otha		Date	20c. Location	ocation - City or Town, Stata			
5	1 ☐ Burial 2 ② Cramation 3 4 ☐ Donation 5 ☐ Other (Spe					10/25/96	Baltima	ne.Marvlami			
once.	4 Donation 5 Othar (Specify) Creenmount Crematory 10/25/96 Baltimore Mary 21. Signature of Funeral Service from the service of Funeral Service from the servi										
once											
	23e. Pert1. Enter tha disaasa, or c shock, or haart failura. List o	2012	Abodosh Doco	6.5	00 York Ro	l. Balo.	Md. 21	212 Approxim			
ledical Examiner	Immediate Causa (Final disaasa or condition rasulting in deeth)	b.	Dua to (or as a co	nsequance of):				MON	THS		
Exar	Sequentielly list conditions, if any, laading to Immadiata causa. Entar Underlying Causa (Disaasa or injury		Due to (or as a consequance of):								
Medical	thet initiated events rasulting in deeth) Last	C. Dua to (or as a consequance of):									
cian		d									
by Physician/N	Part II. Other significant condition	s contributing to death b	ut not rasuiting in t	ha undariying caus	e given in Part I.			ontribute to the cause 3 ☐ Probably 4			
Completed t						24e. Was perfo	an autopsy rmed?	24b. Wara autopsy available prior complation of of deeth?	rto		
Com						10	Yas 2 No	1 □ Yas 💥	□ No		
	25. Was casa rafarred to medical				28. Place of Do	eth (Check only o			_ 110		
To	axaminar? 1 ☐ Yas 2 No	Hospitai:	nt 2 ER/Outp	atient 3 DOA	Other:	doma 5 ☐ Rasio		har (Spacific)			
	27. Mannar of Death 1 Natural 5 Panding 2 Accidant Invastiga	28a. Data of Inju (Month, Day	y 28b. Tin		Injury at Work?	28d. Dascribe I					
Certification:	3 Suicida 4 Homicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural City or Town, Stata)										
- 0	29a. Certifler (Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one)										
edical	(Crieck brilly 2 Medical Ex	and mannar sta									
ledic	(Crieck brilly 2 Medical Ex	and mannar sta		29c. Lie	cansa number		29d. Data sign	ed (Month, Day, Year)			
Medical	one) 2 Medical Ex	do Ro	mero	29c. Lie	cansa number D 28982		,	ed (Month, Day, Year) 34196			

DHMH 16 Rev 6/95

Registrar

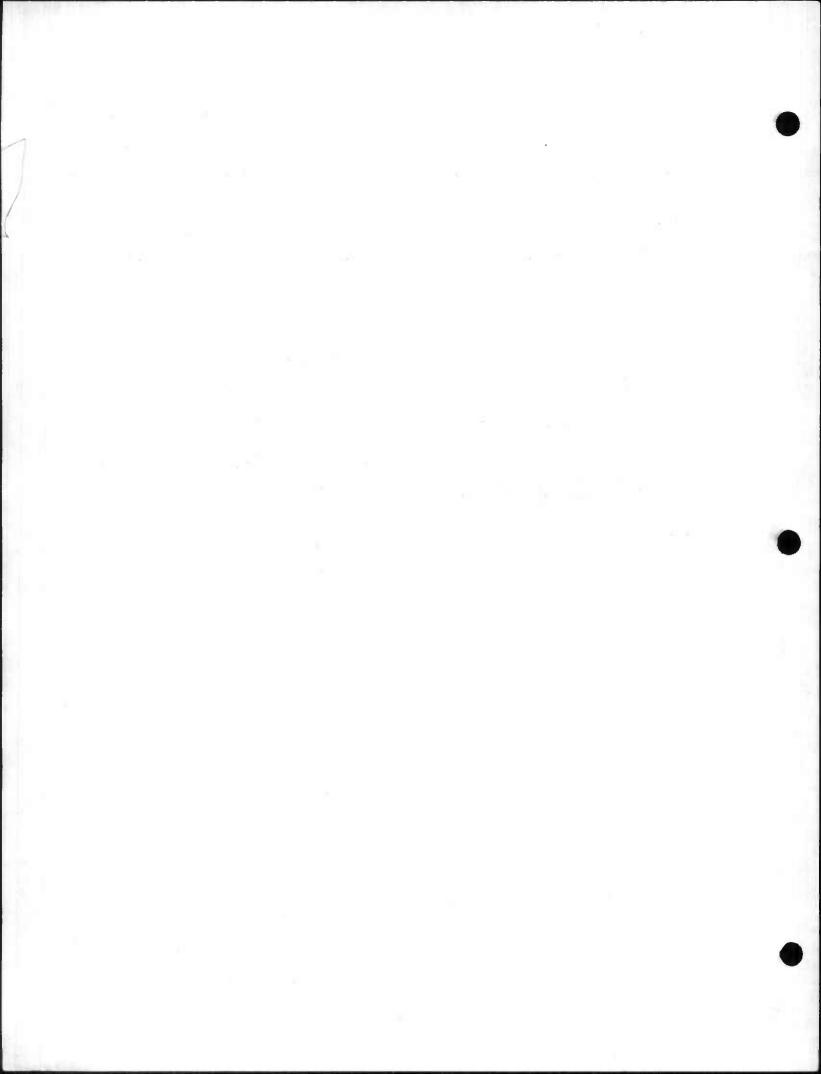


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 | 990

100					Ce	rtificate of	f Death		Reg. No.	20	01,330				
Dharal Jan		1. Decedent's Neme (First, Middle, L	ast)					2. Dete of	Death	will	3. Time of Deeth				
Physician Medical/		Doris Mo	ctimes					Month Oc. 100	Dey	Yeer 199	0145AH				
nwedicai Examiner	_	e. Facility Name (If not institution, g					4b. City, Town,	or Location of De		inty of Death					
	ı	Sina, Hospi	101				Roll.	mor e		N/A					
unerai				7. Age (In	yrs. lest birthday		r If Under 24 F	Irs. 8. Dete of B	Birth		plece (Stete or Foreig				
irector		215-16-0870 Usuel Residence of Decedent	1□ M 2\\ F	75	Yrs.	Months Dey	s Hours M	lin. (Month.)	Dey, Year) .9, 1921	Cou	yland				
8 m	-	I Oa. Stata 10b. County		100	c. City, Town or L	ocetion					10d, Inside City Limits				
at, or items 23e or 28e-f show Examiner must be notified at by Funeral Director	5 .	Maryland N/A			D - 1 4						1 ♥ Yas 2 No				
or 28a-f s		10e. Street and Number			ратс	imore			I don Ohina	n of Whet Country?					
						· ·			Tog. Citizen		ntry				
a la	3	5505 Groveland Av	_			212				USA					
Funeral	1	1. Marital Status	12. Was Dece Armed For	rcas?	in U,S. 13.	Was Decadant of If Yes, specify Cu	Hispenic Orlgin? ben, Mexican, Pu	(Specify Yas or I lerto Rican, etc.)	No- 14. I	14. Reca - American Indian, Black, White, atc.					
by F	2	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced	1 ☐ Yes If Yes, Giv Yaar or Da	e A		1□ Yas 2√ N	Specify:		Specify: White						
Completed		15. Dacedent's E (Specify only highest g	ducation rade completed)		(Give	dent's Usuel Occi kind of work don DO NOT use retir	e during most of	working	16b. Kind o	f Business/Ir					
ompleted		Elementery/Secondery (0-12)	Coilege (1	-4or 5+)					T 0000						
ြိ		12	n/a		Adm:	inistrat:				Office	e				
Be	5	7. Fether's Neme (First, Middle, Las	•				18. Mother's I	Nema (First, Midd	lle, Meiden Sun	ieme)					
2	2	Raymond 0.		Smit	h		Mary	М.	Fitzpat	rick					
		19e. informent's Neme/Reletionship	(Type, Print)		19b. Meil	ing Address (Street	et end Number or	Rurel Route Num	ber, City or To	wn, State, Zi	p Code)				
other traumatic event,		Mrs. Jean E. He:	Intz/Sis	ter	100	Farview	Court,	Timonium	, MD 2	21093					
3	2				b. Plece of Disponentery, cre	osition (Neme of	(ece)	Data		on - City or T	own, Stata				
	1 Burial 2 Termetion 3 Removel from State cemetery, cremetory or other place)														
- a		4 Donetton 5 Othar (Specify) Metro Crematory 21. Signeture of Full are i Sarvice Licansee 22. Name and Address of Facility													
any injury or o		4 Donetton 5 Othar (Specify) Metro Crematory 25, 1996 Catonsville, MD 21. Signeture of Fujerel Sarvice Licansee 22. Name and Addrass of Facility Lemmon Funeral Home													
	-			/ -		10 W. Pac	donia Ro	ad, Timo	nium, M	D 210	093				
	1	23e. Pert1. Enter the disease, or con shock, or heart feilure. List only	npilcetions thet ca one ceuse on ea	aused the ech line.	death. Do not en	ter the mode of dy	ring, such es card	flec or raspiratory	arrest,		Approximata Intervel Between				
an											Onset end Deeth				
al er		mmediete Ceuse (Finel diseese or condition	. 11	1ec	fail	ure				1	2 weeks				
at .	'	esulting in deeth)	θ		to (or es e conse						v wee W 3				
ne ne			Deal	O	d la	potens									
E	١,	Sequentially list conditions	p. 6. 0 1	Due	to (or es e conse	grence of):	1011			1					
Physician/Medical Examir		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying								- 1					
Medical Examiner	t	Deuse (Diseese or injury het initieted events	C. ———	Due	to (or es e consec	mence of).									
8	r	esulting in deeth) Last		0001	0 (0) 63 6 0011360	querice or).									
			d												
Physician	-							ż.							
1 ys		ert II. Other significant conditions	contributing to dea	ath but not	resulting in the u	inderlying causa g	iven in Pert I.	23b. DI	d tobacco uss	contributa t	to the cause of death?				
4								1[Yes 2□N	o 3 Pro	bably 4/3Unknow				
þ										1					
Completed									es en eutopsy formed?	av	ere autopsy findings vallabla prior to				
de										of	ompletion of cause death?				
ő								10	Yes 2 No	1	☐ Yes 2☐ No				
Be		5. Wes case referred to medical					26 Place of D	Deeth (Check only	(one)						
0		exeminer?	Hospitel:	patient	2 ER/Outpetier	nt 3 DOA O	ther	Home 5□Re		Other /Case	4.1				
To Be (2	7. Menner of Deeth	28e. Date o	f Injury	28b. Time o			7	e how injury oc		<i>y</i>)				
Certification:		1 Netural 5 Pending 2 Accident investigation	, .	i, Dey Yea	r) Injury	f 28c. inj W	ork?]Yes 2∐No								
Ica		3 Sulcide 6 Could not t	9 00 01	of Injuny	At home form et	reet, fectory, office		28f Location	(Street and Nu	mher or Pur	al Route Number,				
Ī		4 ☐ Homicide determined	buildin	g, etc. (Sp	ecify)	oot, lociory, office	,		own, Stete)	IIIDOI OI FIGIS	zi riodio i vallicor,				
0		On Contilling 1000 att 1 and													
Medical Certification: 7	1	Z Medical Exa	minar: On the bas	SIS OT EXEN	knowledge, deet ninetion end/or in	h occurred et the t vestigetion, in my	ime, dete end ple opinion, deeth oc	ce, and due to the curred et the time	e ceuse(s) end e, dete end plea	menner as s e, and due t	itated. o tha cause(s)				
Mec	-	3.10)	and mann	er steted.											
-	2	9b. Signatura and title of certifiar	0.			29c. Licer	ise number		29d. Date sig	ned (Month,	Day, Year)				
×		Patrue.	Drom		mo	AS240	331 PE C	1024	Octobe	F 24	,1996				
)	3	0. Name end eddress of person who	completed cause	of deeth ((item 23e) (Type.		- 110				1				
		Da I	am mo		Sirai	Hospite	201	Balton	000						
State	3			gistrar's S		. 000 . 40	~, ~,	~ 1111	UI C						
State Registrar	3	1. Date filed (Month, Dey, Year) OCT 2 5 1996		gistrar's S				(1111)							

DHMH 16 Rev 6/95



3. Tima of Death

2. Date of Death

0

Month Day KATHRYN DOLORES PEAT OCTOBER 22, 1996 7:53 PM 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death SAINT JOSEPH MEDICAL CENTER TOWSON BALTIMORE If Undar 1 Year | If Undar 24 Hrs. 8. Data of Birth | Months Days Hours Min. (Month, Day, Year) 8. Data of Birth (Month, Day, Year)

November 18,1925 Maryland 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Months 1 M 2 F 219-16-7910 70 Yrs. Director Usual Rasidance of Decedant the Manyland 10s. State 10b. County show 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f sho treumstic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2€ No Md. Baltimore Towson 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Smeton Place #1101 21204 USA death Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-ff Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, pernit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mertal thygiene. Important: If item 27 is marked other than "naturel", or itel may injury or other than the Marital Examines any injury or other thaumatic event, the Marital Examines. Black, White, etc. 1 ☐ Never Married 2 Married 1 Yes 2 No If Yes, Give Yaar or Datas: altimore. Maryland 21215-0020 1 Yes 2₺ No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Coilega (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumama) Be Joseph H. Franz Kathryn Dewberry 0 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) William A. Peat 1 Smeton Place Towson, Md. 21204 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other piace) Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) New Cathedral Cem. 10 - 26, 1996Baltimore, Md. 21. Signature of Funeral Service License 22. Name and Addrass of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final CARDIOGENIC SHOCK HOURS disaase or condition resulting in death) Examiner Dua to (or as a consequenca of) Examiner AORTIC ANEURYSM YEARS burial-transit Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): and CORONARY ARTERY DISEASE YEARS physician s the burial Box 68760, Physician/Medical Due to (or as a consequenca of) CEREBRAL VASCULAR ACCIDENT DAYS 0 P.O. signed by the a d be detached f Part If. Other eignificant conditions contributing to death but not resulting in the undarlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? PERIPHERAL VASCULAR DISEASE 1 ☐ Yee 2 ☐ No 3 ☐ Probably ♣ Unknown Records. þ 24b. Were autopsy findings available prior to completion of cause of death? page 2 should Completed RENAL INSUFFICIENCY 24a. Was an autopsy performed? peen The law hes 1 Yes 2 No 1 ☐ Yas 2 XNo certificate Division of Vital Be 25. Was casa referred to madical 26. Place of Death (Check only one) Hospital: 1 Knpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Yes 2 No 2 After this funeral To the Hospital or Attending Pr within 24 hours efter death. To the Funeral Director: After it completely filled in by the funera 27. Manner of Death 28a. Date of fnjury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Dascribe how injury occurred Certification: 1 XNaturai 5 Pending 1 ☐ Yes 2 ☐ No invastigation 2 Accident 3 Suicide 6 Could not be determined Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida 1 Certifying Phyercian: To the best of my knowledge, death occurred at the time, date and place, and dua to tha causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the causa(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifian 29c. Licensa number 29d. Date signed (Month, Day, Year) W D 31826 Int 10-22-96 roun 30. Nama and address of person who complated causa of death (Item 23a) (Type, Print) RICHARD L. LINTHICUM, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204

32. Begistrar's Signature

State

Registrar

31. Data filed (Month, Day, Year)

OCT 2 5 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3 Time of Death **Physician** October 22, 1996 7:30 P.M. Matilda Fountain Pugsley /Medical 4a. Fscility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 513 Allegheny Ave. Towson Baltimore Co. 8. Date of Birth (Month, Dey, Yeer)
Aug. 21,1908 5. Sociei Security Number If Under 1 Year If Undar 24 Hrs. 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Devs Hours Months Min. 1 M 20 F Yrs Director 216-40-4437 88 Taylors Is.,Md. Usuel Rasidanca of Decedent 10a State r 28a-f show inollfied at 10b. County 10c. City, Town or Location 10d. Insida City Limits The Marylar 1 ☐ Yas 2 ☑ No Director Maryland Baltimore Co. Towson 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? in "natural", or items 23s or Medical Examiner must be r 513 Allegheny Ave. 21204 United States Funeral 12. Was Decedant Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Raca - American Indian. Black White atc hours after 1 ☐ Yes ZŌNo If Yes, Give Yaar or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 Yes 25 No Specify: by 3€XWidowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Baltimore City Schools -12 04 School Teacher 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Melden Sumeme) Be Mental I . Pages 1 and 2 should b iment of Health and Menta lant: if flem 27 is marked Travers Spicer Thompson Elizabeth May Jones 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Beverly C. Pugsley (Daughter) 513 Allegheny Ave. Towson, Maryland 21204 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stata Department of Important: If It any injury or o 1 Buriei 2 □ Cramation 3 □ Removel from Steta Old Trinity Episcopal Ch. 10/26/96 Church Creek, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signetura of Funeral Sarvica Licansee Jeffrey L. Gair 22. Name and Addrass of Eacility Ruck Towson Funeral Home, Inc. 1050 York Road Towson, Maryland 21204 s, or complications that caused the death. Do not enter the mode of dyling, such as cardiac or respiratory errest, List only one course on each line. **Physician** Immediate Causa (Final disaesa or condition resulting in death) /Medical METASTATIC COLON CANCER MONTHS Examiner Due to (or es e consequence of): Examiner physician and the burial-frensit Sequentially list conditions, if any, lesding to immediate cause. Enter Underlying Csuse (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of): 98 980 signed by the a d be deteched f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings svailable prior to completion of cause of deeth? 24e. Wes sn sutopsy performed? page 2 s hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 25. Wss case referred to medical examiner? 26. Place of Deeth (Check only onle) Hospitet: 1 ☐ Inpatient Other: 4□ Nursing Home 5 Residence 8 □ Other (Specify) 1 Yes 2 No 2 3□ DOA 2 ER/Outpatient this funeral 28s. Dete of Injury (Month, Dey Year) 27. Menne of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 PNetural 5 Pending after death. 2 No Investigation 1 Yes 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours a edicai 29e. Certifier 1 Certifying Physicisn: To the best of my knowledge, death occurred st the time, dete end piece, end due to the cause(s) end menner es steted. To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examiner: On the basis of examinetton end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) 29d. Data signed (Month, Day, Year) 6800 YORK RD, SUITER,

State Registrar 31. Dete fited (Month, Dey, Year)

OCT 251996

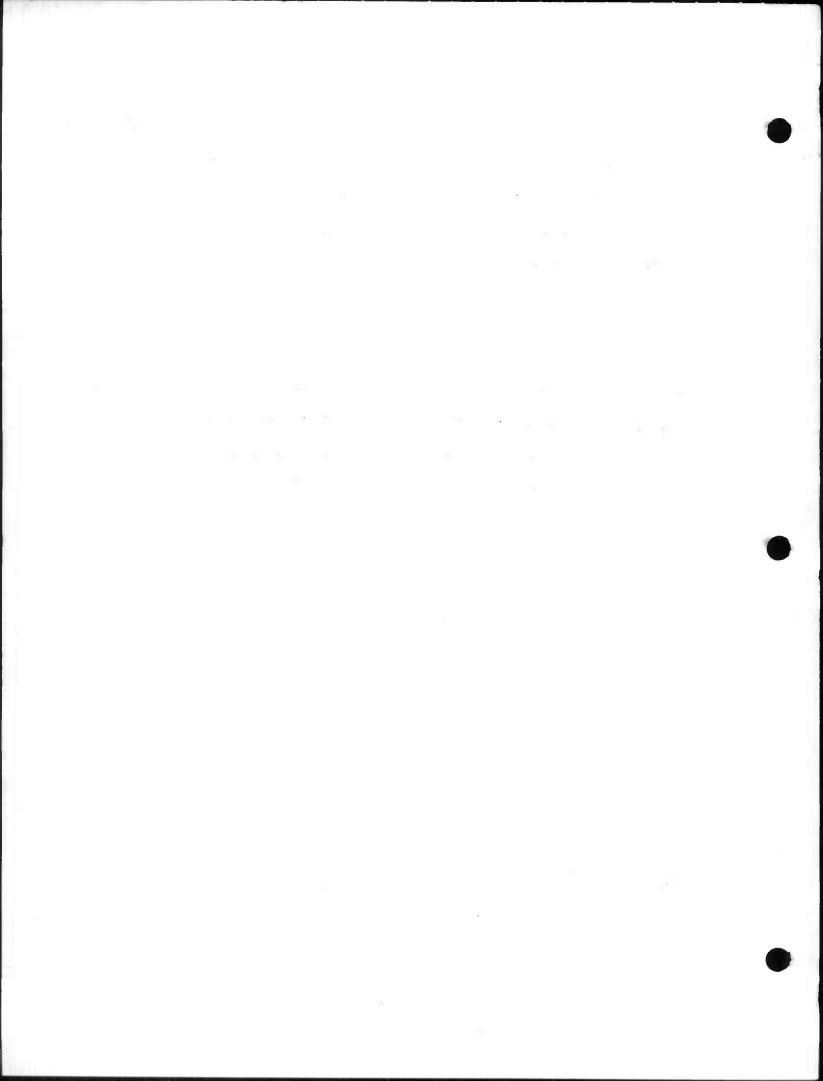
32. Registrer's Signature

DIVISION OF VITAL RECORDS, P.O. BOX 6876

ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	death with the State Dept. of Health and Memtal Hygiene prior to burlal, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ING PHYSICIAN: The law	After this certificate has b	leath with the State Dept.	marked, or Item 23

pinous

	500									96	31993		
	1 - STATE REGISTRAR		STATE OF M	ARYLAND / Ce	DEPARTI ERTIFIC	MENT OF I	DEATH AND I	MENTAL HYGIEN REG. NO					
- 9	1. DECEDENT'S NAME (First	, Middle, Last)					(MONTH TO	AY	YEARY 3	TIME OF DEATH		
1	JAMES 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL SE	AFR .	RYLAND 5. SEX	PRI 6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3411	173	M M		
9	705-10-867	5	1 🔀 M 2 🗆 F	81	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Oct. 24, 1		Country)	ACE (State or Foreign		
Œ	Greater Bal		2.100.000	Contor	Ι,		OR LOCATION OF DE	EATH		NTY OF DEA altimo			
2	RESIDENCE OF DEC	CEDENT		Center		1.0	WSOII		Do	AT CIM	ore		
DIRECTOR	Md.	106. COUNT Bal	timore		1	town on Loca Luthery					Od. INSIDE CITY LIMITS? YES 2 NO		
MA	10e. STREET AND NUMBER					10	. ZIP CODE				AT COUNTRY?		
FUNERAL	37 E. Semi:	nary A					21093			SA			
BY	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	X YES 2 D		If yes, s		NIC ORIGIN? (Specify Ye in, Puerte Rican, etc.) y	s or No—	14. RACE = Black, 1 Specify:	- American Indian, White, atc. White		
LETED		CEDENT'S EDU ly highest grade 0-12)		(G		SUAL OCCUPATI rk done during m retired.)		166. KIND OF BU					
COMPL	17. FATHER'S NAME (Flist, A	fiddle, Last)	4	18. MOTHER'S NAME (First, Middle,						Luse	-		
	Harry		В.	Price Corinne						Ryla	and		
) BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, City or Tox	vn, State, Zip	Code)			
5	Mrs. C. Ann	e Hart	ing/Daugh	ter P	O Box	450 Qu	eenstown	, Md. 2165	8				
	20e. METHOD OF DISPOSIT 1 Burlel 2 Cremate 4 Donation 5 Other	on 3 🗆 Ren	noval from State			DISPOSITION (A 2 place) Ley Mer		DATE 20c. LO 0/28/96 Ti	cation – Lmonit	City or Town	n, State		
-	21. SIGNATURE OF FUNETU	IL SERVICE LI	CENSEN		*	22. NAME A	ND ADDRESS OF FA	CILITY					
	Tisota	177	De Vi					Tuneral Hor Towson, I					
	23. PART I. Enter the d	liseesea, or	complications that	caused the de	eath. Do no						Approximate		
	IMMEDIATE CAUSE (Fi		List only, one ceue	OR AS A CONSE	che	also,	Ta	luse		100	Interval Between Onset and Death		
ERTIFICATION	Sequentially list condi- if any, leading to imme cause, Enter UNDERLY CAUSE (Disease or inju- that initiated eventa resulting in death) LAS	diate ING ury	Bue to pour to p	OR AS A CONSE	autora on	for	luce		h				
O	PART II. Other eignific	ent conditio	ne contributing to	death but not a	regulting in	the underlyin	on cause alven in	Part I. 24s. WAS AI	ALIMOREV	245.3	VERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	DID TOBACCO U							PERFO 1 YES	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN	25. WAS CASE REFERRED		/			(Check only one		17 823					
SIC	EXAMPLER?		HOSPITAL:	ER/Outpetlent 3		OTHER:	ne 5 🗆 Residence	8 Other (Specify)					
ву РНУ	27. MANNER OS DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF (Month, Da	INJURY	28b. TIME INJUI	OF 28c. IN	JURY AT ORK? YES 2 NO	28d. OESCRIBE HOW	INJURY OC	CURED			
0	0 🗆 0 1111	Could not be determined	28a. PLACE OF building, o	INJURY — At ho etc. (Specify)	ome, ferm, atr	eet, fectory, offi	Co	28t. LOCATION (Street City or Town, State	end Number	r or Runal Roo	ute Number,		
COMPLET	29e. CERTIFIER 1 CERTIFIER (Check only 2 CERTIFIER)					to the cause(a) and me time, date and place, e			and manner as stated.				
TO BE C	30. NAME AND ADDRESS,O	E OF DEATH (ITE	M 27) (Type, F	ella)	29c. LICENSE NU	MBER 38-3	29d. DAT	E SIGNED	Month, Ofy, Year) H196				
	31. DATE FILED (Month, Day)	FEC	01/200	NE /	1/11/	- 111	Ham!	let HIII	Rd	1821	trans and		
	TUU	25199	6 Julia	Savidson	Pandall						DHMH.16 Day 470		
										DHMH-16 Rev 1/8			



ITEM: 24a, PER DR. FILM Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene g-740 10/25/96 t.t Certificate of Death 1. Decedent's Nama (First, Middla, Last) 3. Time of Death **Physician** Month Marie Josephine Paul 1:46 PM /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Baltimore City Johns Hopkins Bayview Medical Ctr. If Undar 1 Year II Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Birthpiaca (Stata or Foraign Country) 1 M 207 F Yrs 69 Director 220-20-1622 May 19, 1927 Maryland Usual Rasidanca of Dacadani 10a Stata 10h County 10c. City, Town or Location r than "natural", or items 23s or 28a-f show the Medical Examiner must be notified at 10d. Insida City Limits Dundalk Baltimore 1 Yas 2 No Directo Maryland 10e. Street and Number 10f. Zip Code 10e. Streen and 12949 Liberty Parkway

11. Marital Status

1 □ Navar Married 2 ☑ Marriad

1 □ Navar Married 2 ☑ Marriad

1 □ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 10g. Citizan of What Country? United States 21222 Funeral Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify. à White Specify: "natural", Completed 15. Decedent's Education 18a. Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry (Specify only highast grada complated) Elamantary/Secondary (0-12) Collega (1-4or 5+) permit. Pages 1 and 2 about be fitted with Department of Health and Mental Hygen important; if them 27 is marked other that any injury or other the Own Home 12 years Housewife 17. Fether's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Be William H. Keller Marie Novak 20 19e. Informant's Name/Ralationship (Type, Print) Husband 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mr. Howard C. Paul, Sr. 2949 Liberty Parkway Dundalk, Maryland 21222 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata Data 1XXBurial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Sacred Ht. of Jesus Cem. 10/14/96 Dundalk, Maryland 21. Signature of Funarai Sarvice Licensae 22. Nama and Addrass of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximata intarvai Batween Onsat and Death **Physician** immedieta Causa (Final disaasa or condition resulting in daath) /Medical Examiner certificate be executed Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaase or injury that initiated avants rasulting in daath) Last and Dua to (or as a consequence of) physician Physician/Medical use as the Due to (or as a consequanca of) for use as Part ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by the 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown þ Completed 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? peed page 2 certificate has 1 Yas XX No 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifics tely filled in by the funeral director, I 25. Was casa rafarred to medical axaminar? Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 2 1□ Yas 21 No 3 DOA 27. Manner of Daath 28a. Data of injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how injury occurred Neturel 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 ☐ SuicIda 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicida

Box 68760. P.O. I Records, Division of Vital To the Hospital within 24 hours a To the Funeral C completely filled

> State Registrar

Medical

29e. Cartifian

(Check only one)

29b. Signatura and titia of certifier

30 Name and addrass of erson

1012 Old N. Poin Kin Vinger

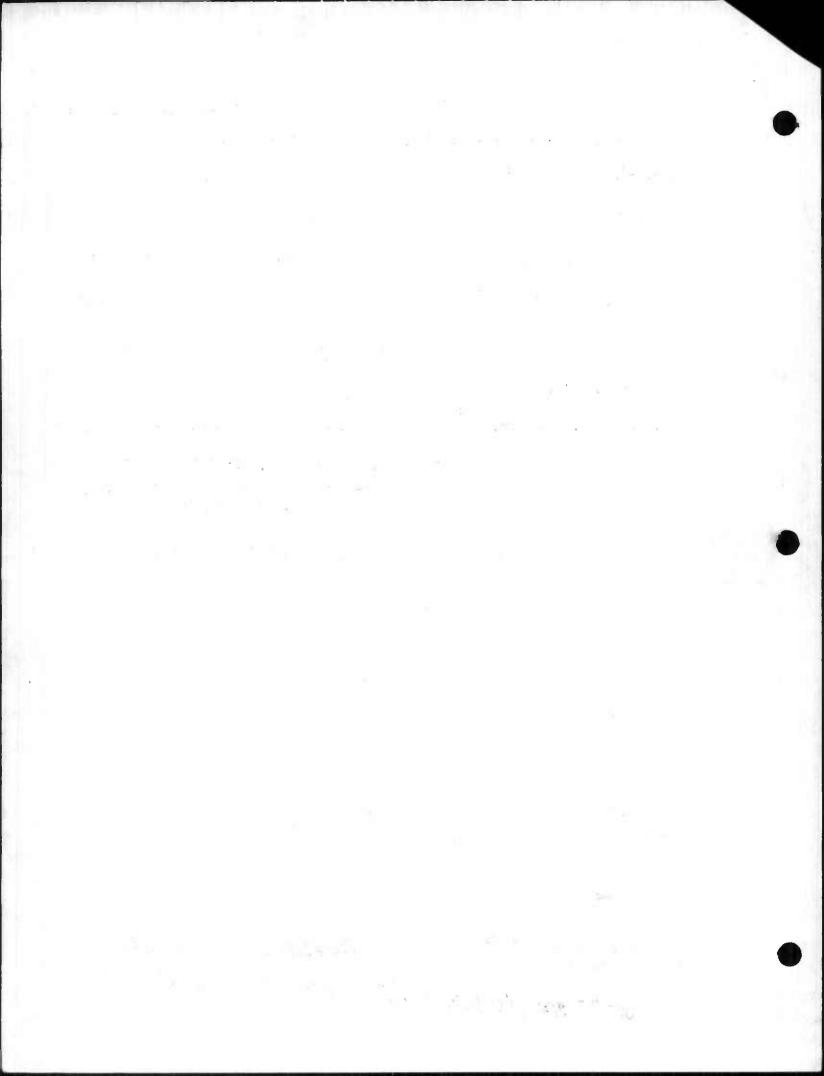
who completed causa of daath (Item 23e) (Type, Print)

***Exertifying Physician: To the best of my knowledga, daath occurred at tha time, deta and place, and due to tha causa(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or invastigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licansa numbar

29d. Data signed (Month, Day, Year)



(Suite 102)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Yesr 17, FRANCES TUCKER PERRY 1996 Oct. 5:50PM /Medical 4s. Facility Name (If not Institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Baltimore
If Under 1 Year | If Under 24 Hrs. | Genesis Eldercare Homewood N/A 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 257F Deys Hours Yrs. Director 217-22-5480 80 June 1, 1916 Maryland Usual Residence of Decedent 10a. State 10h. County 10c. City, Town or Location 10d. inside City Limits 1□ Yes 217 No 28e-1 Director Maryland N/A Baltimore City 8 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? "natural", or lieme 23e or edical Examiner must be r 6000 Belona Avenue 21212 USA by Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specity Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. 1 Never Married 2 Msrrled 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: 3 ☐ Widowed 4 M Divorced White the Medical E Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 9 Homemaker Own Residence 7 is marked other traumatic event, 1 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be William George Robertson, Sr. Adele Hynson Tucker 19a. Informant's Name/Relationship (Type, Print) Brother upartment of Health an Important: If Hem 27 is n any Injury or other traum 2005 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) William George Robertson, Jr. 412 Brightwood Club Drive, Lutherville, MD 21093 ca of Disposition (Name of Dete 20c. Location - City or Town, State 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Druid Ridge Cemetery
22. Name end Address of Fecility 10/21 Pikesville, Maryland 21. Signature of Fugural Service Liberage
Martin D. Lawson Mitchell-Wiedefeld Home 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximately 100 meters of the disease of the disease of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximately 100 meters of the disease of the dise Approximste Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Urosepsis 5_days Examiner Due to (or as a consequence of): Examiner Congestive Heart Failure physician and the burief-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Physician/Medical Due to (or es e consequence of): for use as been signed by the a should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Phychotic Depression à 24b. Were autopay findings evailable prior to completion of cause of death? Completed 24a. Wss an autopsy performed? page 2 s 1 Yes 1 ☐ Yes 2 ☑ No certificate Hospital or Attending Physician: '24 hours aftar deeth.
Funeral Director: After this certifica director. Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) P 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Death Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural 2 Accident 1 Yes 2 No filled in by the 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours a
To the Funeral E
completely filled 15 Cent ring Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

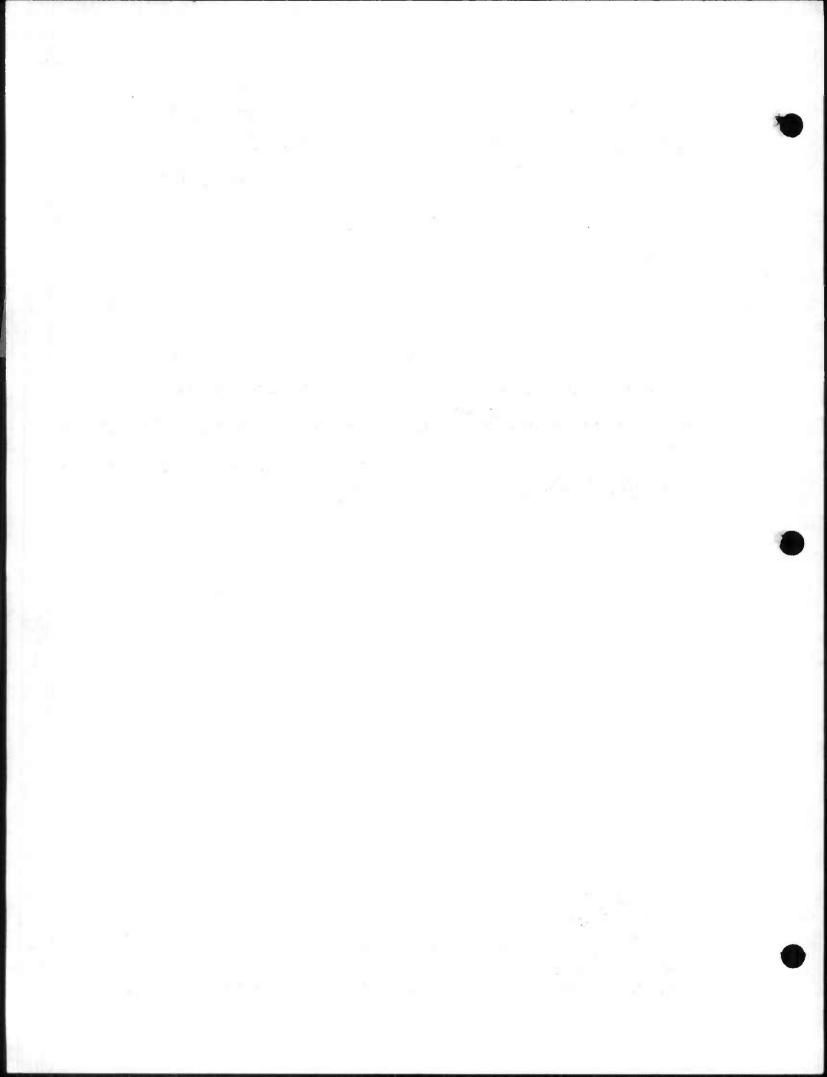
16 Marie Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical (Check only one) To the 29b. Signature and affile of also 29c. License number 29d. Date signed (Month, Day, Year) and address of person and completed cause of death (Item 23e) (Type, Print)

Joseph W. Zebley, M.D., 7801 York Road, Towson, Maryland 21286

.... ilson-Randell

32. Registrer's Signature

State Registrar 31. Date filed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

					DI IVIAI Y		tificate of		менан пу	Reg. No.	3	1996
	Physici	an	Decedent'a Nama (First, Middl						2. Data of De Month	eath Day	Year	3. Time of Death
Ų.	/Medic		LOIS ALLE						Octobe	r 19,199		12:34P
A	Examir	er	4a. Facility Nama (If not institution					4b. City, Town, or				
		- 4	Arundel Medic				If Undar 1 Yaar	Annapo I			Aruno	
	Funeral Director		5. Social Sacurity Number 214-20-3612 Usual Residence of Decedent	6. Sax 1 □ M 2 □ F	7. Aga (In 72	yrs. last birthday) Yrs.	Months Days	Hours Min.		1924	9. Birthpla Country Washir	ca (Stata or Foreign y) ngton DC
	wo w		10a. State 10b. County		100	c. City, Town or Lo	cation				100	d. Insida City Limits
	Mary	tor	Maryland Anne Ar	rindel		Annapol:	ic					XXYes 2 No
	r 284	Director	10a. Street and Number	di loci		71110001	10f. Zip Code			10g. Citizen of V	What Country	y?
	th wil		2900 Shipmaster Way	/			21401	1		USA		
	ome ome	Funeral	11. Marital Status	12. Was Dec	edent Evar	in U,S. 13. \	Was Decedent of H f Yas, specify Cub		Specify Yas or No		e - Amaricar k, White, et	
20	172 hours after death with the Maryland "natural", or items 23a or 28=-f ahow of all Exercities must be notified at	by Fu	1 Never Married 2 Marr	ied 1 □ Yes	2XX No		I□Yes XX No	Specify:	o viouri, oto.,	Specify	,	υ.
21215-0020	hour fural		3 ☐ Widowed 4 ☑ Divorced	Yaar or E	Dates:		7.01	nation			White	-4
15	c * 6	Completed	(Specify only higher	st grada completed)		(Giva	lent's Usual Occup kind of work done DO NOT use retire	during most of wo d)	rking	16b. Kind of Bu	Jsiness/Indu	stry
212	2 2 5	omo	Eiemantary/Secondary (0-12)	Coilege (1-4or 5+)		lomemaker	,		Own	Home	
		Bec	17. Father's Nama (First, Middle,	Last)			TO TO TO TO	18. Mother's Na	me (First, Middle	, Maiden Suman		
Maryland	should be nd Mental marked c	ToE	Walter Gansevoort	Allen				Minn	etta Ade	laide Bra	shear	A. 3
a	and la ma		19a. Informant's Name/Raiations		-		g Addrass (Street				State, Zip C	iode)
	1 and Health em 27 ther tr		Lauren Peterson	Dī	-		elma Avenue					
timore,	Pages natt of F ratt if No ray or ot		20a. Method of Disposition 1 □ Burlal 2XXCremation	3 □Removal from	State		sition (Name of natory or other pla		Data	20c. Location -		
를	rtant right		Donation 5 Other (S		1/	Greenmount	- Y		0-16-96	Baltimore,	Maryla	and
Ball	Depa Impo Impo		21. Signature of Funeral Service	Consee /	Ko.	h-"	. Name and Addre			Wiedefeld		
			23a Part1 Enter the disease or	amplication that	CAMB	death Do not ent	6500 Yo	ork Road Ba	ltimore, l	Maryland 2		lancovimete
100	Physician		23a. Part1. Entar the disaasa, or shock, or haart failure. List	only one cause on	each ilne.	Jeans. Do not ent	ar tria mode or dyn	ig, soor as cardia	C Of Tespitatory a	11031,	i i	Approximata ntervai Between Onset and Death
Ä	/Medical		Immediate Cause (Final	-	0	1.1	RICOL	NULL	David	111		in the state of
	Examiner		disease or condition resulting in death)	8.	Due	to (or as a consec	ICLS DUI	13-1000	fecus			minute
_	p #	Iner			SL	izul	desc	ndi				Dlanes.
	and Hrans	Examinet	Sequentially list conditions,	6	Due	to (or as a conseq				•		24 400 40 3
60,	8 5 8		Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury	C	Bila	huerl	ceresi	erlde	15 fec	rem		3 days
68760,	physicia s the bu	edical	that initiated events resulting in death) Last			to (or as a conseq	. 0)	,			2 ^ «
Box	attanding for use a	N/W	1	d	Sus,	mener	uch	Mun	Muge			Sdays
	death e atter of for	Physician/M	Part II. Other significant condition	ne contributing to d	eath hut not	requition in the ur	Marking cause of	van in Part i	23h Did	tobacco use co	atribute to t	he cause of death?
P.0	8 6 kg	hys	61.	C = L (A D	eath but not	D. D	roellying cause gr	on in the A		Yes 2 No		bly 4 Unknown
		by F	Cumic o	Shuce	min	roum	mun (kishe				,
Records,	r requires been sign should be	pet	Chinic no	Spriate	nj.	Janley	il.			an autopsy ormed?	avail	a autopsy findings able prior to
Sec	2 8 b	Completed	Cor Pulm	LOVEN DE		1					of de	pletion of causa eath?
H	The tage to page	Con	CO1 1 00000						10	Yes 2000	10	Yes 20 No
of Vital	ician: Th certificate rector, pay	Be	25. Was case referred to medical	Hospitai:			I ou		ath (Check only	one)		
ō	0.0	2	1 Yes 2 No 27. Manner of Death	28a. Date		2 ☐ ER/Outpatien 28b. Time of		4 LI Nursing F		dence 6 Oth		
Ou	f or Attending Patter death. Director: After	lon	1 □Natural 5 □ Pendin	g (Mon	th, Day Yea	(r) Injury	Wor	rk? Yes 2 □ No	200. Describe	how Injury occur	90	
Division	Attending r death. ector: Afte by the fune	flca	3 ☐ Suicide 6 ☐ Could I	not be 28e. Piace	of Injury -	At home, farm, str				Street and Numb	er or Rural F	Routa Number,
ă	s after il Direction be	Certification:	4 Homicide	build	ing, etc. (Sc	ecify)			City or To	wn, State)		
	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	edical (29a. Certifier 1 Certifyin	g Physician: To the Examiner: On the b	best of my	knowledge, death	occurred at the tir	me, date and place	and due to the	causa(s) and ma	nnar as stat	ed.
	the H the F nplete		one)	and man	asis of examiner stated.	miation and/or inv			med at tha tima,			
	N V V	Σ	29b. Signature and titia of certifier	70		11	29c. Licens		1	29d. Date signe	d (Month, Da	ly, Year)
	\mathcal{O}_{ℓ}		1 Feorge	Som	VYXOU	use no	3	D0831	7	10119	My	
	1	1	30. Name and address of person	who completed caus	se of death	(Item 23a) (Type, I	Print)	o Advance	malin	i ha A	310	6]
	Sta	te	31. Date filed (Month, Day, Year)	32. F	Registrar's S	ignature	No.	C . JAMAK	170000	[, 1,, 1	0417	
	Registra	-	OCT 2.5			dson-Randa	192					

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

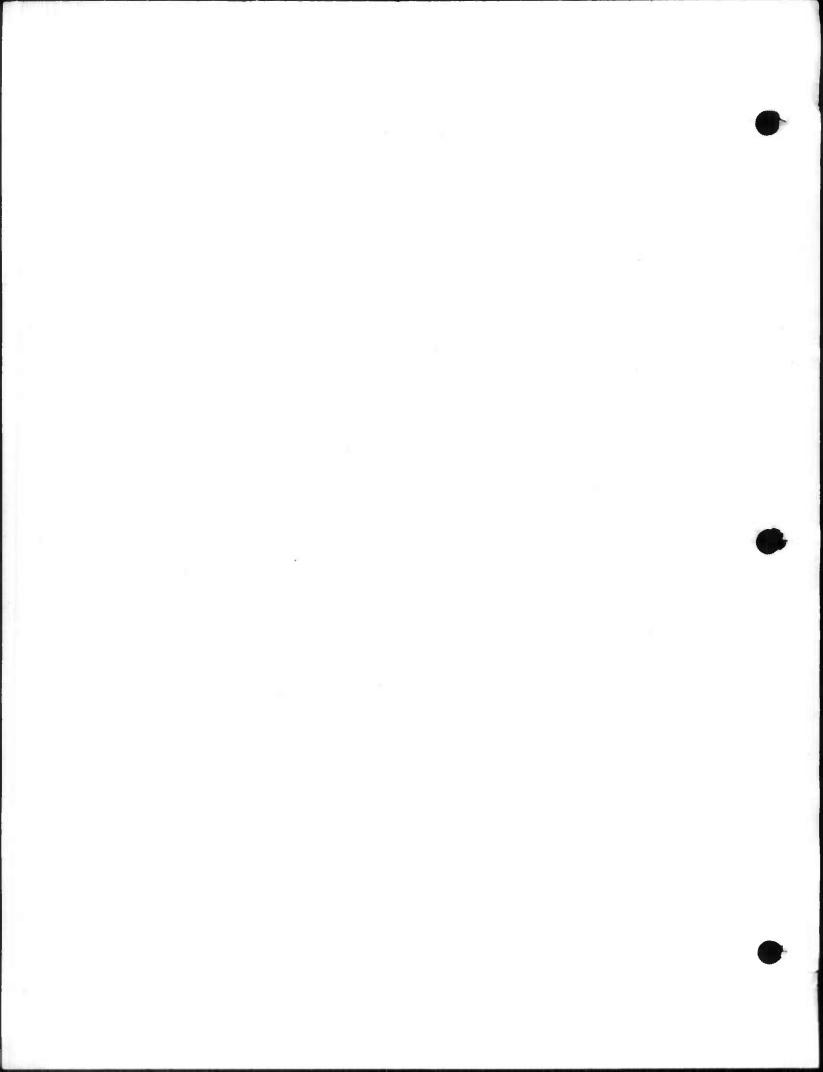
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Judith Month Vear Pindell 06:15PM 2/ 1996 Oct /Medical 4a. Facility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Catonsulle Charlestown Care Center 7. Age (In yrs. lest birthday) If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Months Devs Hours Min. (Month, Dey, Year) 5. Social Security Number Birthplece (State or Foreign Country) **Funeral** 1□M 2□ F 577-28-1619 Yrs. Director February 21, 1921 Massachusetts Usuei Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore 1 ☐ Yes 21 No Director r 28a-f Catonsville. 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? r than "natural", or items 23s or the Medical Examinar must be r 719 Maiden Choice Lane 21228 U.S.A. 12. Wes Decedent Ever In U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, epecify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American indien, Bleck, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 X Merried Baffimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) Homemaker Own Hame marked other 17, Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) 2 should be fi Be Robert Griffith Catherine Plane 19a. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s. Department of Health and Important: If Item 27 is n any injury or other traus . William H. Pindell, Jr. (Husband) 719 Maiden Choice Lane Catonsville, Maryland 21228 20b. Plece of Disposition (Name of cametery, cremetory or other plece) October 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete Lorraine Park 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn, Maryland 22. Name end Address of Fecility
Witzke Funeral Home of Catonsville, Inc.
1630 Edmondson Avenue Catonsville, Maryland 21228 21. Signeture of Funeral Service Licansee hay 23a. Pert1. Enter the disease, or completely that caused the deeth. Do not enter the mode of dying, such as cardled or respiretory errest, shock, or heart fellure. List only one cades on each line. Approximete ntervei Betw onset end Deeth Physician immediate Cause (Final disease or condition resulting in deeth) Sepsis

Due to (or es a consequence of): Examiner In fection Tract burial-transi Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequenca of): and physician s the burial Box 68760. Physician/Medical Due to (or es e consequenca of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? P.O. 1 Yes 2 No 3 Probably 4 Unknown Records. p 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed? Completed 1 Yes 2 No 1 Yas 2 DNo certificate Division of Vital f or Attending Physician: after death. Director: After this certifica 25. Wes case referred to medical Be 28. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4427Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 25No 28c. Injury et Work? 27. Menner of Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation **→** Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 | Homicide To the Hospital or within 24 hours att To the Funeral Discompletely filled in 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner as steted.

| Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end pieca, end due to the cause(s) end menner steted. 29c. License number 29b. Signeture end title of cartifier 29d. Dete signed (Month, Day, Year) D34013 w p Oct 22, 1796 30. Name and address of person who completed cause of death (item 23e) (Type, Print) 71, maide Choice Lune Apple bacm, mo 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State la Savitson-Randelle Registrar

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are also as may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Places 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal:	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
프	픈	9	튑	
and the	6	dis	96	

	FOR		OTATE OF 1								J	O	31330
	1 - STATE REGISTRAR		SIAIE UF N	MAKYLAND	CERTIF	ICAT	I OF I	DEA	AND TH	MENTAL HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First	INE	Α.	Qu	lic	K				2. DATE OF OEATH		YEAR 996	3. TIME OF DEATH 12:25 P M
	4. SOCIAL SECURITY NUMBER 218-28-4857	7	5. SEX 1 M 2 (X) F	6. AGE (In yrs. 87	(ast birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH Feb. 12, 19	909	Balti	MPLACE (State or Foreign ny) Limoire, Maryland
OR	Genesis Hea	1th Ca		Raven				or LOCATI		EATN		timo:	re City
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Y		10c. CI	Y, TOWN	OR LOCA	TION			-		10d. INSIDE CITY
	Maryland	Balti	Lmore		Ba	ltim	ore						LIMITS?
FUNERAL	100. STREET AND NUMBER		d				10	f. ZIP COD	T	1220	10g. CIT		WHAT COUNTRY?
Š	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	CENOENT (OF HISPAN	HC ORIGIN? (Specify Yes	or No-	14, RACE	E — American Indian.
B	1 Never Married 2 3 Wildowed 4 Divo		FORCES? 1 IF YES, GIVE W		⊠ но		If yes, sp	ecify Cubi	in, Maxica	n, Puerto Rican, etc.)		Speci	k, White, etc.
TED	(Specify onl	EDENT'S EDU y highest grade	CATION completed)	16a.	DECEDENT'S (Give kind of life. Do NOT u	USUAL O	CCUPATI during me	ON ost of working	ng	16b, KIND OF BUS	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (I		College (1-4 or 5	7	ousew					Home			
BE CO	J. Edgar E	. ,	٦					Cari	HER'S NA	ME (First, Middle, Maiden V. Frankent	Sumame) Oerge	er	
0	19a, INFORMANT'S NAME (19b. MAILING	ADDRES	\$ (Street	and Number	r or Rural I	Route Number, City or Tow	n, State, Zij	p Code)	
-	Mrs. Elear		. Iremper		10204	_			l Ba	ltimore, N			
	1 A Burtal 2 Crematic	on 3 🗌 Ram	oval from Stata	HOTT	SEAND DATE	15 pignos	em. G	rds.	10/2			city or To	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	/)		22.	NAME A	ND ADDRE	SS OF FA			,	
	6.7	· X	assal	ex)		1:	1750	Bela	air ƙ	Rd. Kings	ville		i. 21087
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	List only one cau	se on each I	Ine.	11/2							Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry	с	OR AS A CON			str	~I	- v	lug &	2: 30	ne	year.
MEDICAL	DID TOBACCO U	6. h	cleral	leer	Cars	Live	isi	-co	CERTAIN	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICI	25. WAS CASE REFERRED DE EXAMINER?	MEDICAL	HOSPITAL:		ACE OF DEA	TN (Check							
PHYSICIAN:	27. MANNER OF DEATH		1 Inpatient 2 28s. DATE OF		3 DOA			URY AT	esidence	8 Other (Specify) 28d. DESCRIBE HOW II	TITIES OF	CHBEO	
ву р		Pending Investigation	(Month, D	ny, Year)	IN.	JURY M	WC	YES 2	□ NO	and supplied from	100111 00	CONCO	
	3 Sulcide 6	Could not be detarmined	26a. PLACE O building,	F INJURY — At etc. (Specify)	home, ferm,	street, fac	tory, offic			281. LOCATION (Street a City or Town, State)	nd Numbe	or Rural R	Poute Number,
COMPLETED										to the cause(s) and man			
BE CO	296. SIGNATURE AND TITLE			Similation and	or investigate	on, in my c	opinion, c		ENSE NUM	lime, data and place, an			(Month, Day, Year)
70	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH (I	TEM 27) (Type	Print PC	1/3	10	83	E000	7	0/2	196
	GRACITY	-V 1	VATI	214	1	07	ZÁ	17	. 1	9. 2 2	12	30	
	31. DATE FILED (Month, Day	T'251	996 ^{32. REGISTRA}	T LEVIDA	n-Pan	682	;	- ,					



Physicia /Medic Examin

Funeral Director

permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health end Mental Hygiane. Important: if Item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examination man be notified at once.

Physician /Medical Examiner

attending physician and for use es the burial-transit

To the flospital or Attending Physician: The law requires that the death certificate be associted withing 24 hours afth death.

To the Furiceal Director: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page 2 should be deteched for use es the burish-transit

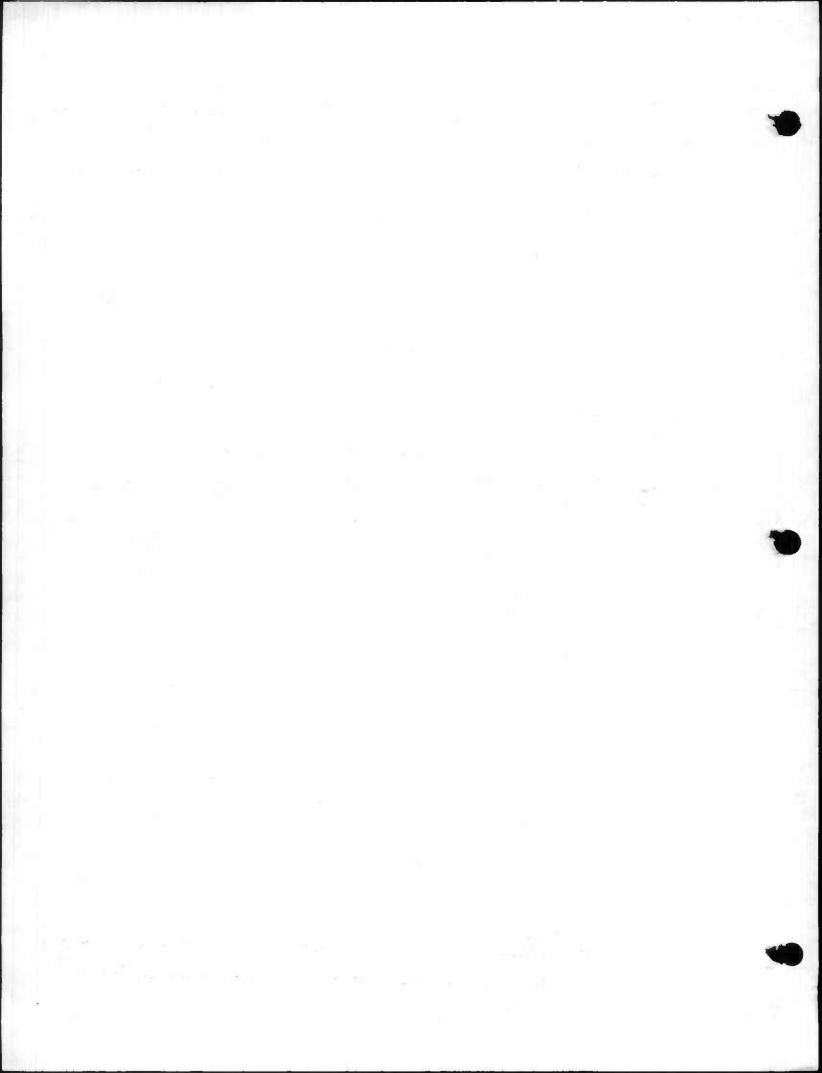
issa Director: After this certificate has been signed by the a filled in by tha funeral director, page 2 should be datached i

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

			Certificate o	f Death		Reg. No.	
1. Decedent's Name (First, Middle, Last MARIAN V	_		RILE	v	2. Date of [Month	Death Day	3. Time of Death
1			KIDE		OCTO		1996 2:30 F
4a. Fecility Name (If not institution, give					or Location of De	ath 4c. County	y of Deeth
405 BRETTON PLA 5. Social Security Number 6. Se		(In yrs. lest bir	rthday) if Under 1 Yes	BALTIN ar If Under 24 H	IS P Dote of F	Nieth	V/A
249-36-7094	M 2□X= /. A9	-	Yrs. Months Dey		in. 8. Dete of E (Month, I May 1	Day, Year) 5, 1925	9. Birthplace (State or Fore Country) Maryland
Usuel Residence of Decedent 10a. State 10b. County		10c. City, Tow	m or Location				404 5-14-05-11
Maryland N/A			ltimore				10d. Inside City Limi Y☐ Yes 2 ☐ N
10e. Street and Number			10f. Zip Code)		10g. Citizen of	What Country?
405 Bretton Pl	ace			21218		USA	A
11. Maritel Status	12. Was Decedent E	ver in U,S.	13. Was Decedent of If Yes, specify Cu	Hispanic Origin?	(Specify Yes or N	No- 14. Rec	ce - American Indian,
1 ☐ Never Married 2 ☐ Married 3 🖫 Widowed 4 ☐ Divorced	1 ☐ Yes 2 🗷 No If Yes, Give Year or Dates:	0	1 ☐ Yes 2 N		onto thoun, etc.,	Specif	ck, White, etc. by: White
15. Decedent's Edu		16a	. Decedent's Usual Occ	unation		16h Kind of R	usiness/industry
(Specify only highest grad	de completed)		(Give kind of work don life. DO NOT use retii	e during most of w	vorking	TOD. KING OF B	daliless/iiiddatiy
Elementary/Secondary (0-12)	College (1-4or 5+		rtist			Commer	ccial
17. Father's Name (First, Middle, Last)				18. Mother's N	lame (First, Midd	le, Maiden Surnan	
Marion Jo	hn Kamin	ski			Kathe	rine Kr	uszewoka
19a. Informant's Name/Relationship (T)	ype, Print)	19b	. Mailing Address (Stre	et and Number or			
Marca John Riley/s	son	13	324 Tar Cov	e Rd. P		MD 2112	
0e. Method of Disposition		20b. Place of cemeter	f Disposition (Name of ry, cremetory or other p	(ace)	Date	20c. Location	- City or Town, State
1 ☐ Burial 2 ⚠ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)			Crematory		0/23/96	Baltim	nore, MD
11. Signature of Funeral Service Licens	McDonal	d	22 Name end Add Crematio	n Society	y of Mar	yland, I	inc.
23a. Part 1. Enter the disease, or compl shock, or heart failura. List only o	MENON	1all		erick Rd			21228
resulting in death)	a. Cardle	ue to (or as a	gartioph consequence of:	7			
Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death.) Lest	b	ue to (or as a	consequence of):	y			
Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	b	ue to (or as a	consequence of):	y			
Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that Initiated events	b	ue to (or as a d	consequence of):	given in Part I.			ntribute to the cause of deal
Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b	ue to (or as a d	consequence of):	given in Part I.		d tobecco usa co] Yes 2□ No	,
Sequentially list conditions, if ony, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last	b	ue to (or as a d	consequence of):	given in Part I.	1 [24a. We		/
Sequentially list conditions, fery, leading to immediate seuse. Enter Underlying Cause (Disease or injury hat initiated events esuiting in death) Last	b	ue to (or as a d	consequence of):	given in Part I.	24a. We	Yes 2□ No	3 Probably 4 Onkno 24b. Were autopsy findings available prior to completion of cause
Sequentially list conditions, if eny, leading to immediate suse. Enter Underlying Jause (Disease or injury hat initiated events esulting in death) Last	b	ue to (or as a d	consequence of):		24a. We	Yes 2 No	3 Probably 4 Onknot 24b. Were autopsy findings available prior to completion of cause of death?
Sequentially list conditions, i eny, leading to immediate susse. Enter Underlying Jause (Disease or injury net initiated events esulting in death) Last art II. Other significant conditions conditions conditions conditions are significant conditions.	b	ue to (or as a due to (or as e d	consequence of):	26. Place of D	24a. We per	Yes 2 No s en autopsy formed? Yes 2 No one)	3 Probably 4 Onkno 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No
Sequentially list conditions, ferry, leading to immediate seuse. Enter Underlying Jause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions conditions conditions conditions are searched to medical examiner? The significant conditions c	b	ue to (or as a cue to (or as e	tpatient 3 DOA	26. Place of D ther: 4 ☐ Nursing ury at ork?	24a. We per	Yes 2 No	3 Probably 4 Onkno 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No
Sequentially list conditions, eny, leading to immediate euse. Enter Underlying cause (Disease or injury nat initiated events sesulting in death) Last art III. Other significant conditions condition	b. Do C. Di d	ue to (or as a cue to (or as e	tpatient 3 DOA	26. Place of Dither: 4□ Nursing ury at ork? □ Yes 2□ No	24a. We per seath (Check only Home 5 Res 28d. Describe 28f. Location	Yes 2 No sen autopsy formed? Yes 2 No rone) sidence 8 Othe how injury occur.	3 Probably 4 Onkno
Sequentially list conditions, i.eny, leading to immediate suse. Enter Underlying Jause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions conditions conditions conditions conditions. 5. Was case referred to medical examiner? **Conditions** Cartill. Other significant conditions conditions. 7. Was case referred to medical examiner? **Conditions** The conditions is a conditions condition. The conditions conditions conditions conditions. S. Was case referred to medical examiner? **Conditions** Cartill. Other significant conditions conditions. S. Was case referred to medical examiner? **Conditions** Cartill. Other significant conditions conditions. S. Was case referred to medical examiner? **Conditions** Cartill. Other significant conditions. S. Was case referred to medical examiner? **Conditions** Cartill. Other significant conditions. S. Was case referred to medical examiner? **Conditions** Cartill. Other significant conditions. S. Was case referred to medical examiner? **Conditions** Cartill. Other significant conditions. S. Was case referred to medical examiner? **Conditions** Cartill. Other significant conditions. S. Was case referred to medical examiner? **Conditions** Cartill. Other significant conditions. S. Was case referred to medical examiner? **Conditions** Cartill. Other significant conditions. S. Was case referred to medical examiner? **Conditions** Cartill. Other significant conditions. S. Was case referred to medical examiner? **Conditions** S. Conditions** S.	b. Did. Did. Did. Did. Did. Did. Did. Did	ue to (or as a cue to (or as e	tpatient 3 DOA Of DOA Not play the underlying cause of	26. Place of Dither: 4□ Nursing ury at ork? □ Yes 2□ No	24a. We per seath (Check only Home 5 Res 28d. Describe 28f. Location	Yes 2 No s en autopsy formed? Yes 2 No r one) sidence 8 Oth	3 Probably 4 Onkno
Sequentially list conditions, eny, leading to immediate subse. Enter Underlying Dause (Disease or injury nat initiated events sesulting in death) Last art II. Other significant conditions conditions conditions conditions are sexuminer? **Time State of the Cartificant of Death 1 Dea	b. Di c. Di d	ue to (or as a cue to (or as a cue to (or as e	tpatient 3 DOA Cime of njury M 1 Cm, street, factory, office, death occurred at the	26. Place of Dither: 4 Nursing ury at ork? Yes 2 No	24a. We per 24a. We per 24a. We per 24a. We per 24a. Describe 28d. Describe 28f. Location City or 7d	Yes 2 No seen autopsy formed? Yes 2 No r one) sidence 8 Othe how injury occur. (Street and Numbown, State)	3 Probably 4 Onkno
Sequentially list conditions, ferry, leading to immediate eause. Enter Underlying Cause (Disease or injury hat initiated events esulting in death) Last Part II. Other significant conditions conditions conditions. 25. Was case referred to medical examiner? 15. Was case referred to medical examiner? 16. Was case referred to medical examiner? 17. Wanner of Death 17. Nanner of Death 17. Nanner of Death 17. Nanner of Death 17. Nanner of Death 17. Nanner of Death 17. Nanner of Death 17. Nanner of Death 17. Nanner of Death 18. Could not be determined	d	ue to (or as a cue to (or as a cue to (or as e	tpatient 3 DOA Consequence of DO	26. Place of Dither: 4 Nursing ury at ork? Yes 2 No	24a. We per 24a. We per 24a. We per 24a. We per 24a. Describe 28d. Describe 28f. Location City or 7d	Yes 2 No see autopsy formed? Yes 2 No rone) sidence 8 Other how injury occur. (Street and Numbown, State) e cause(s) and mand, date and place,	3 Probably 4 Onkno 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No Ner (Specity) red per or Rural Route Number,
Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions conditions conditions conditions. 2. Was case referred to medical examiner? Cause (Disease or injury that initiated events resulting in death) Last Cause (Cause of the Cause of the	d	ue to (or as a cue to (or as a cue to (or as e	tpatient 3 DOA Cime of njury M 1 Cm, street, factory, office, death occurred at the dor investigation, in my	26. Place of Dither: 4 Nursing ury at ork? Yes 2 No	24a. We per 24a. We per 24a. We per 24a. We per 24a. Describe 28d. Describe 28f. Location City or 7d	Yes 2 No seen autopsy formed? Yes 2 No rone) sidence 8 Other how injury occur. (Street and Numbown, State) e cause(s) and mail of date and place, 29d. Date signed	3 Probably 4 Onkno 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No ner (Specify) red per or Rural Route Number, anner as stated, and due to the cause(s)
Sequentially list conditions, ferry, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions condi	d. Did d. Intributing to death but Hospital: 1 Inpatient 28e. Date of Injury (Month, Day) 28e. Place of Injury building, etc. Interior on the best of ener: On the basis of ener and manner state	ue to (or as a cue to (or as a cue to (or as e	tpatient 3 DOA rime of njury M 1 Common at the individual of the factory, office the factor investigation, in my 29c. Licer O •	26. Place of D ther: 4 \(\text{Nursing} \) ury at ork? \(\text{Yes} \) 2 \(\text{No} \) time, date and plac opinion, death occurse number \(\text{C.M.E.} \)	24a. We per 24a. We per 24a. We per 24a. We per 24b. Location City or To 24b. Location City or To 24b. Location City or To 24b. Location City or To 24b. Location City or To 24b. Location City or To 24b. Location City or To 25b. Location City or T	Yes 2 No s en autopsy formed? Yes 2 No r one) sidence 8 Oth how injury occur (Street and Numb own, State) c cause(s) and ma h, date and place, 29d. Date signed OCTOBET	3 Probably 4 Onkno 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No Per (Specify) red Per or Rural Route Number, anner as stated, and due to the ceuse(s) d (Month, Day, Year) R 23,1996
Sequentially list conditions, i eny, leading to immediate euse. Enter Underlying Jause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions conditions are initiated events esulting in death) Last art II. Other significant conditions conditions are initiated events. 5. Was case referred to medical examiner? We's 2 No 7. Manner of Death 1 Natural 5 Pending Investigation 1 Natural 1	d. Did d. Intributing to death but Hospital: 1 Inpatient 28e. Date of Injury (Month, Day) 28e. Place of Injury building, etc. Interior on the best of ener: On the basis of ener and manner state	ue to (or as a cue to (or as a	tpatient 3 DOA of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying the underlying cause of the underlying cause of the underlying the underlying cause of the underlying the underlying cause of the underlying cause of the underlying the underlying cause of the underlying cause of the underlying the underlying cause of the under	26. Place of D ther: 4 \(\text{Nursing} \) ury at ork? \(\text{Yes} \) 2 \(\text{No} \) time, date and plac opinion, death occurse number \(\text{C.M.E.} \)	24a. We per 24a. We per 24a. We per 24a. We per 24b. Location City or To 24b. Location City or To 24b. Location City or To 24b. Location City or To 24b. Location City or To 24b. Location City or To 24b. Location City or To 25b. Location City or T	Yes 2 No s en autopsy formed? Yes 2 No r one) sidence 8 Oth how injury occur (Street and Numb own, State) c cause(s) and ma h, date and place, 29d. Date signed OCTOBET	24b. Were autopsy finding available prior to completion of cause of death? 127es 2 No Per (Specify) red anner as stated. and due to the ceuse(s) d (Month, Day, Year) R 23,1996

State Registrar



7	6
0	pital
Z	hos
A	the
=	5
BALTIMORE, MARYLAND 21	5 may be retained by the ho
2	9
щĨ	ay b
H	E
2	96
=	Se.
	ath.
A	r de
r	afte
	SIN
	N P
	7
	equires that the death certificate be executed within 24 ho
9/	» Pi
8	cute
9	exe
0	8
8	cate
o	BITTE
٥.	10
10	deat
O	the
α	Tat 1
0	SS T
H	hin
CC	Te
-	Jan.
TA	The
5	Š
LL.	SICIL
DIVISION OF VITAL RECORDS, P.O. BOX 6876	L OR ATTENDING PHYSICIAL
Z	16 8
0	NO.
S	TEN
>	RA
	0

215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

NAME OF CONTROL SECURITY NUMBER S. SEX S. SEX P. S. AND A PROPERTY NUMBER S. SEX S. SEX P. S. AND A PROPERTY NUMBER S. SEX S. SEX P. S. AND A PROPERTY NUMBER S. SEX S. SEX P. S. AND A PROPERTY NUMBER S. SEX S. SEX P. S. AND A PROPERTY NUMBER S. SEX S. SEX P. S. AND A PROPERTY NUMBER S. SEX S. SEX P. S. AND A PROPERTY NUMBER S. SEX S. SEX P. S. AND A PROPERTY NUMBER S. SEX S. SEX P. S. AND A PROPERTY NUMBER S. SEX S. SEX P. S. AND A PROPERTY NUMBER S. SEX S. SEX P. S. AND A PROPERTY NUMBER S. SEX S. SEX P. S. SEX P. S. SEX S. SEX P. S. SEX S. SEX P. S. SE	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
MATCRIFT GENERAL SEASON SECTIONS AND CONTROL OF MATCH		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (OF DEATH		3. TIME O	F DEATH			
THE PROTECT MANY TWO PROPERTY STATES AND CONTROLLED TO GRAPH AND CONTROLLED TO				ards			octo	ber	23,19	9610:0	00 A M			
The product of substitute The product of substitute									14 E	BIRTHPLACE (Sti	lvania			
The control of the	~						EATH							
The first of the disease of principal flowers on each first of public flowers on each flower of public flowers on the flowers of public flowers on each flowers on the flowers on the flowers of public flowers on the	5		oad		Annapo	lis			Anne	Aruno	Ter			
The properties of the properties The	DIREC	10a STATE 10b COUNTY	Arundel	10c. CITY Ann	apolis	TION				LIMIT	rs?			
The first of the disease of principal flowers on each first of public flowers on each flower of public flowers on the flowers of public flowers on each flowers on the flowers on the flowers of public flowers on the	AL	10e. STREET AND NUMBER			10	1. ZIP CODE			10g. CITIZE					
The first of the disease of principal flowers on each first of public flowers on each flower of public flowers on the flowers of public flowers on each flowers on the flowers on the flowers of public flowers on the	EB	122 Franklin R	oad		2	1401								
1000 1000		1 Never Married 2 Married	FORCES? 1 YES	2 NO	II yes, s	pecify Cuban, Maxic	an, Puerto R		or No — 14	Black, White, at	C.			
TOUR TO THE STATE CAUSE (Fine) The Substitute of State Conditions and Conditions		15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ON	16b.	KIND OF BUSI	NESS/INDUS					
TOUR TO THE STATE CAUSE (Fine Indicated Conditions and Indicated Condit				(Give kind of w life. Do NOT us	rork done during m e retired.)	ost of working								
TOUR TO THE STATE CAUSE (Fine Indicated Conditions and Indicated Condit	MPL		1	Homemak	er			Own I	lome					
The MARING ADDRESS (Sheet and Number or Rural Reads Number or Plant Record Number or Rural Reads Number or Rur	8													
Delice Richards 122 Franklin Road, Annapolis, MD 21401 23. BATHOUR OF DISPOSITION 1- Birth 2 Constitution 1- Birth 2	BE		e	Total Control				100						
Note of the condition and the conditions and the conditions are stated. 206, PLACE AND DATE OF DISPOSITION/Name of control to co	2		c								1			
Burst 2 Scremation 3 Remonstration Rem											7 1			
21. SIGNATURE OF FURIENTS. SERVICE LICENSEE 22. AMER AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A.		1 Burial 2 To Cremetion 3 Rem-	oval Irom State Co.	matery cramatory or off	har placel		1				ΡΑ			
23. PART I. Enter the diseases or pomp(Scations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or peart fallury. Lay only one cause on each fine. IMMEDIATE CAUSE (Fine) disease or condition. Immediate conditions. If any, leading to immediate cause on each fine. DUE TO (OR AS A CONSCOUENCE OF): Sequentially list conditions. If any, leading to immediate cause on each fine. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): A. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR		21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	ND ADDRESS OF FA	F FACILITY									
Approximate shock, or heart fallury. Light only one caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart fallury. Light only one cause on each line. MMEDIATE CAUSE (Finel disease or condition. If any, leading to immediate cause. Enter NUDERTING Law of the cause of		1/ Oparles									24.404			
MMEDIATE CAUSE (Fine) disease or condition most and beath most and		23. PART I. Enter the diseases or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflated events resulting in death) Last out to contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PAR		IMMEDIATE CAUSE (Finel disease or condition	Λ .		uthor	niw	w							
DUE TO (OR AS A CONSEQUENCE OF):				A CONSEQUENCE OF	7:					1	1			
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN ALTOPSY PRICINGS ANALLE PRIOR TO COMPLETION OF CAUSE OF DEATH YES NO UNCERTAIN	ON			A CONSEQUENCE OF	D:					tyrs				
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN ALTOPSY PRICINGS ANALLE PRIOR TO COMPLETION OF CAUSE OF DEATH YES NO UNCERTAIN	M	cause. Enter UNDERLYING	MTN		,					3	345			
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN ALTOPSY PRICINGS ANALLE PRIOR TO COMPLETION OF CAUSE OF DEATH YES NO UNCERTAIN	Ē	that initiated events	OUE TO (OR AS	A CONSEQUENCE OF	ŋ:						74.5			
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN ALTOPSY PRICINGS ANALLE PRIOR TO COMPLETION OF CAUSE OF DEATH YES NO UNCERTAIN	ERI	resulting in death) LAST	d											
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN SO THERE DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO UNCERTAIN 1 YES 2 NO		PART il. Other significent condition	a contributing to death	but not resulting in	n the underlylr	g ceuse given in	Part I.	24a. WAS AN A	UTOPSY	24b. WERE AUT	OPSY FINDINGS			
2 Accident Investigation 2 Accident 3 Sulcida 8 Could not be determined 28s. Could not be determined 28s	2	alzheimen	5 - tupe [Sement	in	* Contractor		PERFORM	ED?	COMPLETE	PRIOR TO ON OF CAUSE			
2 Accident Investigation 2 Accident 3 Sulcida 8 Could not be determined 28s. Could not be determined 28s	AED I							1 TES 2)	K NO					
2 Accident Investigation 2 Accident 3 Sulcida 8 Could not be determined 280. PLACE OF INJURY — At home, larm, atreel, lactory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 282. CERTIFIER CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, and due to the cause(a) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILEO (Month, Day, Year) 32. NAME FILEO (Month, Day, Year) 33. DATE FILEO (Month, Day, Year) 34. DATE FILEO (Month, Day, Year) 35. DATE FILEO (Month, Day, Year) 36. DATE FILEO (Month, Day, Year) 37. DATE FILEO (Month, Day, Year) 38. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE F	2	DID TOBACCO USE CONT	UNCERTAI	NA			1 123	2 [] 110						
2 Accident Investigation 2 Accident 3 Sulcida 8 Could not be determined 280. PLACE OF INJURY — At home, larm, atreel, lactory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 282. CERTIFIER CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, and due to the cause(a) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILEO (Month, Day, Year) 32. NAME FILEO (Month, Day, Year) 33. DATE FILEO (Month, Day, Year) 34. DATE FILEO (Month, Day, Year) 35. DATE FILEO (Month, Day, Year) 36. DATE FILEO (Month, Day, Year) 37. DATE FILEO (Month, Day, Year) 38. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE F	IAI	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEAT	'H (Check only one)								
2 Accident Investigation 2 Accident 3 Sulcida 8 Could not be determined 28s. Could not be determined 28s	SIC	1 TES 2 NO		petient 3 🗆 DOA		ne 5 Residence	8 🗆 Other	(Specify)						
2 Accident Investigation 2 Accident 3 Sulcida 8 Could not be determined 280. PLACE OF INJURY — At home, larm, atreel, lactory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 282. CERTIFIER CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, and due to the cause(a) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILEO (Month, Day, Year) 32. NAME FILEO (Month, Day, Year) 33. DATE FILEO (Month, Day, Year) 34. DATE FILEO (Month, Day, Year) 35. DATE FILEO (Month, Day, Year) 36. DATE FILEO (Month, Day, Year) 37. DATE FILEO (Month, Day, Year) 38. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. REGISTERAR'S SIGNATURE 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE FILEO (Month, Day, Year) 39. DATE F	E	21					28d. DEŞ0	CRIBE HOW IN	JURY OCCU	RED				
3 Suleida 8 Could not be determined 296. PLACE OF INJUNY - At home, larm, street, lactory, office 291. LOCATION (Street and Number or Rural Route Number. City or Town, State) 292. CERTIFURG PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end plece, and due to the cause(a) and manner se stated. 292. LICENSE NUMBER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner se stated. 293. SIGNATURE AND TITLE OF CERTIFURE 294. LICENSE NUMBER 294. DATE SIGNED (Month, Dey, Year) 10/23 / 196. 10/23 / 196	Β¥													
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Voar) 10/23 /96 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Voar) 298. DATE SIGNED (Month, Day, Voar) 299. DATE SIGNED (Month, Day, Voar) 299. DATE SIGNED (Month, Day, Voar) 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 291. DATE SIGNED (Month, Day, Voar) 290. LICENSE NUMBER 290. LICENSE NUMBER 291. DATE SIGNED (Month, Day, Voar) 290. LICENSE NUMBER 290. LICENSE NUMBER 291. DATE SIGNED (Month, Day, Voar) 290. LICENSE NUMBER 290. LICENSE NUMBER 291. DATE SIGNED (Month, Day, Voar) 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Voar)		Coold life be	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, larm, a ocify)	treel, lactory, offi	ca			nd Number or	Rurel Route Numb	θτ,			
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10/23/96 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10/23/96 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Year) 298. DATE SIGNED (Month, Day, Year) 299. DATE SIGNED (Month, Day, Year) 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 291. DATE SIGNED (Month, Day, Year) 290. LICENSE NUMBER 290. LICENSE NUMBER 291. DATE SIGNED (Month, Day, Year) 291. DATE SIGNED (Month, Day, Year) 292. LICENSE NUMBER 293. DATE SIGNED (Month, Day, Year) 294. DATE SIGNED (Month, Day, Year)	OMPL	(Check only CERTIFTING PHYSI									ner ee stated.			
2 A 1 Sa Maluay ND 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 705 MCIVIN AVE. ANNAPOLIS MD 21401 LISA MURRAY 31. DATE FILEO (Month, Day, Vole) 32 AFGISTBAR'S SIGNATURE	ш	29b. SIGNATURE AND TITLE OF CERTIFIED	A		<u>.</u>	29c. LtCENSE NU	MBER	Т	29d. DATE S	SIGNED (Month, Da	ly, Year)			
705 MCIVIN AVE. ANNAPOLIS MD 21401 LISA MURRAY 31. DATE FILEO (MONTH, Day, Your) 32. AFGISTRAR'S SIGNATURE	0 0136 4 1 1 10123 196							6						
31. DATE FILEO (Month, Day, Year) 32. REGISTRAT'S SIGNATURE	F	705 MCIVIN A	ve. Annap	iolis M		101	LISA	Mu	rrai	/				
THE REST OF THE PARTY OF THE PA		31. DATE FILEO (Month, Day, Your) OCT 2. 5 1996	32 REGISTRAR'S SIGN	NATURE A-Randa 00		-								